Filing at a Glance

Company:	Mutual of Omaha Insurance Company
Product Name:	Mutual of Omaha LTC Rate Increase - LTC09M
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate
Date Submitted:	12/23/2021
SERFF Tr Num:	MUTA-133092595
SERFF Status:	Closed-Approved
State Tr Num:	MUTA-133092595
State Status:	Approved
Co Tr Num:	LAFOND
Effective Date Requested:	02/01/2023
Author(s):	Jeff LaFond, Joshua Weber, Gari Banfield, Reginald Douge Jr
Reviewer(s):	Bill Dismore (primary)
Disposition Date:	09/13/2022
Disposition Status:	Approved
Effective Date:	02/01/2023

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

General Information

Project Name: LTC09M
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 72%

Deemer Date: 10/12/2022
Submitted By: Jeff LaFond

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 12/17/2021
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/13/2022
State Status Changed: 09/13/2022
Created By: Jeff LaFond
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

We are requesting rate increases for Policy Series LTC09M. The proposed increase is summarized below:

The revised Virginia increase for LTCi policy series LTC09M will range from 6.00% to 96.59%, with an overall average increase of 72.00%. The proposed rate increase will vary by benefit period, inflation option, spouse discount, cash benefit, and Issue Age. The proposed rate increase will be implemented over a three-year period, as summarized below:

2023

The proposed rate increase for 2023 will range from 0.00% to 28.00%, with an average increase of 25.66%.

2024

The proposed rate increase for 2024 will range from 6.00% to 17.45%, with an average increase of 13.08%.

2025

The proposed rate increase for 2025 will range from 0.00% to 30.77%, with an average increase of 21.05%.

The target implementation date of the 2023 premium increase is February 1, 2023, and each subsequent rate increase will be implemented 12 months after the initial rate increase.

Company and Contact

Filing Contact Information

Jeff LaFond, Lead Actuarial Analyst
6-Rerating
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

Jeff.LaFond@mutualofomaha.com
402-351-3799 [Phone]

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
3300 Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-5215 ext. [Phone]	FEIN Number: 47-0246511	

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Filing Fees

State 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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	09/13/2022	09/13/2022

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	09/13/2022	09/13/2022
Info has been requested from company	Bill Dismore	08/29/2022	08/29/2022
Info has been requested from company	Bill Dismore	06/03/2022	06/03/2022
Info has been requested from company	Bill Dismore	04/12/2022	04/12/2022
Info has been requested from company	Bill Dismore	02/09/2022	02/09/2022
Info has been requested from company	Bill Dismore	12/30/2021	12/30/2021

Response Letters

Responded By	Created On	Date Submitted
Jeff LaFond	09/13/2022	09/13/2022
Jeff LaFond	09/12/2022	09/12/2022
Gari Banfield	06/24/2022	06/24/2022
Jeff LaFond	05/13/2022	05/13/2022
Jeff LaFond	03/25/2022	03/25/2022
Jeff LaFond	01/26/2022	01/26/2022

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	rate schedules	Jeff LaFond	09/09/2022	09/09/2022
Supporting Document	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)	Jeff LaFond	02/01/2022	02/01/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Summary & Opinion Report	Reviewer Note	Bill Dismore	07/12/2022	
RRS	Reviewer Note	Bill Dismore	12/29/2021	

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Disposition

Disposition Date: 09/13/2022
Effective Date: 02/01/2023
Status: Approved

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

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	86.700%	72.000%	$1,932,558	1,163	$2,684,108	96.590%	6.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	rate schedules	Approved	Yes
Rate	rate schedules	Withdrawn	No
Rate	rate schedules	Withdrawn	No
Supporting Document	Certification of Compliance/Readability		Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Exhibits for 01/26/2022 Response (Objection 3)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 01/26/2022 Response (Objection 4)	Received & Acknowledged	Yes
Supporting Document (revised)	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 01/26/2022 Response (Objection 10)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 05/13/2022 Response	Received & Acknowledged	Yes
Supporting Document	Exhibit for 06/24/2022 Response (Objections 2 & 3)	Received & Acknowledged	Yes
Supporting Document	Exhibit for 06/24/2022 Response (Objection 3)	Received & Acknowledged	Yes
Supporting Document (revised)	Exhibit for 09/12/2022 Response	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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)	Withdrawn	No
Supporting Document	Exhibit for 09/12/2022 Response	Withdrawn	No

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/13/2022
Submitted Date	09/13/2022
Respond By Date	10/13/2022

Dear Jeff LaFond,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Exhibit for 09/12/2022 Response (Supporting Document)

Comments: Exhibit 2 needs to be revised to reflect the correct year of increase for Virginia. According to the Cover Letter, the implementation date for the first increase is 2/01/2023.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum and supporting exhibits do not appear to be updated because of the revised rate increase. Please ensure that all supporting documents are updated to reflect the revised overall % increase of 72%

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please withdraw the original documents described below and replace them with their revised versions.

1) Actuarial Memorandum

2) Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA).pdf

3) Exhibit 8A - Nationwide Lifetime Experience Projections (LTC09M).pdf

4) Exhibit 8B - Virginia Lifetime Experience Projections (LTC09M).pdf

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior

to making a new SERFF submission.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/29/2022
Submitted Date	08/29/2022
Respond By Date	09/09/2022

Dear Jeff LaFond,

Introduction:

Objection 1

Comments: The rate request is pending review by the VA BOI Insurance Commissioner which is scheduled for September 7, 2022. Please do not respond to this objection until receiving notification of the results of the review. The notification will be a "Note to Filer".

Conclusion:

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/03/2022
Submitted Date	06/03/2022
Respond By Date	07/03/2022

Dear Jeff LaFond,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Why is the rate filing for the policy forms LTC04M filed separately from Mutual of Omaha Insurance Companys other current rate filings for forms LTC04I or LTC04I7?

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Do you consider the experience for the policy forms LTC04M to be fully credible nationwide with 35,620 policyholders inforce and premium of $84.5 million or in Virginia with 1,163 policyholders and $2.7 million in premium?

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Related to the updated morbidity assumptions, please provide the following:

a. Please provide additional supporting documentation describing how the Milliman 2017 Guidelines are utilized in the morbidity assumptions, including quantitative support of actual to expected analysis and your statement that Mutual of Omahas claim costs align with Milliman claim costs.

b. Please describe why the actual to expected incurred claims compared to historical claims are a rough projection in your response to objection 5 from letter dated 02/09/2022? We expected the actual to expected analysis to be part of your on‐going morbidity assumption review process.

c. In your morbidity methodology, what assumptions do you assume for claims incidence rates, claims durations and cost, and claims termination rates? Please provide actual to expected comparison for these assumptions and describe how they changed from prior.

d. In Attachment 1, the claim counts on a nationwide basis were 439 over the period from 2009 to 2019 for policy form LTC04M. Please explain whether this claim count is considered fully credible or whether other policy forms were combined in the morbidity assumption setting for this filing. To the extent other policy forms were combined, please indicate which forms were combined.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/12/2022
Submitted Date	04/12/2022
Respond By Date	05/12/2022

Dear Jeff LaFond,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide responses to outstanding objections 4 and 5 from the objection letter dated February 9, 2022.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Regarding the morbidity rates shown in Exhibit 6B, please provide a comparison of nationwide actual deaths to expected deaths by duration for the policy forms associated with this filing only so we may evaluate the appropriateness of the mortality assumptions relative to the actual experience of the policy forms associated with this filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/09/2022
Submitted Date	02/09/2022
Respond By Date	03/11/2022

Dear Jeff LaFond,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the original lifetime loss ratio of 66.8% from Attachment 3A has been adjusted to reflect the actual mix of business sold. If not, please provide the original lifetime loss ratio making this adjustment.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the number of policies ever issued nationwide under the policy forms associated with this filing.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that no rate increase that has been approved nationwide for the policy forms associated with this filing as disclosed in Exhibit 4.

Please state what the cumulative nationwide rate increase would be for only those policy forms associated with this filing if all pending rate increase requests were approved.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Regarding the lapse rates shown in Exhibit 6A:

a. Please describe how the revised expected lapse rates were developed for durations with no experience and how these changed from original and most recently approved Virginia rate filing assumptions.

b. Please provide a comparison of current lapse rates and revised lapse rates by duration and issue age in support of your statement that the rate increase is necessary due to insured keeping their policies longer.

c. Please explain why the proposed lapse rates for certain durations are lower than the actual experience would suggest as shown in Exhibit 6A.

d. Please confirm the data in Exhibit 6A is based on nationwide experience for only the policy forms that are the subject of this filing. If not, please provide Exhibit 6A with experience for only these policy forms.

e. Please confirm the actual lapse rates represent only voluntary lapses excluding mortality.

f. If possible, please remove shock lapses associated with previously implemented rate increases from the historical experience.

g. Please confirm Exhibit 6A shows the lapse rates by issue age cohorts as applied in the pricing of the product.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of actual incurred claims to expected incurred claims under revised assumptions by duration for the policy forms associated with this filing.

If the expected incurred claims deviate significantly relative to historical experience, please justify why the Company believes the assumptions are appropriate to use in the experience projections.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state whether the experience projections reflect the impact of policyholders reducing benefit levels to reduce or eliminate the impact of the requested premium increase.

If so, please justify the assumption reflected in the experience projections. Please include quantitative support.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state whether the experience projections reflect the anticipation of any shock lapses.

If so, please justify the assumption reflected in the experience projections. Please include quantitative support.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:

a. Changes in the voluntary lapse assumptions

b. Changes in the mortality assumptions

c. Changes in the expected claim cost assumptions

d. Changes in any other assumptions (e.g., interest rates)

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: An increase in deaths (due to COVID-19) and an increase in voluntary lapses (due to the current economic environment) would be expected to result in fewer insured lives, which would be expected to reduce claim liabilities going forward.

Please provide any emerging experience pertaining to the actual number of deaths and voluntary lapses in 2020 and 2021 relative to the expected assumptions associated with this filing.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M		
Project Name/Number:	LTC09M/		

Comments: Please confirm that all present and accumulated values used to determine rate increases use the maximum valuation interest rate for contract reserves as specified in §38.2-1371 of the Code of Virginia.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the “Respond By Date:” above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/30/2021
Submitted Date	12/30/2021
Respond By Date	01/26/2022

Dear Jeff LaFond,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Rate/Rule Schedule

The Overall % Rate Impact and % Indicated Change stated under this tab is 86.7%. Please explain why this is different than the overall average % increase stated in the actuarial memorandum of 79.6%.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the SERFF Tr. Num under which this policyholder notification form was approved. We note that the sample notification letter does not have a form number. Please explain.

Please review 14VAC5-101 and 14VAC5-200-75 for form requirements.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: 1) Please remove all current rate schedule from the Rate/Rule Schedule tab and place these under the Supporting Documentation tab.

2) Explain the difference between the "Pre Proposed Rates" and "Post Propose Rates". We are confused by the terminology since the issue dates for these policy forms are 2009 - 2016.

3) Provide the SERFF Tr. Num for the original rate filing in Virginia for these policy forms.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide Exhibits in Excel with working formulas so that the calculations may be followed.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future

projections.

b. Premiums should be at the Virginia rate level for both historical and projected future.

c. Please provide support that 4% is the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: To assist the Virginia Bureaus of Insurance in its review, for each of the subsets of the business corresponding to the combinations of Marital Status, Inflation Option and Benefit Period (with or without increased benefit limits), please provide in Excel format the following projections on a nationwide basis:

a. current assumptions and current rates

b. current assumptions with the proposed rate increase

c. current assumptions with premiums restated as if the proposed rate increase had been in effect from inception.

d. actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test).

e. original assumptions and original premiums from inception

Projections a. - e. can be separate tabs or combined into separate columns on the same exhibit.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each subset of business used in the projections above, please provide the active life reserve balance as of the projection date on a nationwide basis.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the calculations for the 58/85 Test for each subset and include all projections required to validate those tests.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,
Bill Dismore

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/13/2022
Submitted Date	09/13/2022

Dear Bill Dismore,

Introduction:

This is in response to your Objection Letter dated September 13, 2022, regarding the above-captioned filing.

Response 1

Comments:

Exhibit 2 has been revised to show that the first year of increase in Virginia is 2003.

Related Objection 1

Applies To:

- Exhibit for 09/12/2022 Response (Supporting Document)

Comments: Exhibit 2 needs to be revised to reflect the correct year of increase for Virginia. According to the Cover Letter, the implementation date for the first increase is 2/01/2023.

Changed Items:

No Form Schedule items changed.

No Rate/Rule 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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09M).pdf
Previous Version	
Satisfied - Item:	*Exhibit for 09/12/2022 Response*
Comments:	
Attachment(s):	*Cover Letter (VA - LTC09M).pdf* *Actuarial Memorandum - LTC09M (VA) - revised.pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA) - Revised.pdf* *Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf* *Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf*

Response 2

Comments:

The revised versions of the Actuarial Memorandum and supporting exhibits, Exhibit 2, Exhibit 8A and Exhibit 8B reflect the revised overall increase percent increase of 72%.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial memorandum and supporting exhibits do not appear to be updated because of the revised rate increase. Please ensure that all supporting documents are updated to reflect the revised overall % increase of 72%

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

The original documents described below have been replace with the revised versions:

Actuarial Memorandum
Exhibit 2 Policies in-Force Annualized Premium and Avg Annual Premium VA.pdf
Exhibit 8A Nationwide Lifetime Experience Projections (LTC04I7).pdf
Exhibit 8B Virginia Lifetime Experience Projections (LTC04I7).pdf

Related Objection 3

Applies To:
- L&H Actuarial Memorandum (Supporting Document)

Comments: Please withdraw the original documents described below and replace them with their revised versions.

1) Actuarial Memorandum

2) Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA).pdf

3) Exhibit 8A - Nationwide Lifetime Experience Projections (LTC09M).pdf

4) Exhibit 8B - Virginia Lifetime Experience Projections (LTC09M).pdf

Changed Items:

No Form Schedule items changed.

No Rate/Rule 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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LTC Rate Increase Template (LTC09M).pdf Supplementary Info (LTC09M).pdf Attachment 1 - Covered Lives and Claim Counts.pdf Attachment 2A - Nationwide Projection (Marital Status) - LTC09M.pdf Attachment 2B - Nationwide Projection (Inflation Option) - LTC09M.pdf Attachment 2C - Nationwide Projection (Benefit Period) - LTC09M.pdf Attachment 3A - Nationwide Lifetime Experience Projection with Actual to Expected.pdf Attachment 4 - Original Pricing Assumptions (LTC09M).pdf Actuarial Certification (LTC09M).pdf Exhibit 1 - Benefit Summary (LTC09M).pdf Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09M).pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Rate Increase History (LTC09M - VA).pdf Exhibit 5 - Rate Increase Splits (National) - LTC09M.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf Exhibit 7A - Nationwide Historical Experience (LTC09M).pdf Attachment 5 -Sample Notification Letter (Mutual).pdf Attachment 6 - Distribution.pdf Actuarial Memorandum - LTC09M (VA) - revised.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (LTC09M) - revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf* *Exhibit 8B - Virginia Experience (LTC09M).pdf* *LTC Rate Increase Template (LTC09M).pdf* *Supplementary Info (LTC09M).pdf* *Attachment 1 - Covered Lives and Claim Counts.pdf* *Attachment 2A - Nationwide Projection (Marital Status) - LTC09M.pdf* *Attachment 2B - Nationwide Projection (Inflation Option) - LTC09M.pdf* *Attachment 2C - Nationwide Projection (Benefit Period) - LTC09M.pdf* *Attachment 3A - Nationwide Lifetime Experience Projection with Actual to Expected.pdf* *Attachment 4 - Original Pricing Assumptions (LTC09M).pdf* *Actuarial Memorandum - LTC09M (VA).pdf* *Actuarial Certification (LTC09M).pdf* *Exhibit 1 - Benefit Summary (LTC09M).pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA).pdf* *Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09M).pdf* *Exhibit 4 - Rate Increase History (LTC09M - 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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

	Exhibit 5 - Rate Increase Splits (National) - LTC09M.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 7A - Nationwide Historical Experience (LTC09M).pdf Attachment 5 -Sample Notification Letter (Mutual).pdf Attachment 6 - Distribution.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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LTC Rate Increase Template (LTC09M).pdf Supplementary Info (LTC09M).pdf Attachment 1 - Covered Lives and Claim Counts.pdf Attachment 2A - Nationwide Projection (Marital Status) - LTC09M.pdf Attachment 2B - Nationwide Projection (Inflation Option) - LTC09M.pdf Attachment 2C - Nationwide Projection (Benefit Period) - LTC09M.pdf Attachment 3A - Nationwide Lifetime Experience Projection with Actual to Expected.pdf Attachment 4 - Original Pricing Assumptions (LTC09M).pdf Actuarial Certification (LTC09M).pdf Exhibit 1 - Benefit Summary (LTC09M).pdf Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09M).pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Rate Increase History (LTC09M - VA).pdf Exhibit 5 - Rate Increase Splits (National) - LTC09M.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf Exhibit 7A - Nationwide Historical Experience (LTC09M).pdf Attachment 5 -Sample Notification Letter (Mutual).pdf Attachment 6 - Distribution.pdf Actuarial Memorandum - LTC09M (VA) - revised.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (LTC09M) - revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf* *Exhibit 8B - Virginia Experience (LTC09M).pdf* *LTC Rate Increase Template (LTC09M).pdf* *Supplementary Info (LTC09M).pdf* *Attachment 1 - Covered Lives and Claim Counts.pdf* *Attachment 2A - Nationwide Projection (Marital Status) - LTC09M.pdf* *Attachment 2B - Nationwide Projection (Inflation Option) - LTC09M.pdf* *Attachment 2C - Nationwide Projection (Benefit Period) - LTC09M.pdf* *Attachment 3A - Nationwide Lifetime Experience Projection with Actual to Expected.pdf* *Attachment 4 - Original Pricing Assumptions (LTC09M).pdf* *Actuarial Memorandum - LTC09M (VA).pdf* *Actuarial Certification (LTC09M).pdf* *Exhibit 1 - Benefit Summary (LTC09M).pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA).pdf* *Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09M).pdf* *Exhibit 4 - Rate Increase History (LTC09M - VA).pdf*

	Exhibit 5 - Rate Increase Splits (National) - LTC09M.pdf *Exhibit 6A - Actual to Revised (Lapse Rates).pdf* *Exhibit 6B - Actual to Revised (Mortality Rates).pdf* *Exhibit 7A - Nationwide Historical Experience (LTC09M).pdf* *Attachment 5 -Sample Notification Letter (Mutual).pdf* *Attachment 6 - Distribution.pdf*

Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09M).pdf
Previous Version	
Satisfied - Item:	*Exhibit for 09/12/2022 Response*
Comments:	
Attachment(s):	*Cover Letter (VA - LTC09M).pdf* *Actuarial Memorandum - LTC09M (VA) - revised.pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA) - Revised.pdf* *Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf* *Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf*

Conclusion:

Your prompt approval of the revised increase amount will be greatly appreciated.

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2022
Submitted Date	09/12/2022

Dear Bill Dismore,

Introduction:

This is in response to your Note to Filer dated September 9, 2022, regarding the above-captioned filing.

Response 1

Comments:

We accept the MSA recommended overall rate increase of 72.0%. As it is our intention to spread the increase over three years, the average increase of 72.0% will not be actuarially adjusted for the time value of money

We reserve the right to request future increases, after the revised increase has been fully implemented, if warranted by the experience, to bring the Virginia policyholders to the national level.

A Post-Submission Update will be submitted to reflect the revised increase amount and the premium impact information, a revised Filing Description on the General Information tab, and a revised target implementation date of 02/01/2023.

Finally, rate schedules that reflect the revised increase amount have been added to the Rate/Rule Schedule tab via an Amendment on September 9, 2022. A revised Long Term Care Rate Request Summary, revised supporting documentation and a Cover Letter (which includes those items that have been revised) have been added to the Supporting Documentation tab.

Related Objection 1

Comments: The rate request is pending review by the VA BOI Insurance Commissioner which is scheduled for September 7, 2022. Please do not respond to this objection until receiving notification of the results of the review. The notification will be a "Note to Filer".

Changed Items:

No Form Schedule items changed.

No Rate/Rule 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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA LTC Rate Increase Summary.pdf LTCi Rate Request Summary - Mutual (LTC09M) - Revised.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*LTCi Rate Request Summary - Mutual (LTC09M).pdf* *VA LTC Rate Increase Summary.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA LTC Rate Increase Summary.pdf LTCi Rate Request Summary - Mutual (LTC09M) - Revised.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*LTCi Rate Request Summary - Mutual (LTC09M).pdf* *VA LTC Rate Increase Summary.pdf*

Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09M).pdf Actuarial Memorandum - LTC09M (VA) - revised.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA) - Revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf

Conclusion:

Your prompt approval of the revised increase amount will be greatly appreciated.

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 LTC Rate Increase - LTC09M		
Project Name/Number:	LTC09M/		

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2022
Submitted Date	06/24/2022

Dear Bill Dismore,

Introduction:

This is in response to your objection letter dated June 3, 2022, regarding the above-captioned filing.

Response 1

Comments:

The Virginia Bureau of Insurance requested us to separate the filings per a Note to Reviewer on December 2, 2021.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Why is the rate filing for the policy forms LTC04M filed separately from Mutual of Omaha Insurance Companys other current rate filings for forms LTC04I or LTC04I7?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

For credibility purposes, the experience of our Modern blocks is combined to derive the morbidity assumption. This includes forms LTC04I, LTC04G, LTC04G-AMBA, LTC04I7, LTC06UI, LTC09M, and LTC09U. A description of the morbidity assumption can be found in Attachment 1.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Do you consider the experience for the policy forms LTC04M to be fully credible nationwide with 35,620 policyholders inforce and premium of $84.5 million or in Virginia with 1,163 policyholders and $2.7 million in premium?

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit for 06/24/2022 Response (Objections 2 & 3)
Comments:	
Attachment(s):	Attachment 1 - Morbidity Assumption Description.pdf

Response 3

Comments:

a.Please refer to Attachment 1 Morbidity Assumption Description and Attachment 2 Morbidity AE Table for additional supporting documentation describing how the Milliman 2017 Guidelines are utilized in the morbidity assumptions and for quantitative support of actual to expected analysis.

b.The actual to expected exhibit previously provided was described as a rough projection since the data we have available to us for actual versus expected is on a durational basis and not calendar year. Please see Attachment 2 for durational values.

c.The morbidity assumptions are on claim cost basis. At this point, the assumptions are not broken out on a first principles basis.

d.As discussed in Objection 2, for credibility purposes, the experience of our Modern blocks is combined to derive the morbidity assumption. This includes forms LTC04I, LTC04G, LTC04G-AMBA, LTC04I7, LTC06UI, LTC09M, and LTC09U. A description of the morbidity assumption can be found in Attachment 1.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Comments: Related to the updated morbidity assumptions, please provide the following:

a. Please provide additional supporting documentation describing how the Milliman 2017 Guidelines are utilized in the morbidity assumptions, including quantitative support of actual to expected analysis and your statement that Mutual of Omahas claim costs align with Milliman claim costs.

b. Please describe why the actual to expected incurred claims compared to historical claims are a rough projection in your response to objection 5 from letter dated 02/09/2022? We expected the actual to expected analysis to be part of your on‐going morbidity assumption review process.

c. In your morbidity methodology, what assumptions do you assume for claims incidence rates, claims durations and cost, and claims termination rates? Please provide actual to expected comparison for these assumptions and describe how they changed from prior.

d. In Attachment 1, the claim counts on a nationwide basis were 439 over the period from 2009 to 2019 for policy form LTC04M. Please explain whether this claim count is considered fully credible or whether other policy forms were combined in the morbidity assumption setting for this filing. To the extent other policy forms were combined, please indicate which forms were combined.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit for 06/24/2022 Response (Objection 3)
Comments:	
Attachment(s):	Attachment 2 - Morbidity AE Table.pdf Attachment 2 - Morbidity AE Table.xlsx

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,

Gari Banfield

Sincerely,
Gari Banfield

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Filing Company: Mutual of Omaha Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/13/2022
Submitted Date	05/13/2022

Dear Bill Dismore,

Introduction:

This is in response to your objection letter dated April 12, 2022, regarding the above-captioned filing.

Response 1

Comments:

Objection 4 from letter dated February 9, 2022

Regarding the lapse rates shown in Exhibit 6A:

A.The lapse rates with no experience would use lapse rates consistent with either pricing assumptions or set using data based on cells that are close based on actuarial judgment.

B.The statement that policyholders are keeping their policies longer is shown in the lifetime projection exhibits as you look at the runoff of the premium under Original Pricing assumptions versus actuals.

C.The proposed lapse rates for certain durations are lower than the actual experience would suggest due to the possibility of a lack of credible data to adjust the overall assumption.

D.The data is based on nationwide data for all LTC forms. The assumption analysis is performed at this level for credibility purposes and due to the similarity of products. The data provided is not available for only these policy forms.

E.Yes, the actual lapse rates only represent voluntary lapses, excluding mortality.

F.It is not currently possible to remove any possible shock lapses associated with previously implemented rates increases. However, given the relative low previous rate increases, we would assume these shock lapses to be de minimis.

G.Yes, the lapse rates are by issue age cohorts as applied in the pricing of the product.

Objection 5 from letter dated February 9, 2022

A.Please find a rough projection of the expected incurred claims under the current assumptions compared to the actual incurred claims in LTC09M Attachment J. Note that the projection models are not set up to produce this information.

B.Even though the expected incurred claims compared to historical claims are not exact, these assumptions are continually monitored and adjusted to produce a reasonable A:E.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide responses to outstanding objections 4 and 5 from the objection letter dated February 9, 2022.

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 05/13/2022 Response
Comments:	
Attachment(s):	LTC09M Attachment J.pdf

Response 2

Comments:

The data is based on nationwide data for all LTC forms. The assumption analysis is performed at this level for credibility purposes and due to the similarity of products. The data provided is not available for only these policy forms.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Regarding the morbidity rates shown in Exhibit 6B, please provide a comparison of nationwide actual deaths to expected deaths by duration for the policy forms associated with this filing only so we may evaluate the appropriateness of the mortality assumptions relative to the actual experience of the policy forms associated with this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents 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

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 LTC Rate Increase - LTC09M		
Project Name/Number:	LTC09M/		

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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/25/2022
Submitted Date	03/25/2022

Dear Bill Dismore,

Introduction:

This is in response to your objection letter dated February 9, 2022, regarding the above-captioned filing.

Response 1

Comments:

The original lifetime loss ratio is 66.8%.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the original lifetime loss ratio of 66.8% from Attachment 3A has been adjusted to reflect the actual mix of business sold. If not, please provide the original lifetime loss ratio making this adjustment.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The number of policies ever issues nationwide under the policy forms associated with this filing are displayed below.

Active: 42,309
Inactive: 11,848
Incomplete: 3,530
Rejected: 21,248
Pending: 239
Withdraw: 3,262
Total: 82,436

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the number of policies ever issued nationwide under the policy forms associated with this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Response 3

Comments:

No prior rate increases have been approved nationwide for the policy forms associated with this filing as disclosed in Exhibit 4.

The cumulative nationwide rate increase for only those policy forms associated with this filing if all pending rate increase requests were approved is 79.6%.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that no rate increase that has been approved nationwide for the policy forms associated with this filing as disclosed in Exhibit 4.

Please state what the cumulative nationwide rate increase would be for only those policy forms associated with this filing if all pending rate increase requests were approved.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

Current projection models need to be adjusted to capture this information. We are currently in the process of making those updates and hope to have the information shortly.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Comments: Regarding the lapse rates shown in Exhibit 6A:

a. Please describe how the revised expected lapse rates were developed for durations with no experience and how these changed from original and most recently approved Virginia rate filing assumptions.

b. Please provide a comparison of current lapse rates and revised lapse rates by duration and issue age in support of your statement that the rate increase is necessary due to insured keeping their policies longer.

c. Please explain why the proposed lapse rates for certain durations are lower than the actual experience would suggest as shown in Exhibit 6A.

d. Please confirm the data in Exhibit 6A is based on nationwide experience for only the policy forms that are the subject of this filing. If not, please provide Exhibit 6A with experience for only these policy forms.

e. Please confirm the actual lapse rates represent only voluntary lapses excluding mortality.

f. If possible, please remove shock lapses associated with previously implemented rate increases from the historical experience.

g. Please confirm Exhibit 6A shows the lapse rates by issue age cohorts as applied in the pricing of the product.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

Current projection models need to be adjusted to capture this information. We are currently in the process of making those updates and hope to have the information shortly.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of actual incurred claims to expected incurred claims under revised assumptions by duration for the policy forms associated with this filing.

If the expected incurred claims deviate significantly relative to historical experience, please justify why the Company believes the assumptions are appropriate to use in the experience projections.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 6

Comments:

The experience projections do not reflect the impact of policyholders reducing benefit levels to reduce or eliminate the impact of the requested premium increase.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state whether the experience projections reflect the impact of policyholders reducing benefit levels to reduce or eliminate the impact of the requested premium increase.

If so, please justify the assumption reflected in the experience projections. Please include quantitative support.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

The experience projections do not reflect the anticipation of any shock lapses.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state whether the experience projections reflect the anticipation of any shock lapses.

If so, please justify the assumption reflected in the experience projections. Please include quantitative support.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

The portion of the proposed rate increase, attributed to assumptions is listed below:

Voluntary Lapse: 7%
Mortality: 36%
Morbidity: 57%

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Comments: Please identify the portion of the proposed rate increase that is attributed to each of the following components:

a. Changes in the voluntary lapse assumptions

b. Changes in the mortality assumptions

c. Changes in the expected claim cost assumptions

d. Changes in any other assumptions (e.g., interest rates)

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 9

Comments:

We do not change our assumptions due to increase in deaths (Covid-19) and increase in voluntary lapses (current economic environment).

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: An increase in deaths (due to COVID-19) and an increase in voluntary lapses (due to the current economic environment) would be expected to result in fewer insured lives, which would be expected to reduce claim liabilities going forward.

Please provide any emerging experience pertaining to the actual number of deaths and voluntary lapses in 2020 and 2021 relative to the expected assumptions associated with this filing.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

Comments:

All present and accumulated values used to determine rate increases use the maximum valuation interest rate for contract reserves as specifies in §38.2-1371 of the Code of Virginia.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that all present and accumulated values used to determine rate increases use the maximum valuation interest rate for contract reserves as specified in §38.2-1371 of the Code of Virginia.

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 LTC Rate Increase - LTC09M		
Project Name/Number:	LTC09M/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents 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 LTC Rate Increase - LTC09M		
Project Name/Number:	LTC09M/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/26/2022
Submitted Date	01/26/2022

Dear Bill Dismore,

Introduction:

This is in response to your objection letter dated December 30, 2021, regarding the above-captioned filing.

Response 1

Comments:

The 86.7% in the Overall % Indicated Change and Overall % Rate Impact fields of the Rate/Rule Schedule tab is the Virginia-specific rate impact for Form LTC09M, while the 79.6% Overall Average % Increase in the actuarial memorandum refers to the nationwide rate impact for Form LTC09M.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Rate/Rule Schedule

The Overall % Rate Impact and % Indicated Change stated under this tab is 86.7%. Please explain why this is different than the overall average % increase stated in the actuarial memorandum of 79.6%.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

A separate form filing has recently been made for the policyholder notification letter. Please refer to SERFF Tracking # MUTM-133106293.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Comments: Please provide the SERFF Tr. Num under which this policyholder notification form was approved. We note that the sample notification letter does not have a form number. Please explain.

Please review 14VAC5-101 and 14VAC5-200-75 for form requirements.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

1)The LTC09M Current Rates files have been removed from the Rate/Rule Schedule tab and placed under the Supporting Documentation tab.
2)The Pre and Post in the proposed LTC09M rates refers to the rates before (Pre) and after (Post) an adjustment to the inflation rider factors in 2011.
3)The SERFF Tracking Number for the original rate filing in Virginia for Form LTC09M Pre is MUTM-125899783. The SERFF Tracking Number for the original rate filing in Virginia for Form LTC09M Post is MUTM-127297816.

Related Objection 3

Applies To:
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: 1) Please remove all current rate schedule from the Rate/Rule Schedule tab and place these under the Supporting Documentation tab.

2) Explain the difference between the "Pre Proposed Rates" and "Post Propose Rates". We are confused by the terminology since the issue dates for these policy forms are 2009 - 2016.

3) Provide the SERFF Tr. Num for the original rate filing in Virginia for these policy forms.

Changed Items:

No Form 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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

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 schedules		Revised	Previous State Filing Number: n/a Percent Rate Change Request: 86.7	LTC09M Post Proposed Rates Yr 1.pdf, LTC09M Post Proposed Rates Yr 2.pdf, LTC09M Post Proposed Rates Yr 3.pdf, LTC09M Pre Proposed Rates Yr 1.pdf, LTC09M Pre Proposed Rates Yr 2.pdf, LTC09M Pre Proposed Rates Yr 3.pdf,	01/26/2022 By: Jeff LaFond
Previous Version						
1	*rate schedules*	*LTC09M-AG, LTC09M-5ML, LTC09M-10ML*	*Revised*	*Previous State Filing Number:* *n/a* *Percent Rate Change Request:* *86.7*	*LTC09M Post Proposed Rates Yr 1.pdf, LTC09M Post Proposed Rates Yr 2.pdf, LTC09M Post Proposed Rates Yr 3.pdf, LTC09M Pre Current Rates.pdf, LTC09M Pre Proposed Rates Yr 1.pdf, LTC09M Pre Proposed Rates Yr 2.pdf, LTC09M Pre Proposed Rates Yr 3.pdf, LTC09M Post Current Rates.pdf,*	*12/23/2021* *By: Jeff LaFond*

Supporting Document Schedule Item Changes

Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 3)
Comments:	
Attachment(s):	LTC09M Pre Current Rates.pdf LTC09M Post Current Rates.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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Response 4

Comments:

All exhibits in Excel spreadsheets have been added to the Supporting Documentation tab.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide Exhibits in Excel with working formulas so that the calculations may be followed.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 4)
Comments:	
Attachment(s):	Exhibit 7A - Nationwide Historical Experience (LTC09M) - EXCEL.xlsx Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M) - EXCEL.xlsx Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M) - EXCEL.xlsx

Response 5

Comments:

The projections requested in Objections 5, 6, 8 and 9 are included in VA LTC09M Projections. Also enclosed for your review is the recommendation from the Multi-State Actuarial Review, which includes analysis and recommended increase amounts using both the Minnesota and Texas approaches. Also included for your review is our response to the Multi-State Actuarial Review.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For all projections requested in this question, the baseline should comply with the following:

a. Any policies issued as limited-pay which are now in paid-up status should be removed, both from historical experience and future projections.

b. Premiums should be at the Virginia rate level for both historical and projected future.

c. Please provide support that 4% is the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)
Comments:	
Attachment(s):	VA LTC09M Projections.pdf VA LTC09M Projections.xlsx Multi-State LTC Advisory Report - Mutual of Omaha - DRAFT - 11012021 - POTENTIALLY PUBLIC.pdf Multi-State LTC Advisory Report - Mutual of Omaha Response v2.pdf

Response 6

Comments:

The requested projections are in the file VA LTC09M Projections file.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Comments: To assist the Virginia Bureaus of Insurance in its review, for each of the subsets of the business corresponding to the combinations of Marital Status, Inflation Option and Benefit Period (with or without increased benefit limits), please provide in Excel format the following projections on a nationwide basis:

a. current assumptions and current rates

b. current assumptions with the proposed rate increase

c. current assumptions with premiums restated as if the proposed rate increase had been in effect from inception.

d. actual historical experience to the projection date and future projections based on the prior assumptions (to be used in the Prospective PV test).

e. original assumptions and original premiums from inception

Projections a. - e. can be separate tabs or combined into separate columns on the same exhibit.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

The active life reserve balance for Form LTC09M as of 12/31/2019 and based on a nationwide basis is $383,244,139.

Related Objection 7

Applies To:
- L&H Actuarial Memorandum (Supporting Document)

Comments: For each subset of business used in the projections above, please provide the active life reserve balance as of the projection date on a nationwide basis.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

The requested projections are in the file VA LTC09M Projections file.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the calculations for the 58/85 Test for each subset and include all projections required to validate those tests.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 9

Comments:

The requested projections are in the file VA LTC09M Projections file.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to compute the "Prospective PV" and the "If Knew/Makeup Blend" allowable increases as currently under consideration by the NAIC.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

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 LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

The requested rate increase history exhibit, which includes the requested increase, status of the current filing, cumulative approved past increases, and in-force annualized premium by state is displayed in Attachment 1 Rate Increase History.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 10)
Comments:	
Attachment(s):	Attachment 1 - Rate Increase History - EXCEL.pdf Attachment 1 - Rate Increase History - EXCEL.xlsx

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Amendment Letter

Submitted Date: 09/09/2022
Comments:
RE: Revised Rate Schedules

This is a follow-up to the e-mail from Bob Grissom dated September 8, 2022, regarding the above-captioned filing.

As mentioned in Bob's letter, the Bureau will allow the MSA recommended rate increase amounts. Revised rate schedules have been placed in the Rate/Rule Schedule tab that reflect the MSA recommended increase amounts.

We reserve the right to request future increases, after the revised increases have been fully implemented, if warranted by the experience, to bring the Virginia policyholders to the national level.

Finally, a Post-Submission Update will be submitted to reflect the revised increase amount and the premium impact information.

Your prompt approval of the revised increase amount will be greatly appreciated.

Sincerely,

Jeff LaFond
Changed Items:
No Form 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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

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 schedules		Revised	Previous State Filing Number: n/a Percent Rate Change Request: 72	LTC09M Post Proposed Rates Yr 1 - VA.pdf, LTC09M Post Proposed Rates Yr 2 - VA.pdf, LTC09M Post Proposed Rates Yr 3 - VA.pdf, LTC09M Pre Proposed Rates Yr 1 - VA.pdf, LTC09M Pre Proposed Rates Yr 2 - VA.pdf, LTC09M Pre Proposed Rates Yr 3 - VA.pdf,	09/09/2022 By: Jeff LaFond
Previous Version						
1	*rate schedules*		*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 86.7*	*LTC09M Post Proposed Rates Yr 1.pdf, LTC09M Post Proposed Rates Yr 2.pdf, LTC09M Post Proposed Rates Yr 3.pdf, LTC09M Pre Proposed Rates Yr 1.pdf, LTC09M Pre Proposed Rates Yr 2.pdf, LTC09M Pre Proposed Rates Yr 3.pdf,*	*01/26/2022 By: Jeff LaFond*
Previous Version						
1	*rate schedules*	*LTC09M-AG, LTC09M-5ML, LTC09M-10ML*	*Revised*	*Previous State Filing Number: n/a Percent Rate Change Request: 86.7*	*LTC09M Post Proposed Rates Yr 1.pdf, LTC09M Post Proposed Rates Yr 2.pdf, LTC09M Post Proposed Rates Yr 3.pdf, LTC09M Pre Current Rates.pdf, LTC09M Pre Proposed Rates Yr 1.pdf,*	*12/23/2021 By: Jeff LaFond*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha LTC Rate Increase - LTC09M
Project Name/Number: LTC09M/

Filing Company: Mutual of Omaha Insurance Company

Rate/Rule Schedule Item Changes

					LTC09M Pre Proposed Rates Yr 2.pdf, LTC09M Pre Proposed Rates Yr 3.pdf, LTC09M Post Current Rates.pdf,	

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Amendment Letter

Submitted Date: 02/01/2022
Comments:
RE: Corrected Projection Exhibits

Dear Bill,

The projections included in the January 26, 2022, did not use the correct data source. This document has been updated using the correct data source and has replaced the previously provided exhibit. I apologize for this oversight.

Sincerely

Jeff LaFond
Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)
Comments:	
Attachment(s):	Multi-State LTC Advisory Report - Mutual of Omaha - DRAFT - 11012021 - POTENTIALLY PUBLIC.pdf Multi-State LTC Advisory Report - Mutual of Omaha Response v2.pdf VA LTC09M Projections Sent.pdf VA LTC09M Projections Sent.xlsx
Previous Version	
Satisfied - Item:	*Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)*
Comments:	
Attachment(s):	*VA LTC09M Projections.pdf* *VA LTC09M Projections.xlsx* *Multi-State LTC Advisory Report - Mutual of Omaha - DRAFT - 11012021 - POTENTIALLY PUBLIC.pdf* *Multi-State LTC Advisory Report - Mutual of Omaha Response v2.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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Reviewer Note

Created By:

Bill Dismore on 07/12/2022 02:38 PM

Last Edited By:

Bill Dismore

Submitted On:

09/13/2022 12:30 PM

Subject:

Actuarial Summary & Opinion Report

Comments:

7/12/2022 - the actuarial summary and opinion report is attached.

Peter Kaczmarek, FSA, MAAA
Senior Manager
Oliver Wyman
411 East Wisconsin Avenue, Suite 1300
Milwaukee, WI 53202-4412
414 223 7960
peter.kaczmarek@oliverwyman.com

Mr. Bill Dismore
Life and Health Division
Bureau of Insurance
Richmond, VA 23218

July 12, 2022

Mutual of Omaha Insurance Company
State Tracking Number: MUTA-133092595

Dear Mr. Dismore:

At your request, we have reviewed the above captioned rate increase filing made by Mutual of Omaha Insurance Company (the Company) for a closed block of Individual long-term care policies (policy forms LTC09M-AG, LTC09M-5ML, LTC09M-10ML). The purpose of this letter is to provide you with our analysis and opinion with respect to the rate increase requested by the Company. This letter is not intended for any other purposes.

OPINION

Based on the information provided, we believe this filing satisfies the loss ratio requirements of 14VAC5-200-153 since the forms included in this filing were priced and sold starting in 2009 and with forms not issued after September 1, 2015.

OTHER REGULATORY CONSIDERATIONS

In addition to evaluating this filing for compliance with 14VAC5-200-153, we compared the requested rate increase to the maximum rate increase under various approaches, as requested by the Bureau. The maximum average rate increase allowed under each approach is summarized in the table below:

Proposed Increase Under 14VAC5-200-153	86.7%
Other Rate Increase Tests	
Present Value of Future Loss	75.7%
Prospective Present Value	80.6%
If-Knew/Makeup	57.4%
State Rate Equity	79.6%

BACKGROUND

The Company is requesting an average rate increase of 86.7% for a closed block of 1,163 individual long-term care policies (policy forms LTC09M-AG, LTC09M-5ML, LTC09M-10ML) in Virginia. The requested rate increase would be implemented over a three year period as follows: in 2022 with an average rate increase of 31.0%, in 2023 with an average rate increase of 17.2%, and in 2024 with an average rate

increase of 21.0%. These policies were originally issued between 2009 and 2015 in Virginia. As of Dec 2019, there were 1,163 active insureds that would be impacted by the proposed rate increase.

According to the Actuarial Memorandum, no previous rate increase was implemented in Virginia. Nationwide, the cumulative average approved rate increase for these policy forms is 0.0%, and if all pending rate filings were approved, the cumulative nationwide average rate increase would be 79.6%.

METHODOLOGY

We reviewed the filing materials for compliance with all relevant regulations, verified the calculations in the exhibits provided by the Company, and assessed the reasonability of the assumptions underlying this rate increase request.

The Company used nationwide experience to support the requested rate increase. The experience of Virginia policyholders was not credible.

Assumptions

Morbidity Assumptions

The morbidity assumptions were developed using 2017 Milliman Guidelines adjusted for the Company's experience. Generational morbidity improvement of 1% per year and future morbidity improvement of 1% per year for 20 years are assumed and remain unchanged from prior rate filing. A comparison of actual claims to expected claims for the policy form subject to this filing and other similar policy forms (Modern block which includes LTC04I, LTC04G, LTC04G-AMBA, LTC04I7, LTC06UI, LTC09M, and LTC09U) demonstrates the morbidity assumptions are reasonable. Approximately 57% of the requested rate increase is attributable to the updated morbidity assumptions.

Mortality Assumptions

The mortality assumptions are based on 2012 IAM Basic Table with gender distinct rates adjusted for experience and generational mortality improvement of Scale G2. A comparison of actual deaths to expected for this policy form and other similar policy forms nationwide by duration demonstrates the morbidity assumptions are reasonable. Approximately 36% of the requested rate increase is attributable to the updated mortality assumptions.

Voluntary Lapse Assumptions

The voluntary lapse assumptions are based on historical Company experience. The voluntary lapse assumptions vary by duration, attained age, marital status, and policy inflation option. The Company assumes that any shock lapse assumptions as a result of the rate increase are de minimis and have no impact on the overall results. A comparison of actual lapses to expected for this policy form and other similar policy forms nationwide by duration, attained age, marital status, and policy inflation option demonstrates the morbidity assumptions are reasonable. Approximately 7% of the requested rate increase is attributable to the updated voluntary lapse assumptions.

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Loss Ratio Testing

Compliance with VA Statute

We have reviewed the filing for compliance with 14VAC5-200-153.

According to 14VAC5-200-153, the Company must demonstrate the sum of the accumulated value of past incurred claims without active life reserves plus the present value of future projected incurred claims without active life reserves is at least the sum of the following for policies issued between October 1, 2003 and August 31, 2015:

1. The accumulated value of the initial earned premium times fifty-eight percent (58%);
2. Eighty-five percent (85%) of the accumulated value of prior premium rate schedule increases on an earned basis;
3. The present value of future projected initial earned premiums times fifty-eight percent (58%); and
4. Eighty-five percent (85%) of the present value of future projected premiums not in specified above in subsection 3 on an earned basis.

Based on the information provided by the Company, 14VAC5-200-153 is satisfied.

Loss Ratio Projections

Original L/R	Future L/R without Increase*	Lifetime L/R without Increase	Future L/R with Increase*	Lifetime L/R with Increase	From Inception
66.8%	125.0%	95.2%	79.6%	72.2%	53.0%

*After deducting ALR

The original lifetime loss ratio adjusted to reflect the actual mix of business sold is 66.8%. The Company projects the lifetime loss ratio to be 95.2% and 72.2%, without and with the proposed rate increase, respectively. The future loss ratio when considering active life reserves, discounted at the average maximum statutory valuation rate, would be 125.0% and 79.6%, without and with the proposed increase, respectively. When assuming the proposed rates would have been implemented since inception, the lifetime loss ratio would be 53.0%.

Present Value of Future Loss Test

Original	Current	Proposed	Allowed Rate Increase
-$171.6 M	-$615.1 M	-$85.4 M	75.7%

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The Company provided sufficient detail for us to determine that the maximum allowable rate increase based on the present value of future loss test is 75.7%. The evaluation of future losses using the current assumptions without the proposed rate increase ("Current") and future losses using the current assumptions with the proposed rate increase ("Proposed") was performed assuming the average maximum statutory interest rate of 4.0%. The evaluation of future losses using the original pricing assumptions was performed assuming the original pricing interest rate of 4.0%.

Prospective Present Value Test (Texas Approach)

Based on information provided by the Company, the maximum allowable rate increase under the prospective present value approach is 80.6%. The projection of incurred claims includes a 10% provision of adverse projection (PAD) as part of the Prospective Present Value Test.

If-Knew/Makeup Blend Test (Minnesota Approach)

Based on the information provided by the Company, we estimate that the allowable increase based on the if-knew/makeup blend test is 57.4%.

State Rate Equity Test

VA Current Cumulative Increase	VA Proposed Cumulative Increase	NW Current Cumulative Increase	NW Proposed Cumulative Increase	Allowed Rate Increase
0.0%	86.7%	0.0%	79.6%	79.6%

As noted previously, there was no prior rate increase approved in Virginia and nationwide. If the proposed rate increase is approved, the cumulative average rate increase in Virginia would be 86.7%. Nationwide, if all pending rate increase are approved, the nationwide cumulative average rate increase would be 79.6%. In order to ensure the cumulative average rate increase approved in Virginia does not exceed the nationwide average rate increase, assuming all pending rate increases were approved, the proposed rate increase of 86.7% would have to be reduced to 79.6%.

OTHER INFORMATION

The Company indicated that recent short-term impacts of COVID-19 on LTC experience do not materially impact the expected, long term experience and lifetime loss ratios of the block.

RELIANCE

In arriving at our opinion, we used and relied on information provided by the Company 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 by the

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Company 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 methodology in reaching this opinion. I am a member of the American Academy of Actuaries and meet all of its requirements to render this opinion.

If you have any questions regarding this filing, please feel free to contact me. I can be reached at 414 223 7960.

Sincerely,

Peter Kaczmarek, FSA, MAAA
Senior Manager

Copy: Bob Grissom, Bureau of Insurance
Tammy Tomczyk, Oliver Wyman Actuarial Consulting, Inc.

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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 LTC Rate Increase - LTC09M*		
Project Name/Number:	*LTC09M/*		

Reviewer Note

Created By:

Bill Dismore on 12/29/2021 01:45 PM

Last Edited By:

Bill Dismore

Submitted On:

09/13/2022 12:20 PM

Subject:

RRS

Comments:

Rate Review Summary

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

Company Name and NAIC Number: Mutual of Omaha Insurance Company (71412)

SERFF Tracking Number: MUTA-133092595

Revised Rates

Average Annual Premium Per Member: 2,279

Average Requested Percentage Rate Change Per Member: 72.0%

Range of Requested Rate Changes: 6.0% - 96.6%

Number of Virginia Policyholders Affected: 1,163

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
LTC09M-AG, LTC09M-5ML, LTC09M-10ML		2009-2016	Please refer to Exhibit 4, attached to the Actuarial Memorandum.	Please refer to the Actuarial Memorandum.

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

This document is prepared by the carrier to help explain the requested rate change and 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 at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

There is a need to increase premiums on certain policy series to reflect that future claims are expected to be significantly higher than originally expected. Claims are significantly higher due to insureds both keeping their policies longer and staying on claim longer than expected when the policy was originally priced.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: Mutual of Omaha Insurance Company – NAIC # 71412

SERFF Tracking Number: MUTA-133092595

Disposition: Approved

Approval Date: 9/13/2022

Current Average Annual Premium Per Member: $2,279

Rate Changes:

Average Percentage Rate Change Per Member: 72%

Minimum Requested Percentage Rate Change Per Member: 6.00%

Maximum Requested Percentage Rate Change Per Member: 96.59%

Number of Virginia Policy Holders Affected: 1,163

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

The Company requested a 86.7% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 72%.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 81.9%, which exceeds the minimum required loss ratio of 60%.

While the Company has advised that they are likely to file for additional rate increases in the future, these will first need to be filed for review and approval with the Bureau.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all

policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: n/a
SERFF Tracking Number of Last Filing: n/a

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	86.700%	72.000%	$1,932,558	1,163	$2,684,108	96.590%	6.000%

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		rate schedules		Revised	Previous State Filing Number: n/a Percent Rate Change Request: 72	LTC09M Post Proposed Rates Yr 1 - VA.pdf, LTC09M Post Proposed Rates Yr 2 - VA.pdf, LTC09M Post Proposed Rates Yr 3 - VA.pdf, LTC09M Pre Proposed Rates Yr 1 - VA.pdf, LTC09M Pre Proposed Rates Yr 2 - VA.pdf, LTC09M Pre Proposed Rates Yr 3 - VA.pdf,

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	79.97	93.68	107.58	121.72	136.04	165.33	195.50
36	80.73	94.84	109.09	123.47	137.98	167.42	197.40
37	81.53	96.02	110.61	125.22	139.93	169.48	199.29
38	83.18	98.31	113.38	128.37	143.30	172.96	202.38
39	85.27	101.07	116.74	132.20	147.50	177.61	207.06
40	86.90	103.29	119.44	135.34	151.02	181.59	211.21
41	88.67	106.13	122.88	139.33	155.48	186.85	217.05
42	90.28	108.48	125.78	142.72	159.34	191.54	222.38
43	91.84	111.31	129.12	146.54	163.61	196.67	228.31
44	93.62	113.87	132.12	149.99	167.48	201.34	233.70
45	95.64	117.31	136.13	154.57	172.61	207.55	240.93
46	97.92	120.51	139.90	158.87	177.42	213.33	247.63
47	100.53	124.19	144.16	163.72	182.84	219.78	255.04
48	103.20	129.02	149.88	170.27	190.11	228.29	264.39
49	105.89	133.33	155.00	176.07	196.54	235.61	272.27
50	108.64	137.68	160.20	182.00	203.10	243.11	280.24
51	111.45	143.69	167.32	190.11	212.05	253.30	291.09
52	114.37	147.95	172.47	195.99	218.46	260.38	298.22
53	116.33	151.80	177.07	201.21	224.22	266.83	304.88
54	118.52	156.05	182.16	206.99	230.60	274.02	312.43
55	121.11	160.84	187.86	213.51	237.78	282.24	321.19
56	124.20	166.13	194.11	221.02	246.10	291.84	331.65
57	127.88	171.12	200.06	227.44	253.24	300.11	340.69
58	130.94	174.47	204.07	232.08	258.46	306.46	348.02
59	134.74	179.97	210.79	239.91	267.36	317.20	360.31
60	139.68	187.08	219.47	250.10	278.91	331.19	376.31
61	145.66	194.79	228.94	261.19	291.55	346.56	393.96
62	153.00	206.44	243.07	277.67	310.23	369.19	419.97
63	160.55	217.69	256.59	296.37	331.24	394.34	448.57
64	168.03	228.05	268.95	311.54	348.28	414.69	471.69
65	176.85	240.04	283.07	332.72	371.98	442.96	503.90
66	194.57	263.83	310.99	366.83	410.03	491.02	558.72
67	206.20	279.05	328.54	387.25	432.70	523.60	595.97
68	230.22	308.23	360.85	424.20	473.62	572.88	655.77
69	253.29	337.11	393.36	461.54	514.89	629.84	722.41
70	276.69	367.20	427.64	501.16	558.60	680.22	779.93
71	300.20	398.06	463.21	529.19	602.68	737.73	844.40
72	324.59	420.01	489.94	553.42	631.30	778.31	912.75
73	350.64	456.17	531.97	600.24	685.38	843.18	995.99
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,645.26
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,832.95
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,034.13
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,282.12
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,569.03
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	2,919.89
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,324.62
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,792.22
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,333.30
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	4,960.34

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	97.26	113.93	130.84	148.03	165.46	201.08	237.77
36	98.18	115.34	132.68	150.16	167.82	203.62	240.08
37	99.16	116.78	134.52	152.29	170.18	206.12	242.38
38	101.41	119.86	138.24	156.51	174.72	210.88	246.75
39	103.67	122.88	141.93	160.73	179.33	215.94	251.74
40	105.91	125.89	145.57	164.95	184.06	221.32	257.41
41	108.76	129.53	149.97	170.05	189.76	228.05	264.91
42	110.68	132.16	153.23	173.88	194.12	233.35	270.92
43	113.31	135.37	157.02	178.20	198.96	239.17	277.64
44	115.74	138.92	161.19	182.99	204.32	245.64	285.12
45	117.93	141.70	164.44	186.70	208.50	250.70	291.02
46	120.37	146.04	169.53	192.52	215.00	258.52	300.08
47	123.24	150.37	174.55	198.23	221.38	266.11	308.79
48	125.80	155.46	180.59	205.16	229.06	275.06	318.56
49	128.23	158.69	184.49	209.57	233.93	280.43	324.06
50	130.73	164.55	191.45	217.51	242.73	290.55	334.92
51	133.38	170.07	198.04	225.01	250.97	299.80	344.52
52	136.22	173.81	202.61	230.24	256.64	305.89	350.34
53	137.75	176.97	206.43	234.58	261.41	311.09	355.45
54	139.53	182.05	212.52	241.49	269.03	319.69	364.50
55	141.76	187.78	219.33	249.27	277.60	329.51	374.98
56	144.65	193.48	226.07	257.12	286.30	339.51	385.84
57	147.85	197.93	231.40	264.01	293.97	348.37	395.47
58	150.04	201.02	235.13	268.97	299.55	355.18	403.34
59	153.05	205.44	240.62	276.15	307.75	365.11	414.73
60	157.27	211.68	248.33	285.83	318.75	378.50	430.06
61	162.57	219.42	257.88	297.90	332.52	395.26	449.33
62	169.14	228.97	269.61	314.08	350.91	417.60	475.05
63	176.59	239.45	282.24	332.86	372.02	445.01	506.21
64	183.81	249.46	294.20	347.11	388.04	472.22	537.13
65	192.36	261.08	307.89	363.27	406.13	500.62	569.49
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,629.72
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	2,966.24
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,377.82
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,853.38
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,403.76
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,041.66

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	116.28	136.21	156.42	176.98	197.81	240.40	284.27
36	117.38	137.90	158.63	179.53	200.64	243.43	287.03
37	118.55	139.62	160.83	182.08	203.46	246.43	289.78
38	121.43	143.52	165.53	187.40	209.21	252.51	295.45
39	124.31	147.36	170.19	192.74	215.04	258.94	301.87
40	127.18	151.17	174.80	198.08	221.02	265.77	309.11
41	130.23	155.11	179.59	203.63	227.23	273.09	317.23
42	131.44	156.94	181.96	206.48	230.52	277.10	321.72
43	133.47	161.10	186.86	212.08	236.78	284.63	330.41
44	135.45	163.97	190.26	215.99	241.16	289.94	336.53
45	137.86	168.41	195.44	221.90	247.81	297.96	345.88
46	140.48	172.76	200.54	227.73	254.33	305.81	354.97
47	143.63	177.76	206.35	234.35	261.71	314.59	365.05
48	145.99	183.15	212.76	241.70	269.86	324.06	375.31
49	148.06	187.31	217.76	247.36	276.11	331.00	382.50
50	150.21	192.75	224.27	254.80	284.34	340.36	392.34
51	152.64	199.22	231.99	263.58	294.00	351.20	403.58
52	155.38	204.69	238.62	271.16	302.24	360.24	412.59
53	156.57	207.33	241.85	274.82	306.25	364.46	416.42
54	158.00	210.36	245.56	279.03	310.85	369.39	421.17
55	159.96	213.65	249.55	288.19	320.94	380.95	433.52
56	162.78	217.72	254.39	297.61	331.38	392.97	446.58
57	165.52	221.59	259.06	303.89	338.36	402.66	457.10
58	166.94	223.66	261.61	306.98	341.88	408.61	464.02
59	169.28	227.22	266.13	312.54	348.30	417.98	474.78
60	172.92	232.73	273.03	321.03	358.02	429.32	487.80
61	177.68	239.82	281.85	331.79	370.36	445.84	506.83
62	183.66	248.63	292.76	345.07	385.53	470.06	534.71
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC Benefit Period						
Issue Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	140.92	165.08	189.57	214.48	239.73	291.34	344.51
36	142.25	167.12	192.24	217.57	243.15	295.02	347.84
37	143.67	169.21	194.91	220.66	246.57	298.65	351.18
38	146.78	173.48	200.09	226.53	252.89	305.23	357.14
39	149.89	177.68	205.21	232.40	259.29	312.22	363.99
40	152.98	181.84	210.26	238.25	265.86	319.68	371.81
41	154.91	184.50	213.62	242.21	270.29	324.83	377.34
42	156.34	186.67	216.44	245.60	274.19	329.61	382.67
43	159.20	190.18	220.60	250.37	279.53	336.02	390.07
44	161.94	193.58	224.61	254.98	284.71	342.28	397.29
45	166.04	198.61	230.48	261.69	292.25	351.39	407.90
46	169.72	203.03	235.69	267.65	298.90	359.40	417.19
47	173.45	208.20	241.69	274.48	306.52	368.46	427.56
48	175.63	215.25	250.05	284.06	317.16	380.85	441.09
49	177.13	219.82	255.56	290.30	324.05	388.47	448.91
50	178.51	224.32	261.00	296.53	330.90	396.10	456.59
51	180.46	230.46	268.36	304.91	340.10	406.26	466.86
52	182.89	238.45	277.97	315.87	352.08	419.65	480.63
53	183.32	240.66	280.72	318.99	355.47	423.03	483.35
54	184.01	243.25	283.95	322.66	359.46	427.15	487.02
55	185.33	247.52	289.11	329.21	366.63	435.18	495.23
56	187.75	251.13	293.43	339.18	377.67	447.87	508.98
57	189.62	253.85	296.77	348.13	387.62	459.97	522.16
58	189.68	254.13	297.25	348.80	388.45	465.19	528.27
59	190.81	256.12	299.98	352.29	392.60	474.15	538.59
60	193.36	260.25	305.31	358.98	400.34	487.14	553.51
61	197.09	266.02	312.65	368.05	410.82	503.91	572.85
62	201.97	273.42	321.94	379.47	423.96	524.53	596.68
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	167.72	196.47	225.62	255.27	285.32	346.75	410.03
36	169.30	198.90	228.80	258.95	289.39	351.12	414.00
37	170.99	201.39	231.98	262.62	293.46	355.45	417.97
38	173.47	205.02	236.47	267.72	298.87	360.72	422.07
39	176.37	209.06	241.46	273.45	305.09	367.37	428.29
40	178.78	212.50	245.72	278.43	310.69	373.59	434.51
41	181.41	216.07	250.17	283.65	316.53	380.41	441.90
42	184.47	220.26	255.39	289.79	323.53	388.92	451.53
43	186.82	223.18	258.88	293.82	328.04	394.33	457.76
44	189.56	226.60	262.92	298.48	333.28	400.67	465.07
45	194.69	232.88	270.24	306.84	342.67	412.01	478.27
46	198.01	236.87	274.97	312.25	348.72	419.30	486.72
47	202.96	242.90	281.97	320.22	357.61	429.87	498.82
48	206.56	249.86	290.26	329.75	368.16	442.10	512.02
49	207.03	256.90	298.66	339.26	378.69	453.98	524.61
50	207.72	260.59	303.20	344.47	384.40	460.14	530.41
51	209.07	266.55	310.39	352.67	393.36	469.89	539.98
52	211.12	274.36	319.83	363.44	405.10	482.85	553.01
53	210.73	276.94	323.04	367.08	409.07	486.81	556.22
54	210.65	279.20	325.92	370.35	412.58	490.28	559.00
55	211.29	282.07	329.46	374.43	416.99	494.96	563.27
56	213.35	285.36	333.43	382.95	426.41	505.66	574.65
57	214.24	286.81	335.31	393.16	437.77	518.79	588.93
58	212.84	285.16	333.54	391.39	435.88	521.77	592.52
59	212.67	285.48	334.36	392.67	437.60	531.97	604.27
60	214.08	288.13	338.02	397.45	443.24	544.97	619.21
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	82.56	96.72	111.07	125.66	140.45	170.70	201.84
36	83.34	97.91	112.63	127.47	142.46	172.85	203.80
37	84.17	99.14	114.20	129.28	144.46	174.97	205.75
38	86.29	101.99	117.63	133.17	148.67	179.44	209.95
39	87.96	104.27	120.42	136.38	152.16	183.22	213.60
40	90.07	107.06	123.79	140.27	156.53	188.21	218.91
41	91.86	109.94	127.29	144.33	161.06	193.56	224.84
42	93.49	112.33	130.25	147.79	165.00	198.35	230.28
43	95.07	115.23	133.66	151.70	169.36	203.59	236.34
44	97.36	118.42	137.41	155.99	174.17	209.40	243.05
45	99.43	121.95	141.52	160.69	179.45	215.77	250.47
46	101.78	125.26	145.41	165.13	184.41	221.74	257.39
47	104.97	129.67	150.52	170.95	190.90	229.48	266.29
48	109.24	136.57	158.66	180.24	201.24	241.65	279.87
49	113.64	143.08	166.34	188.95	210.92	252.85	292.19
50	118.71	150.44	175.04	198.87	221.92	265.65	306.22
51	122.22	157.57	183.49	208.48	232.54	277.78	319.21
52	128.25	165.91	193.40	219.78	244.97	291.98	334.41
53	129.95	169.57	197.80	224.76	250.47	298.07	340.58
54	133.04	175.17	204.48	232.36	258.85	307.60	350.72
55	136.03	180.65	211.00	239.80	267.06	317.00	360.74
56	140.80	188.33	220.05	250.56	278.99	330.84	375.99
57	145.23	194.34	227.20	258.30	287.60	340.83	386.91
58	149.07	198.63	232.33	264.21	294.25	348.89	396.20
59	153.69	205.28	240.43	273.65	304.96	361.81	410.98
60	159.63	213.80	250.82	285.83	318.75	378.50	430.06
61	166.91	223.22	262.35	299.31	334.10	397.14	451.46
62	174.74	235.77	277.61	317.12	354.30	421.64	479.64
63	182.07	246.87	291.00	336.10	375.65	447.21	508.71
64	192.31	261.01	307.81	356.56	398.61	474.62	539.85
65	200.92	272.70	321.60	378.00	422.61	503.24	572.47
66	221.86	300.84	354.60	418.27	467.54	559.89	637.08
67	234.74	317.66	373.99	440.83	492.57	596.04	678.43
68	262.89	351.98	412.07	484.41	540.84	654.19	748.85
69	288.06	383.38	447.35	524.89	585.57	716.29	821.57
70	319.40	423.88	493.65	578.52	644.83	785.22	900.32
71	345.44	458.04	533.01	608.93	693.50	848.89	971.64
72	372.26	481.69	561.89	634.69	724.00	892.60	1,046.79
73	400.02	520.41	606.90	684.78	781.91	961.93	1,136.27
74	430.42	557.24	649.51	732.18	837.08	1,028.46	1,231.79
75	463.09	623.27	726.73	819.28	934.74	1,144.62	1,336.58
76	497.99	681.93	794.70	895.23	1,021.89	1,249.82	1,452.54
77	533.62	710.42	827.31	931.23	1,064.16	1,300.89	1,575.03
78	608.09	794.84	925.65	1,054.74	1,189.22	1,450.68	1,778.34
79	663.08	844.24	1,010.74	1,162.56	1,299.71	1,529.96	1,956.06
80	724.70	926.97	1,112.93	1,282.57	1,435.87	1,693.53	2,158.35
81	798.55	1,024.99	1,233.51	1,424.12	1,596.80	1,888.42	2,405.96
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,690.40
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,035.76
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,457.61
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	3,945.13
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,509.45
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	71.45	92.08	105.74	121.06	135.31	164.44	194.45
36	72.40	93.56	107.62	122.80	137.24	166.51	196.33
37	73.84	94.98	109.41	123.87	138.41	167.65	197.14
38	75.89	97.25	112.17	127.00	141.77	171.11	200.21
39	77.40	98.95	114.28	129.42	144.40	173.87	202.70
40	79.75	101.14	116.95	132.52	147.87	177.81	206.81
41	81.28	102.32	118.47	134.33	149.89	180.14	209.26
42	83.44	104.07	120.67	136.93	152.87	183.76	213.35
43	86.49	106.28	123.28	139.91	156.21	187.77	217.98
44	89.74	108.18	125.52	142.49	159.10	191.28	222.02
45	92.73	110.92	128.72	146.15	163.21	196.24	227.81
46	95.78	114.58	133.01	151.04	168.68	202.82	235.43
47	98.68	118.10	137.10	155.70	173.87	209.01	242.53
48	104.46	125.25	145.50	165.29	184.54	221.61	256.66
49	109.94	132.02	153.49	174.35	194.62	233.31	269.61
50	116.11	139.70	162.54	184.66	206.07	246.67	284.34
51	122.06	147.16	171.36	194.70	217.17	259.42	298.12
52	128.94	155.85	181.68	206.46	230.12	274.29	314.15
53	134.55	162.91	190.02	215.93	240.63	286.36	327.19
54	140.66	170.58	199.12	226.27	252.07	299.54	341.53
55	146.82	178.27	208.22	236.65	263.55	312.83	356.00
56	154.47	187.83	219.46	249.46	277.77	329.40	374.34
57	161.80	196.92	230.22	261.73	291.42	345.35	392.05
58	166.75	203.10	237.56	270.16	300.87	356.75	405.13
59	173.60	211.84	248.12	282.40	314.71	373.37	424.11
60	182.02	222.71	261.27	297.73	332.04	394.27	447.98
61	190.50	233.75	274.73	313.43	349.86	415.87	472.76
62	202.57	249.30	293.54	335.33	374.65	445.85	507.18
63	213.36	262.99	310.00	354.32	396.01	471.44	536.28
64	225.09	277.77	327.58	374.57	418.74	498.59	567.12
65	238.61	297.83	351.23	401.63	449.02	534.70	608.25
66	262.47	332.21	391.58	447.64	500.37	595.82	677.96
67	281.98	358.90	422.55	482.70	539.36	642.15	730.90
68	315.84	395.18	462.64	527.09	588.50	702.24	803.85
69	346.10	435.68	508.38	578.10	644.93	769.81	882.95
70	382.84	477.80	556.44	631.99	704.44	840.01	963.14
71	409.68	519.44	604.45	685.97	764.01	909.53	1,041.04
72	435.54	560.52	652.22	739.85	823.42	978.34	1,117.00
73	456.78	594.25	693.01	781.94	892.85	1,063.35	1,206.41
74	475.58	615.72	717.67	809.02	924.93	1,136.38	1,300.30
75	498.17	670.49	781.79	881.35	1,005.56	1,231.34	1,416.58
76	522.60	715.63	833.98	939.48	1,072.40	1,311.60	1,524.34
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,602.94
78	597.59	781.12	909.67	1,036.53	1,168.69	1,425.63	1,786.28
79	631.67	804.26	962.87	1,107.50	1,238.15	1,457.50	1,912.70
80	673.82	861.89	1,034.79	1,192.52	1,335.06	1,574.63	2,069.12
81	740.92	951.02	1,144.49	1,321.34	1,481.57	1,752.13	2,308.34
82	812.52	1,045.32	1,260.34	1,457.60	1,637.09	1,942.80	2,569.38
83	905.84	1,166.97	1,409.02	1,632.02	1,835.94	2,186.59	2,903.96
84	1,018.97	1,313.34	1,587.34	1,840.94	2,074.18	2,479.48	3,307.85
85	1,149.50	1,480.99	1,790.95	2,079.37	2,346.27	2,815.46	3,774.26
86	1,300.63	1,673.52	2,023.99	2,352.05	2,657.68	3,201.70	4,314.14
87	1,475.98	1,894.99	2,291.07	2,664.26	3,014.52	3,646.29	4,939.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	71.32	83.55	95.95	108.56	121.33	147.46	174.37
36	72.00	84.59	97.30	110.12	123.07	149.32	176.06
37	72.28	85.12	98.05	111.01	124.04	150.24	176.67
38	72.95	86.21	99.44	112.58	125.68	151.69	177.49
39	73.60	87.24	100.76	114.11	127.32	153.30	178.73
40	74.23	88.23	102.02	115.60	129.00	155.11	180.41
41	74.48	88.71	102.71	116.46	129.96	156.19	181.43
42	74.71	89.21	103.43	117.37	131.03	157.51	182.87
43	75.85	90.62	105.11	119.29	133.19	160.10	185.86
44	76.68	91.66	106.36	120.74	134.82	162.08	188.13
45	78.17	93.50	108.50	123.19	137.58	165.42	192.03
46	79.40	94.99	110.26	125.21	139.84	168.14	195.17
47	81.39	97.40	113.07	128.41	143.40	172.38	200.03
48	83.25	100.70	116.98	132.89	148.38	178.18	206.36
49	87.01	107.96	125.51	142.57	159.15	190.79	220.47
50	90.48	113.50	132.06	150.04	167.43	200.42	231.03
51	94.19	120.09	139.84	158.88	177.22	211.70	243.27
52	98.93	128.56	149.87	170.30	189.83	226.26	259.13
53	101.99	134.03	156.34	177.65	197.97	235.60	269.19
54	105.61	139.98	163.41	185.68	206.86	245.81	280.27
55	109.80	146.58	171.21	194.58	216.70	257.21	292.71
56	114.60	153.28	179.10	205.70	229.04	271.61	308.67
57	118.95	159.25	186.18	218.30	243.06	288.05	326.99
58	122.45	164.05	191.89	225.16	250.76	300.17	340.88
59	126.81	170.22	199.37	234.14	260.93	317.20	360.31
60	132.85	178.81	209.77	246.65	275.06	338.20	384.27
61	139.18	187.85	220.78	259.90	290.11	358.52	407.56
62	146.21	197.94	233.06	274.71	306.92	379.73	431.97
63	155.65	211.05	248.77	293.38	327.90	405.84	461.66
64	164.27	222.95	262.93	310.21	346.79	429.29	488.30
65	174.83	237.30	279.84	330.18	369.14	457.00	519.86
66	193.90	262.93	309.92	365.57	408.63	505.86	575.61
67	209.22	283.12	333.33	392.90	439.02	543.41	618.52
68	233.63	312.79	366.19	430.48	480.63	596.27	682.54
69	258.76	344.38	401.84	471.50	526.00	652.74	748.68
70	282.35	374.71	436.39	511.41	570.04	706.69	810.27
71	308.50	409.06	476.01	543.81	619.34	760.43	879.44
72	332.22	429.88	501.45	566.42	646.12	796.59	942.18
73	361.42	470.20	548.34	618.71	706.46	869.12	1,028.10
74	396.42	513.23	598.21	674.35	770.96	947.22	1,134.50
75	436.01	586.82	684.23	771.37	880.08	1,077.69	1,258.42
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	529.95	705.53	821.62	924.82	1,056.84	1,291.94	1,564.19
78	574.57	751.03	874.63	996.60	1,123.67	1,370.71	1,717.47
79	624.68	795.35	952.20	1,095.23	1,224.44	1,441.35	1,891.51
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	83.51	97.83	112.35	127.11	142.07	172.66	204.17
36	84.30	99.04	113.93	128.94	144.10	174.84	206.15
37	84.68	99.73	114.88	130.06	145.33	176.03	206.99
38	86.40	102.12	117.78	133.35	148.86	179.67	210.23
39	87.64	103.89	119.99	135.89	151.62	182.56	212.84
40	89.34	106.20	122.80	139.15	155.27	186.70	217.15
41	90.20	107.44	124.39	141.04	157.39	189.15	219.72
42	91.52	109.28	126.70	143.77	160.51	192.95	224.02
43	93.41	111.59	129.44	146.91	164.02	197.16	228.88
44	95.02	113.58	131.79	149.62	167.06	200.84	233.12
45	97.37	116.47	135.15	153.46	171.38	206.06	239.20
46	101.24	121.11	140.59	159.65	178.29	214.38	248.85
47	107.33	128.45	149.11	169.34	189.11	227.33	263.79
48	113.94	137.83	160.12	181.90	203.09	243.88	282.45
49	118.98	147.63	171.63	194.97	217.63	260.89	301.49
50	123.67	155.14	180.51	205.08	228.86	273.95	315.79
51	129.04	164.51	191.57	217.66	242.78	290.01	333.27
52	135.40	175.96	205.13	233.10	259.82	309.68	354.68
53	139.74	183.64	214.21	243.41	271.25	322.80	368.83
54	144.28	191.23	223.23	253.66	282.59	335.81	382.88
55	149.56	199.66	233.21	265.05	295.17	350.36	398.72
56	156.05	208.72	243.88	280.10	311.89	369.85	420.32
57	161.30	215.94	252.46	296.01	329.60	390.60	443.41
58	164.76	220.74	258.19	302.97	337.41	403.90	458.67
59	169.74	227.85	266.87	313.40	349.26	424.59	482.29
60	175.53	236.25	277.16	325.88	363.43	446.84	507.72
61	182.67	246.56	289.78	341.12	380.77	470.55	534.92
62	190.61	258.04	303.84	358.13	400.12	495.04	563.14
63	200.71	272.14	320.78	378.31	422.82	523.32	595.30
64	209.71	284.61	335.66	396.02	442.72	548.03	623.36
65	220.20	298.86	352.45	415.84	464.91	575.57	654.75
66	241.59	327.58	386.13	455.46	509.11	630.26	717.15
67	257.14	347.97	409.68	482.89	539.58	667.87	760.19
68	283.02	378.93	443.62	521.50	582.25	722.34	826.85
69	308.40	410.46	478.94	561.96	626.92	777.97	892.32
70	331.68	440.18	512.63	600.76	669.62	830.14	951.83
71	357.71	474.30	551.94	630.55	718.13	881.73	1,019.72
72	383.93	496.79	579.51	654.59	746.70	920.58	1,088.84
73	410.52	534.08	622.83	702.76	802.43	987.19	1,167.77
74	439.80	569.39	663.67	748.15	855.33	1,050.88	1,258.65
75	475.09	639.41	745.56	840.51	958.96	1,174.28	1,371.21
76	514.84	705.01	821.60	925.53	1,056.48	1,292.13	1,501.71
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	599.39	783.46	912.40	1,039.63	1,172.19	1,429.90	1,791.64
79	642.79	818.41	979.81	1,126.99	1,259.94	1,483.15	1,946.36
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	95.53	111.91	128.51	145.40	162.51	197.51	233.55
36	96.43	113.29	130.32	147.49	164.83	200.00	235.81
37	96.95	114.19	131.54	148.91	166.40	201.54	236.99
38	97.86	115.65	133.39	151.02	168.59	203.48	238.09
39	98.73	117.03	135.17	153.08	170.79	205.65	239.75
40	99.57	118.36	136.86	155.08	173.04	208.07	242.01
41	100.07	119.19	138.00	156.47	174.61	209.85	243.77
42	102.38	122.25	141.74	160.83	179.56	215.85	250.60
43	108.16	129.21	149.88	170.10	189.92	228.29	265.02
44	113.83	136.07	157.89	179.24	200.13	240.61	279.27
45	120.89	144.60	167.81	190.53	212.78	255.84	296.98
46	127.54	152.57	177.11	201.13	224.61	270.08	313.50
47	135.31	161.93	187.98	213.48	238.40	286.58	332.55
48	142.56	172.45	200.33	227.58	254.10	305.13	353.39
49	147.81	183.40	213.22	242.20	270.36	324.11	374.53
50	153.65	192.75	224.27	254.80	284.34	340.36	392.34
51	159.53	203.38	236.84	269.09	300.14	358.54	412.02
52	166.35	216.18	252.01	286.38	319.20	380.46	435.75
53	170.16	223.62	260.85	296.41	330.32	393.09	449.14
54	174.29	231.01	269.66	306.43	341.37	405.66	462.52
55	179.24	239.28	279.48	317.64	353.74	419.88	477.83
56	185.31	247.86	289.61	332.62	370.36	439.20	499.12
57	190.58	255.13	298.27	349.73	389.41	461.48	523.87
58	192.33	257.67	301.39	353.66	393.87	471.48	535.41
59	194.84	261.54	306.33	359.74	400.91	487.37	553.60
60	199.62	268.68	315.20	370.61	413.31	508.17	577.40
61	205.14	276.89	325.42	383.08	427.61	528.44	600.73
62	212.05	287.06	338.01	398.40	445.12	550.71	626.47
63	220.37	298.80	352.20	415.37	464.24	574.59	653.61
64	228.06	309.52	365.03	430.67	481.45	595.98	677.90
65	236.26	320.67	378.16	446.18	498.83	617.56	702.52
66	256.42	347.70	409.84	483.43	540.37	668.96	761.19
67	271.16	366.95	432.03	509.23	569.01	704.30	801.65
68	295.04	395.01	462.45	543.63	606.97	753.00	861.96
69	320.44	426.47	497.63	583.89	651.38	808.33	927.14
70	341.88	453.72	528.40	619.24	690.23	855.69	981.12
71	363.38	481.83	560.70	640.56	729.52	895.72	1,035.91
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	108.93	127.60	146.54	165.80	185.31	225.21	266.31
36	107.34	126.11	145.07	164.18	183.48	222.62	262.48
37	105.77	124.57	143.49	162.45	181.52	219.86	258.54
38	104.08	123.01	141.88	160.63	179.32	216.43	253.24
39	102.32	121.29	140.08	158.64	177.00	213.13	248.47
40	100.93	119.97	138.72	157.19	175.40	210.91	245.31
41	98.68	118.10	136.74	155.05	173.02	207.93	241.54
42	96.69	116.19	134.72	152.87	170.66	205.15	238.18
43	94.61	114.67	133.01	150.96	168.54	202.60	235.19
44	93.15	113.30	131.46	149.24	166.64	200.34	232.53
45	94.69	116.15	134.78	153.04	170.91	205.49	238.54
46	95.99	118.14	137.14	155.74	173.92	209.13	242.75
47	98.07	121.14	140.63	159.71	178.35	214.40	248.79
48	99.67	124.62	144.76	164.46	183.62	220.49	255.37
49	101.76	128.12	148.95	169.20	188.87	226.41	261.64
50	102.28	129.62	150.82	171.35	191.21	228.88	263.84
51	102.84	132.58	154.39	175.41	195.66	233.72	268.59
52	105.49	136.46	159.08	180.77	201.49	240.16	275.06
53	105.55	137.73	160.66	182.56	203.44	242.10	276.63
54	105.15	138.45	161.62	183.65	204.60	243.12	277.21
55	105.00	139.45	162.88	185.11	206.15	244.70	278.47
56	105.76	141.45	165.28	188.19	209.55	248.49	282.40
57	107.79	144.24	168.63	191.71	213.46	252.97	287.17
58	107.27	142.93	167.19	190.13	211.74	251.06	285.11
59	106.77	142.61	167.03	190.11	211.86	251.36	285.52
60	107.09	143.43	168.26	191.74	213.83	253.91	288.50
61	108.65	145.30	170.78	194.83	217.48	258.51	293.88
62	113.71	153.42	180.64	206.35	230.55	274.37	312.11
63	118.39	160.53	189.22	218.55	244.27	290.80	330.79
64	124.32	168.73	198.99	230.51	257.69	306.82	349.00
65	132.90	180.38	212.72	250.03	279.54	332.87	378.67
66	150.67	204.31	240.83	284.07	317.53	380.24	432.67
67	163.41	221.13	260.35	306.87	342.90	414.93	472.28
68	182.69	244.59	286.35	336.62	375.84	454.61	520.39
69	198.66	264.40	308.51	361.99	403.84	493.99	566.60
70	215.41	285.87	332.92	390.16	434.89	529.57	607.19
71	232.35	308.09	358.51	409.58	466.46	570.98	653.54
72	247.42	320.15	373.45	421.84	481.20	593.26	695.73
73	261.74	340.52	397.11	448.07	511.62	629.41	743.49
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	73.92	86.59	99.44	112.50	125.75	152.82	180.71
36	74.62	87.66	100.84	114.12	127.54	154.75	182.46
37	74.92	88.24	101.64	115.07	128.58	155.74	183.13
38	75.62	89.37	103.08	116.70	130.28	157.24	183.98
39	75.84	89.90	103.83	117.59	131.20	157.98	184.17
40	76.49	90.92	105.13	119.13	132.93	159.84	185.91
41	76.40	91.44	105.86	120.04	133.95	160.98	187.00
42	76.99	92.51	107.26	121.71	135.88	163.34	189.64
43	77.07	93.41	108.35	122.98	137.30	165.04	191.59
44	78.17	95.08	110.32	125.24	139.84	168.12	195.14
45	78.59	96.40	111.87	127.02	141.85	170.56	197.99
46	80.08	98.55	114.40	129.91	145.08	174.45	202.49
47	81.31	100.45	116.60	132.42	147.88	177.77	206.28
48	81.55	101.96	118.44	134.56	150.23	180.40	208.94
49	81.61	102.76	119.46	135.70	151.48	181.59	209.84
50	83.20	105.44	122.69	139.39	155.54	186.19	214.63
51	85.61	110.37	128.52	146.03	162.88	194.57	223.59
52	87.72	113.48	132.29	150.32	167.56	199.71	228.73
53	89.09	116.26	135.61	154.10	171.72	204.36	233.50
54	90.63	119.33	139.30	158.29	176.34	209.54	238.92
55	92.48	122.81	143.44	163.03	181.56	215.50	245.24
56	94.69	126.65	147.98	168.50	187.62	222.49	252.85
57	97.04	129.85	151.80	172.58	192.16	227.72	258.51
58	98.71	131.52	153.84	174.95	194.84	231.02	262.35
59	101.05	134.98	158.09	179.93	200.52	237.90	270.23
60	104.20	139.57	163.73	186.58	208.08	247.08	280.74
61	108.65	145.30	170.78	194.83	217.48	258.51	293.88
62	113.71	153.42	180.64	206.35	230.55	274.37	312.11
63	118.39	160.53	189.22	218.55	244.27	290.80	330.79
64	124.32	168.73	198.99	230.51	257.69	306.82	349.00
65	132.90	180.38	212.72	250.03	279.54	332.87	378.67
66	150.67	204.31	240.83	284.07	317.53	380.24	432.67
67	163.41	221.13	260.35	306.87	342.90	414.93	472.28
68	182.69	244.59	286.35	336.62	375.84	454.61	520.39
69	198.66	264.40	308.51	361.99	403.84	493.99	566.60
70	215.41	285.87	332.92	390.16	434.89	529.57	607.19
71	232.35	308.09	358.51	409.58	466.46	570.98	653.54
72	247.42	320.15	373.45	421.84	481.20	593.26	695.73
73	261.74	340.52	397.11	448.07	511.62	629.41	743.49
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	85.15	99.75	114.56	129.61	144.87	176.06	208.18
36	85.96	100.99	116.17	131.48	146.93	178.28	210.20
37	86.38	101.73	117.19	132.67	148.24	179.55	211.14
38	88.07	104.09	120.05	135.92	151.73	183.14	214.28
39	90.20	106.93	123.49	139.86	156.04	187.89	219.05
40	91.88	109.21	126.28	143.09	159.67	192.00	223.31
41	93.22	111.57	129.18	146.47	163.45	196.43	228.18
42	94.86	113.99	132.16	149.97	167.43	201.26	233.67
43	96.45	116.91	135.61	153.90	171.83	206.55	239.78
44	98.30	119.56	138.73	157.49	175.85	211.41	245.39
45	100.37	123.12	142.87	162.22	181.16	217.82	252.85
46	102.26	125.86	146.10	165.91	185.28	222.79	258.61
47	104.97	129.67	150.52	170.95	190.90	229.48	266.29
48	107.73	134.69	156.46	177.75	198.46	238.31	276.00
49	110.54	139.18	161.80	183.80	205.17	245.95	284.22
50	113.41	143.73	167.23	189.99	212.01	253.79	292.55
51	115.76	149.24	173.79	197.46	220.24	263.09	302.33
52	118.81	153.70	179.17	203.60	226.94	270.50	309.80
53	120.87	157.72	183.98	209.06	232.97	277.25	316.78
54	123.16	162.16	189.30	215.11	239.64	284.77	324.68
55	125.29	166.39	194.34	220.87	245.98	291.97	332.26
56	128.51	171.88	200.83	228.68	254.63	301.95	343.15
57	132.38	177.14	207.09	235.44	262.15	310.67	352.67
58	134.97	179.84	210.35	239.22	266.41	315.89	358.73
59	138.95	185.59	217.38	247.41	275.72	327.12	371.57
60	144.11	193.02	226.44	258.04	287.76	341.70	388.25
61	149.59	200.06	235.13	268.25	299.43	355.92	404.61
62	157.18	212.08	249.71	285.25	318.70	379.27	431.44
63	165.03	223.77	263.76	304.65	340.49	405.35	461.10
64	171.92	233.32	275.17	318.75	356.33	424.28	482.60
65	181.04	245.72	289.77	340.60	380.79	453.44	515.82
66	199.32	270.27	318.57	375.77	420.04	503.00	572.35
67	210.10	284.31	334.73	394.55	440.87	533.48	607.21
68	234.67	314.19	367.83	432.41	482.79	583.97	668.46
69	258.26	343.72	401.07	470.59	524.99	642.19	736.58
70	282.26	374.59	436.25	511.25	569.85	693.92	795.63
71	304.32	403.51	469.55	536.44	610.94	747.83	855.97
72	329.13	425.89	496.80	561.16	640.13	789.19	925.51
73	355.57	462.59	539.47	608.69	695.03	855.05	1,010.02
74	384.68	498.04	580.50	654.39	748.14	919.18	1,100.92
75	418.84	563.72	657.30	741.00	845.43	1,035.26	1,208.88
76	452.71	619.93	722.45	813.84	928.99	1,136.20	1,320.49
77	494.49	658.32	766.64	862.94	986.12	1,205.49	1,459.53
78	566.73	740.77	862.68	982.98	1,108.32	1,351.99	1,657.36
79	625.98	797.01	954.20	1,097.52	1,227.00	1,444.37	1,846.63
80	688.20	880.29	1,056.89	1,217.98	1,363.56	1,608.25	2,049.65
81	763.32	979.77	1,179.09	1,361.29	1,526.36	1,805.10	2,299.81
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,589.26
83	951.94	1,226.36	1,480.73	1,715.08	1,929.39	2,297.88	2,943.07
84	1,070.65	1,379.95	1,667.84	1,934.31	2,179.37	2,605.23	3,351.22
85	1,207.50	1,555.72	1,881.31	2,184.29	2,464.65	2,957.52	3,822.80
86	1,365.91	1,757.52	2,125.58	2,470.10	2,791.08	3,362.41	4,368.53
87	1,549.67	1,989.60	2,405.46	2,797.27	3,165.02	3,828.34	5,001.00

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	102.01	119.50	137.23	155.27	173.54	210.91	249.40
36	102.98	120.98	139.17	157.50	176.02	213.57	251.81
37	103.57	121.97	140.50	159.06	177.74	215.28	253.15
38	105.86	125.12	144.31	163.38	182.39	220.13	257.57
39	108.15	128.20	148.07	167.69	187.09	225.28	262.64
40	110.44	131.27	151.79	171.99	191.92	230.77	268.41
41	112.87	134.43	155.65	176.48	196.94	236.68	274.93
42	114.83	137.11	158.98	180.40	201.40	242.10	281.08
43	117.52	140.40	162.86	184.83	206.36	248.06	287.96
44	120.01	144.04	167.13	189.74	211.86	254.70	295.63
45	122.28	146.93	170.50	193.59	216.20	259.95	301.75
46	124.77	151.38	175.73	199.56	222.87	267.97	311.06
47	127.23	155.24	180.21	204.65	228.55	274.73	318.79
48	129.87	160.49	186.44	211.80	236.48	283.97	328.88
49	132.44	163.89	190.54	216.44	241.60	289.63	334.69
50	135.00	169.92	197.70	224.62	250.65	300.04	345.86
51	137.73	175.62	204.50	232.36	259.17	309.59	355.77
52	140.16	178.83	208.47	236.90	264.06	314.74	360.47
53	141.79	182.16	212.48	241.45	269.06	320.20	365.86
54	143.63	187.41	218.77	248.59	276.94	329.09	375.22
55	145.35	192.53	224.88	255.58	284.63	337.85	384.48
56	148.35	198.42	231.84	263.69	293.61	348.18	395.69
57	151.69	203.07	237.41	270.87	301.60	357.42	405.74
58	154.02	206.36	241.37	276.11	307.50	364.61	414.05
59	156.51	210.08	246.06	282.40	314.71	373.37	424.11
60	160.91	216.58	254.08	292.44	326.13	387.26	440.02
61	166.42	224.62	264.00	304.96	340.40	404.63	459.98
62	172.41	233.40	274.82	320.15	357.69	425.67	484.23
63	180.09	244.19	287.83	339.45	379.39	453.82	516.23
64	187.54	254.53	300.18	354.16	395.92	481.81	548.03
65	195.38	265.18	312.72	368.97	412.51	508.48	578.44
66	213.68	289.75	341.54	402.86	450.31	557.47	634.33
67	225.06	304.56	358.57	422.65	472.26	584.55	665.35
68	250.13	334.89	392.07	460.90	514.59	638.40	730.77
69	272.35	362.48	422.96	496.27	553.64	687.04	788.02
70	296.14	393.01	457.69	536.38	597.87	741.19	849.84
71	319.60	423.78	493.14	563.38	641.62	787.80	911.09
72	343.64	444.65	518.69	585.89	668.33	823.97	974.56
73	369.37	480.53	560.39	632.30	721.99	888.22	1,050.69
74	394.78	511.10	595.73	671.56	767.77	943.30	1,129.81
75	427.48	575.34	670.84	756.28	862.86	1,056.60	1,233.79
76	462.51	633.35	738.08	831.45	949.09	1,160.78	1,349.06
77	504.48	671.63	782.14	880.39	1,006.06	1,229.86	1,489.04
78	570.53	745.74	868.47	989.58	1,115.75	1,361.06	1,705.37
79	628.47	800.18	957.99	1,101.89	1,231.88	1,450.12	1,903.02
80	690.66	883.43	1,060.66	1,222.33	1,368.43	1,613.99	2,120.84
81	765.37	982.40	1,182.26	1,364.95	1,530.46	1,809.95	2,384.51
82	849.70	1,093.14	1,318.00	1,524.29	1,711.99	2,031.68	2,649.95
83	952.40	1,226.95	1,481.45	1,715.91	1,930.32	2,298.99	2,989.42
84	1,071.21	1,380.67	1,668.72	1,935.32	2,180.51	2,606.59	3,404.41
85	1,208.28	1,556.73	1,882.53	2,185.71	2,466.25	2,959.44	3,883.96
86	1,366.97	1,758.88	2,127.23	2,472.02	2,793.25	3,365.02	4,438.99
87	1,551.08	1,991.40	2,407.64	2,799.80	3,167.88	3,831.80	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	120.17	140.77	161.66	182.90	204.43	248.45	293.78
36	120.87	142.00	163.35	184.87	206.60	250.67	295.56
37	122.08	143.77	165.61	187.49	209.51	253.76	298.40
38	124.99	147.72	170.38	192.90	215.34	259.90	304.11
39	127.90	151.61	175.10	198.31	221.25	266.41	310.59
40	130.80	155.48	179.78	203.71	227.32	273.33	317.91
41	133.89	159.47	184.63	209.35	233.61	280.75	326.13
42	134.67	160.79	186.43	211.55	236.18	283.91	329.62
43	136.71	165.01	191.41	217.23	242.53	291.54	338.44
44	138.75	167.96	194.88	221.24	247.03	296.98	344.71
45	141.18	172.48	200.15	227.26	253.79	305.15	354.23
46	143.85	176.91	205.37	233.21	260.45	313.16	363.51
47	147.07	182.02	211.30	239.97	267.98	322.14	373.80
48	149.00	186.92	217.15	246.69	275.43	330.74	383.05
49	151.14	191.21	222.29	252.51	281.86	337.90	390.47
50	153.36	196.78	228.96	260.13	290.28	347.47	400.54
51	155.83	203.38	236.84	269.09	300.14	358.54	412.02
52	158.65	209.00	243.64	276.86	308.60	367.82	421.27
53	159.36	211.04	246.17	279.73	311.72	370.97	423.86
54	160.87	214.18	250.02	284.10	316.50	376.10	428.83
55	162.88	217.55	254.10	293.45	326.80	387.90	441.44
56	165.77	221.73	259.07	303.08	337.47	400.19	454.79
57	168.62	225.74	263.91	309.58	344.70	410.20	465.66
58	169.51	227.10	265.64	311.70	347.14	414.90	471.16
59	171.95	230.81	270.34	317.48	353.81	424.59	482.29
60	175.74	236.53	277.49	326.27	363.86	436.33	495.77
61	179.92	242.84	285.41	335.97	375.02	451.46	513.22
62	186.03	251.84	296.53	349.51	390.50	476.11	541.60
63	193.74	262.69	309.64	365.18	408.14	505.16	574.63
64	201.06	272.87	321.80	379.67	424.44	525.41	597.63
65	208.78	283.36	334.17	394.28	440.80	545.72	620.79
66	227.37	308.31	363.41	428.66	479.15	593.17	674.95
67	238.29	322.46	379.65	447.50	500.02	618.92	704.46
68	263.81	353.21	413.51	486.11	542.74	673.32	770.74
69	287.78	383.01	446.92	524.39	585.01	725.96	832.66
70	311.75	413.73	481.83	564.67	629.39	780.27	894.65
71	333.05	441.61	513.89	587.09	668.62	820.95	949.43
72	356.34	461.09	537.86	607.54	693.03	854.42	1,010.59
73	381.10	495.80	578.20	652.40	744.93	916.44	1,084.09
74	407.80	527.96	615.37	693.70	793.09	974.41	1,167.06
75	439.40	591.39	689.56	777.38	886.93	1,086.08	1,268.22
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	523.24	696.60	811.22	913.12	1,043.46	1,275.58	1,544.39
78	574.37	750.77	874.33	996.25	1,123.28	1,370.24	1,716.88
79	631.02	803.43	961.87	1,106.35	1,236.87	1,455.99	1,910.73
80	693.25	886.74	1,064.63	1,226.91	1,373.56	1,620.03	2,128.78
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.08	167.61	192.48	217.77	243.40	295.81	349.79
36	144.43	169.68	195.19	220.91	246.88	299.54	353.18
37	145.87	171.80	197.90	224.04	250.35	303.23	356.57
38	149.01	176.11	203.12	229.97	256.72	309.85	362.55
39	152.13	180.34	208.28	235.88	263.17	316.89	369.44
40	155.24	184.53	213.37	241.78	269.79	324.41	377.31
41	156.74	186.68	216.14	245.07	273.48	328.67	381.79
42	158.19	188.88	218.99	248.50	277.43	333.49	387.19
43	161.07	192.42	223.20	253.32	282.82	339.97	394.66
44	163.84	195.85	227.25	257.98	288.06	346.31	401.97
45	167.98	200.93	233.18	264.75	295.67	355.50	412.68
46	171.70	205.41	238.45	270.78	302.40	363.60	422.06
47	175.48	210.63	244.51	277.69	310.10	372.77	432.56
48	177.68	217.76	252.97	287.38	320.87	385.31	446.25
49	179.22	222.43	258.58	293.74	327.88	393.06	454.22
50	180.65	227.01	264.13	300.08	334.86	400.84	462.06
51	182.09	232.54	270.79	307.66	343.17	409.93	471.08
52	184.55	240.60	280.48	318.73	355.26	423.44	484.97
53	185.01	242.88	283.31	321.93	358.75	426.94	487.81
54	185.75	245.54	286.63	325.70	362.85	431.18	491.62
55	187.10	249.90	291.88	332.36	370.14	439.35	499.98
56	189.57	253.56	296.26	342.47	381.33	452.20	513.90
57	191.48	256.34	299.69	351.55	391.43	464.49	527.30
58	190.96	255.85	299.26	351.16	391.07	468.33	531.84
59	192.14	257.91	302.07	354.75	395.34	477.46	542.34
60	194.75	262.12	307.51	361.57	403.22	490.65	557.49
61	198.56	268.00	314.98	370.78	413.88	507.66	577.10
62	203.52	275.52	324.42	382.38	427.22	528.56	601.27
63	211.02	286.12	337.26	397.74	444.54	550.21	625.88
64	217.89	295.72	348.75	411.47	459.99	569.42	647.68
65	225.17	305.62	360.42	425.25	475.43	588.58	669.55
66	243.81	330.59	389.68	459.65	513.79	636.05	723.74
67	255.97	346.39	407.82	480.70	537.12	664.84	756.73
68	279.77	374.57	438.52	515.50	575.56	714.04	817.35
69	303.69	404.19	471.62	553.37	617.34	766.09	878.69
70	327.40	434.51	506.02	593.02	661.00	819.45	939.57
71	349.83	463.87	539.79	616.68	702.32	862.32	997.28
72	372.20	481.61	561.80	634.58	723.88	892.45	1,055.56
73	396.03	515.23	600.85	677.95	774.11	952.34	1,126.55
74	423.84	548.73	639.59	721.00	824.30	1,012.75	1,212.99
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	167.72	196.47	225.62	255.27	285.32	346.75	410.03
36	169.30	198.90	228.80	258.95	289.39	351.12	414.00
37	170.99	201.39	231.98	262.62	293.46	355.45	417.97
38	173.47	205.02	236.47	267.72	298.87	360.72	422.07
39	176.37	209.06	241.46	273.45	305.09	367.37	428.29
40	178.78	212.50	245.72	278.43	310.69	373.59	434.51
41	181.41	216.07	250.17	283.65	316.53	380.41	441.90
42	184.47	220.26	255.39	289.79	323.53	388.92	451.53
43	186.82	223.18	258.88	293.82	328.04	394.33	457.76
44	189.56	226.60	262.92	298.48	333.28	400.67	465.07
45	194.69	232.88	270.24	306.84	342.67	412.01	478.27
46	198.01	236.87	274.97	312.25	348.72	419.30	486.72
47	202.96	242.90	281.97	320.22	357.61	429.87	498.82
48	206.56	249.86	290.26	329.75	368.16	442.10	512.02
49	207.03	256.90	298.66	339.26	378.69	453.98	524.61
50	207.72	260.59	303.20	344.47	384.40	460.14	530.41
51	209.07	266.55	310.39	352.67	393.36	469.89	539.98
52	211.12	274.36	319.83	363.44	405.10	482.85	553.01
53	210.73	276.94	323.04	367.08	409.07	486.81	556.22
54	210.65	279.20	325.92	370.35	412.58	490.28	559.00
55	211.29	282.07	329.46	374.43	416.99	494.96	563.27
56	213.35	285.36	333.43	382.95	426.41	505.66	574.65
57	214.24	286.81	335.31	393.16	437.77	518.79	588.93
58	212.84	285.16	333.54	391.39	435.88	521.77	592.52
59	212.67	285.48	334.36	392.67	437.60	531.97	604.27
60	214.08	288.13	338.02	397.45	443.24	544.97	619.21
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	84.72	99.25	113.97	128.95	144.13	175.16	207.13
36	85.52	100.48	115.58	130.81	146.19	177.37	209.13
37	86.38	101.73	117.19	132.67	148.24	179.55	211.14
38	87.63	103.56	119.45	135.23	150.97	182.21	213.20
39	89.75	106.39	122.88	139.16	155.26	186.96	217.96
40	91.43	108.67	125.66	142.39	158.89	191.05	222.21
41	93.22	111.57	129.18	146.47	163.45	196.43	228.18
42	94.40	113.44	131.52	149.24	166.62	200.29	232.54
43	95.99	116.35	134.96	153.17	171.01	205.56	238.63
44	97.83	118.99	138.07	156.74	175.01	210.40	244.22
45	99.90	122.54	142.20	161.45	180.31	216.79	251.66
46	101.78	125.26	145.41	165.13	184.41	221.74	257.39
47	104.47	129.06	149.82	170.14	190.01	228.40	265.04
48	107.22	134.06	155.73	176.92	197.53	237.20	274.71
49	109.51	137.88	160.29	182.08	203.25	243.65	281.56
50	112.35	142.38	165.67	188.22	210.03	251.42	289.81
51	114.68	147.85	172.17	195.62	218.19	260.64	299.52
52	117.70	152.26	177.50	201.70	224.82	267.97	306.91
53	119.17	155.50	181.39	206.12	229.69	273.34	312.32
54	121.42	159.87	186.62	212.06	236.25	280.74	320.09
55	123.50	164.01	191.57	217.72	242.46	287.80	327.52
56	126.66	169.41	197.95	225.39	250.97	297.62	338.22
57	129.81	173.70	203.07	230.87	257.06	304.64	345.82
58	132.96	177.15	207.21	235.65	262.44	311.17	353.37
59	136.14	181.84	212.98	242.41	270.15	320.51	364.06
60	141.15	189.06	221.79	252.74	281.86	334.69	380.29
61	146.44	195.84	230.18	262.60	293.12	348.43	396.09
62	153.84	207.56	244.40	279.19	311.92	371.20	422.26
63	161.45	218.90	258.03	298.02	333.09	396.54	451.08
64	169.00	229.37	270.50	313.34	350.29	417.09	474.42
65	176.85	240.04	283.07	332.72	371.98	442.96	503.90
66	194.57	263.83	310.99	366.83	410.03	491.02	558.72
67	206.20	279.05	328.54	387.25	432.70	523.60	595.97
68	230.22	308.23	360.85	424.20	473.62	572.88	655.77
69	253.29	337.11	393.36	461.54	514.89	629.84	722.41
70	276.69	367.20	427.64	501.16	558.60	680.22	779.93
71	300.20	398.06	463.21	529.19	602.68	737.73	844.40
72	324.59	420.01	489.94	553.42	631.30	778.31	912.75
73	350.64	456.17	531.97	600.24	685.38	843.18	995.99
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,645.26
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,832.95
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,034.13
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,282.12
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,569.03
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	2,919.89
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,324.62
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,792.22
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,333.30
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	4,960.34

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	101.58	119.00	136.65	154.61	172.81	210.02	248.34
36	102.54	120.47	138.58	156.84	175.28	212.67	250.75
37	103.57	121.97	140.50	159.06	177.74	215.28	253.15
38	105.42	124.59	143.70	162.69	181.62	219.21	256.49
39	107.70	127.67	147.46	166.99	186.32	224.35	261.55
40	109.98	130.73	151.17	171.29	191.13	229.83	267.31
41	112.87	134.43	155.65	176.48	196.94	236.68	274.93
42	114.37	136.56	158.34	179.67	200.59	241.13	279.95
43	117.06	139.84	162.21	184.10	205.54	247.07	286.82
44	119.54	143.47	166.47	188.99	211.02	253.69	294.47
45	121.79	146.35	169.83	192.83	215.34	258.92	300.56
46	124.29	150.79	175.04	198.78	221.99	266.92	309.84
47	126.73	154.63	179.50	203.85	227.65	273.65	317.54
48	129.36	159.86	185.71	210.97	235.55	282.85	327.59
49	131.91	163.24	189.78	215.58	240.64	288.48	333.36
50	133.93	168.58	196.14	222.84	248.67	297.67	343.13
51	136.64	174.23	202.89	230.52	257.12	307.14	352.96
52	139.04	177.40	206.80	235.00	261.94	312.21	357.58
53	140.64	180.68	210.75	239.49	266.88	317.60	362.88
54	141.87	185.11	216.09	245.55	273.55	325.06	370.63
55	144.15	190.95	223.03	253.48	282.29	335.07	381.31
56	146.50	195.95	228.95	260.41	289.96	343.85	390.76
57	149.77	200.50	234.41	267.44	297.78	352.89	400.61
58	151.37	202.80	237.21	271.35	302.20	358.32	406.91
59	154.43	207.30	242.79	278.65	310.53	368.42	418.48
60	158.73	213.64	250.63	288.47	321.71	382.01	434.05
61	163.34	220.46	259.11	299.31	334.10	397.14	451.46
62	169.96	230.08	270.91	315.60	352.61	419.62	477.34
63	177.47	240.63	283.64	334.51	373.87	447.21	508.71
64	183.81	249.46	294.20	347.11	388.04	472.22	537.13
65	192.36	261.08	307.89	363.27	406.13	500.62	569.49
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,629.72
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	2,966.24
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,377.82
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,853.38
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,403.76
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,041.66

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	119.73	140.26	161.08	182.24	203.69	247.55	292.72
36	120.87	142.00	163.35	184.87	206.60	250.67	295.56
37	122.08	143.77	165.61	187.49	209.51	253.76	298.40
38	124.54	147.19	169.77	192.21	214.57	258.98	303.03
39	127.45	151.08	174.49	197.61	220.47	265.48	309.50
40	130.35	154.94	179.16	203.01	226.53	272.39	316.81
41	133.43	158.92	184.00	208.63	232.82	279.80	325.02
42	134.67	160.79	186.43	211.55	236.18	283.91	329.62
43	136.71	165.01	191.41	217.23	242.53	291.54	338.44
44	138.28	167.39	194.22	220.49	246.19	295.98	343.54
45	140.71	171.90	199.48	226.49	252.94	304.13	353.04
46	143.37	176.32	204.68	232.43	259.57	312.11	362.29
47	146.58	181.41	210.59	239.16	267.08	321.06	372.55
48	149.00	186.92	217.15	246.69	275.43	330.74	383.05
49	150.63	190.56	221.54	251.65	280.90	336.75	389.14
50	152.83	196.11	228.18	259.24	289.29	346.29	399.18
51	154.77	202.00	235.22	267.25	298.10	356.09	409.21
52	157.56	207.56	241.96	274.96	306.48	365.30	418.38
53	158.80	210.30	245.30	278.75	310.63	369.66	422.37
54	159.73	212.65	248.23	282.07	314.24	373.42	425.76
55	161.71	215.99	252.28	291.34	324.46	385.12	438.27
56	164.57	220.13	257.20	300.89	335.03	397.30	451.51
57	166.76	223.25	261.00	306.16	340.90	405.68	460.53
58	168.22	225.38	263.62	309.34	344.51	411.76	467.59
59	170.61	229.02	268.24	315.01	351.05	421.28	478.54
60	173.62	233.68	274.15	322.34	359.48	431.07	489.80
61	178.42	240.82	283.04	333.19	371.91	447.71	508.96
62	184.45	249.70	294.01	346.55	387.19	472.07	537.01
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.08	167.61	192.48	217.77	243.40	295.81	349.79
36	144.43	169.68	195.19	220.91	246.88	299.54	353.18
37	145.87	171.80	197.90	224.04	250.35	303.23	356.57
38	149.01	176.11	203.12	229.97	256.72	309.85	362.55
39	151.68	179.81	207.67	235.18	262.40	315.96	368.35
40	154.79	183.99	212.75	241.07	269.00	323.46	376.21
41	156.74	186.68	216.14	245.07	273.48	328.67	381.79
42	158.19	188.88	218.99	248.50	277.43	333.49	387.19
43	161.07	192.42	223.20	253.32	282.82	339.97	394.66
44	163.84	195.85	227.25	257.98	288.06	346.31	401.97
45	167.98	200.93	233.18	264.75	295.67	355.50	412.68
46	171.70	205.41	238.45	270.78	302.40	363.60	422.06
47	174.97	210.02	243.81	276.88	309.21	371.69	431.31
48	177.17	217.13	252.24	286.55	319.94	384.19	444.96
49	178.70	221.78	257.83	292.88	326.92	391.92	452.89
50	180.11	226.33	263.35	299.19	333.87	399.66	460.69
51	182.09	232.54	270.79	307.66	343.17	409.93	471.08
52	183.99	239.88	279.64	317.78	354.20	422.18	483.53
53	184.44	242.14	282.44	320.95	357.66	425.63	486.32
54	185.17	244.78	285.74	324.69	361.72	429.83	490.09
55	186.51	249.11	290.96	331.31	368.97	437.96	498.40
56	188.36	251.94	294.37	340.28	378.89	449.31	510.62
57	190.24	254.68	297.74	349.27	388.89	461.48	523.87
58	190.32	254.99	298.26	349.98	389.76	466.76	530.06
59	191.47	257.02	301.03	353.52	393.97	475.80	540.46
60	194.05	261.18	306.41	360.28	401.78	488.90	555.50
61	197.82	267.01	313.81	369.42	412.35	505.79	574.97
62	201.97	273.42	321.94	379.47	423.96	524.53	596.68
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	167.72	196.47	225.62	255.27	285.32	346.75	410.03
36	169.30	198.90	228.80	258.95	289.39	351.12	414.00
37	170.99	201.39	231.98	262.62	293.46	355.45	417.97
38	173.47	205.02	236.47	267.72	298.87	360.72	422.07
39	176.37	209.06	241.46	273.45	305.09	367.37	428.29
40	178.78	212.50	245.72	278.43	310.69	373.59	434.51
41	181.41	216.07	250.17	283.65	316.53	380.41	441.90
42	184.47	220.26	255.39	289.79	323.53	388.92	451.53
43	186.82	223.18	258.88	293.82	328.04	394.33	457.76
44	189.56	226.60	262.92	298.48	333.28	400.67	465.07
45	194.69	232.88	270.24	306.84	342.67	412.01	478.27
46	198.01	236.87	274.97	312.25	348.72	419.30	486.72
47	202.96	242.90	281.97	320.22	357.61	429.87	498.82
48	206.56	249.86	290.26	329.75	368.16	442.10	512.02
49	207.03	256.90	298.66	339.26	378.69	453.98	524.61
50	207.72	260.59	303.20	344.47	384.40	460.14	530.41
51	209.07	266.55	310.39	352.67	393.36	469.89	539.98
52	211.12	274.36	319.83	363.44	405.10	482.85	553.01
53	210.73	276.94	323.04	367.08	409.07	486.81	556.22
54	210.65	279.20	325.92	370.35	412.58	490.28	559.00
55	211.29	282.07	329.46	374.43	416.99	494.96	563.27
56	213.35	285.36	333.43	382.95	426.41	505.66	574.65
57	214.24	286.81	335.31	393.16	437.77	518.79	588.93
58	212.84	285.16	333.54	391.39	435.88	521.77	592.52
59	212.67	285.48	334.36	392.67	437.60	531.97	604.27
60	214.08	288.13	338.02	397.45	443.24	544.97	619.21
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.010
75%	1.013
100%	1.015

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.015
75%	1.018
100%	1.020

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.127
75%	1.130
100%	1.132

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	80.33	103.52	118.88	134.86	150.74	183.19	216.62
36	81.53	105.08	120.88	136.80	152.89	185.50	218.72
37	82.45	106.39	122.56	138.75	155.04	187.78	220.82
38	84.00	108.92	125.63	142.24	158.78	191.64	224.24
39	85.52	111.51	128.78	146.48	163.43	196.79	229.43
40	87.02	113.78	131.57	149.96	167.33	201.21	234.02
41	88.67	116.18	134.51	154.38	172.27	207.03	240.50
42	90.28	118.57	137.48	158.14	176.55	212.23	246.40
43	91.84	120.69	139.99	162.37	181.28	217.91	252.97
44	93.62	123.10	142.83	166.19	185.57	223.09	258.95
45	95.64	125.84	146.03	171.08	191.06	229.97	266.95
46	97.92	128.86	149.59	175.27	195.74	236.37	274.38
47	100.53	132.34	153.63	180.03	201.04	243.53	282.58
48	103.20	136.10	158.11	185.33	206.92	252.95	292.95
49	105.89	139.88	162.62	190.60	212.76	261.06	301.68
50	108.64	143.78	167.29	196.11	218.85	269.37	310.52
51	111.45	147.81	172.12	201.78	225.07	279.52	321.21
52	114.37	152.07	177.27	207.86	231.68	287.09	328.81
53	116.33	154.93	180.72	211.90	236.13	292.15	333.81
54	118.52	158.09	184.55	216.38	241.05	297.80	339.55
55	121.11	161.76	188.94	221.56	246.75	304.50	346.52
56	124.20	166.13	194.11	227.66	253.49	312.53	355.17
57	127.88	171.20	200.15	234.78	261.42	322.08	365.63
58	130.94	175.44	205.20	240.79	268.16	330.57	375.39
59	134.74	180.86	211.84	248.77	277.24	341.96	388.43
60	139.68	188.00	220.55	259.32	289.20	357.02	405.66
61	145.66	196.60	231.06	272.00	303.61	375.21	426.53
62	153.00	207.13	243.89	287.47	321.17	397.37	452.03
63	160.55	217.69	256.59	302.61	338.22	418.61	476.18
64	168.03	228.05	268.95	317.31	354.73	439.12	499.47
65	176.85	240.04	283.07	333.99	373.40	462.28	525.87
66	194.57	263.83	310.99	366.83	410.03	507.60	577.59
67	206.20	279.05	328.54	387.25	432.70	535.59	609.62
68	230.22	308.23	360.85	424.20	473.62	587.57	672.58
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	102.45	126.24	144.97	164.02	183.33	222.80	263.46
36	103.83	127.80	147.01	166.38	185.95	225.61	266.01
37	104.91	129.40	149.06	168.75	188.56	228.39	268.56
38	106.57	132.81	153.18	173.42	193.60	233.66	273.40
39	108.18	136.16	157.26	178.09	198.70	239.26	278.94
40	109.87	139.49	161.29	182.76	203.94	245.22	285.21
41	111.14	143.53	166.17	188.42	210.26	252.69	293.53
42	112.29	146.43	169.78	192.66	215.09	258.56	300.18
43	113.88	149.65	173.58	197.45	220.45	265.00	307.63
44	115.74	152.19	176.59	202.75	226.39	272.17	315.92
45	117.93	155.16	180.06	206.87	231.03	277.78	322.46
46	120.37	158.40	183.88	213.31	238.22	286.44	332.50
47	123.24	162.24	188.33	219.65	245.29	294.86	342.15
48	125.80	165.91	192.73	225.92	252.24	304.77	352.97
49	128.23	169.39	196.93	230.82	257.65	310.72	359.07
50	130.73	173.01	201.31	235.98	263.34	321.94	371.10
51	133.38	176.89	205.98	241.48	269.35	332.19	381.74
52	136.22	181.12	211.14	247.57	275.95	338.93	388.18
53	137.75	183.47	214.01	250.92	279.62	344.69	393.84
54	139.53	186.12	217.26	254.73	283.78	350.59	399.74
55	141.76	189.34	221.15	259.33	288.81	356.40	405.59
56	144.65	193.48	226.07	265.15	295.24	363.99	413.65
57	147.85	197.93	231.40	271.45	302.24	372.38	422.73
58	150.04	201.02	235.13	275.90	307.27	378.77	430.14
59	153.05	205.44	240.62	282.57	314.91	388.42	441.21
60	157.27	211.68	248.33	291.99	325.63	401.99	456.75
61	162.57	219.42	257.88	303.58	338.86	418.77	476.05
62	169.14	228.97	269.61	317.78	355.05	439.27	499.70
63	176.59	239.45	282.24	332.86	372.02	460.45	523.78
64	183.81	249.46	294.20	347.11	388.04	480.35	546.37
65	192.36	261.08	307.89	363.27	406.13	502.80	571.97
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	121.42	150.93	173.32	196.10	219.18	266.37	314.98
36	123.16	152.80	175.76	198.92	222.31	269.73	318.03
37	124.61	154.70	178.20	201.74	225.44	273.05	321.08
38	126.48	159.02	183.41	207.65	231.81	279.78	327.37
39	128.29	163.27	188.57	213.56	238.27	286.91	334.48
40	130.37	167.50	193.69	219.47	244.90	294.48	342.50
41	131.19	171.87	198.99	225.63	251.78	302.59	351.50
42	131.83	173.14	200.75	228.78	255.42	307.03	356.47
43	133.47	175.39	203.45	234.99	262.35	315.37	366.10
44	135.45	178.11	206.66	239.32	267.21	321.25	372.88
45	137.86	181.39	210.49	245.87	274.58	330.15	383.25
46	140.48	184.85	214.59	251.44	280.80	338.84	393.32
47	143.63	189.08	219.49	257.20	287.22	348.58	404.48
48	145.99	192.54	223.68	262.19	292.73	359.06	415.85
49	148.06	195.58	227.37	266.50	297.48	366.76	423.82
50	150.21	198.81	231.32	271.16	302.60	376.58	434.09
51	152.64	202.44	235.74	276.36	308.25	382.82	439.93
52	155.38	206.60	240.84	282.40	314.77	390.05	446.73
53	156.57	208.52	243.23	285.19	317.81	393.20	449.27
54	158.00	210.76	246.03	288.47	321.36	397.02	452.67
55	159.96	213.65	249.55	292.64	325.90	402.17	457.67
56	162.78	217.72	254.39	298.37	332.23	409.60	465.48
57	165.52	221.59	259.06	303.89	338.36	416.88	473.25
58	166.94	223.66	261.61	306.98	341.88	421.44	478.59
59	169.28	227.22	266.13	312.54	348.30	429.61	487.99
60	172.92	232.73	273.03	321.03	358.02	441.98	502.19
61	177.68	239.82	281.85	331.79	370.36	457.69	520.30
62	183.66	248.63	292.76	345.07	385.53	476.99	542.60
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	151.61	182.91	210.05	237.65	265.62	322.82	381.72
36	153.24	185.17	213.01	241.07	269.41	326.88	385.42
37	155.72	187.48	215.97	244.49	273.21	330.91	389.12
38	157.49	192.22	221.70	251.00	280.21	338.20	395.72
39	159.36	196.87	227.38	257.50	287.30	345.94	403.31
40	161.31	201.48	232.98	263.99	294.58	354.21	411.97
41	161.65	204.43	236.69	268.38	299.49	359.92	418.10
42	160.73	206.84	239.82	272.13	303.81	365.21	424.01
43	162.44	210.73	244.43	277.42	309.72	372.31	432.21
44	164.73	214.49	248.87	282.53	315.46	379.26	440.21
45	167.30	220.07	255.38	289.96	323.82	389.35	451.97
46	170.03	223.75	259.73	296.56	331.19	398.22	462.25
47	173.45	228.34	265.06	304.12	339.63	408.26	473.75
48	175.63	231.63	269.09	314.75	351.42	421.99	488.73
49	177.13	233.98	272.02	318.83	355.89	430.43	497.40
50	178.51	236.26	274.89	322.24	359.60	438.88	505.91
51	180.46	239.33	278.70	326.73	364.43	450.15	517.29
52	182.89	243.18	283.48	332.39	370.49	459.10	525.82
53	183.32	244.15	284.79	333.91	372.10	460.38	526.02
54	184.01	245.46	286.54	335.96	374.27	462.38	527.20
55	185.33	247.52	289.11	339.03	377.57	465.94	530.24
56	187.75	251.13	293.43	344.15	383.20	472.44	536.90
57	189.62	253.85	296.77	348.13	387.62	477.57	542.14
58	189.68	254.13	297.25	348.80	388.45	478.85	543.79
59	190.81	256.12	299.98	352.29	392.60	484.26	550.06
60	193.36	260.25	305.31	358.98	400.34	494.23	561.56
61	197.09	266.02	312.65	368.05	410.82	507.70	577.15
62	201.97	273.42	321.94	379.47	423.96	524.54	596.69
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	82.94	106.87	122.73	139.24	155.63	189.13	223.65
36	84.18	108.49	124.80	141.24	157.85	191.52	225.81
37	85.12	109.85	126.53	143.25	160.07	193.88	227.98
38	87.14	113.00	130.34	147.56	164.73	198.82	232.63
39	88.22	115.03	132.85	151.11	168.59	203.01	236.67
40	90.20	117.93	136.37	155.43	173.43	208.54	242.55
41	91.86	120.35	139.34	159.92	178.45	214.47	249.13
42	93.49	122.79	142.36	163.76	182.83	219.77	255.16
43	95.07	124.93	144.92	168.08	187.66	225.58	261.87
44	97.36	128.02	148.55	172.84	192.99	232.02	269.30
45	99.43	130.82	151.81	177.86	198.62	239.07	277.52
46	101.78	133.94	155.48	182.18	203.45	245.69	285.19
47	104.97	138.18	160.41	187.97	209.91	254.27	295.05
48	109.24	144.07	167.36	196.18	219.04	267.75	310.10
49	113.64	150.11	174.52	204.55	228.33	280.16	323.75
50	118.71	157.11	182.80	214.29	239.13	294.34	339.29
51	122.22	162.09	188.75	221.28	246.81	306.52	352.24
52	128.25	170.52	198.78	233.08	259.80	321.93	368.72
53	129.95	173.07	201.88	236.70	263.78	326.35	372.89
54	133.04	177.47	207.16	242.89	270.59	334.30	381.16
55	136.03	181.68	212.21	248.85	277.14	342.00	389.19
56	140.80	188.33	220.05	258.09	287.38	354.30	402.64
57	145.23	194.43	227.30	266.64	296.89	365.78	415.24
58	149.07	199.73	233.61	274.13	305.29	376.34	427.37
59	153.69	206.30	241.62	283.76	316.23	390.05	443.06
60	159.63	214.85	252.05	296.37	330.51	408.02	463.61
61	166.91	225.29	264.78	311.70	347.93	429.97	488.79
62	174.74	236.56	278.54	328.31	366.80	453.82	516.25
63	182.07	246.87	291.00	343.19	383.57	474.74	540.03
64	192.31	261.01	307.81	363.17	405.99	502.57	571.65
65	200.92	272.70	321.60	379.44	424.22	525.19	597.44
66	221.86	300.84	354.60	418.27	467.54	578.79	658.59
67	234.74	317.66	373.99	440.83	492.57	609.69	693.96
68	262.89	351.98	412.07	484.41	540.84	670.96	768.05
69	288.06	383.38	447.35	524.89	585.57	726.66	833.46
70	319.40	423.88	493.65	578.52	644.83	799.41	916.59
71	345.44	458.04	533.01	608.93	693.50	851.49	984.75
72	372.26	481.69	561.89	634.69	724.00	892.60	1,055.75
73	400.02	520.41	606.90	684.78	781.91	961.93	1,137.90
74	430.42	557.24	649.51	732.18	837.08	1,028.46	1,231.79
75	463.09	623.27	726.73	819.28	934.74	1,144.62	1,336.58
76	497.99	681.93	794.70	895.23	1,021.89	1,249.82	1,452.54
77	533.62	710.42	827.31	931.23	1,064.16	1,300.89	1,575.03
78	608.09	794.84	925.65	1,054.74	1,189.22	1,450.68	1,817.67
79	663.08	844.24	1,010.74	1,162.56	1,299.71	1,529.96	2,007.80
80	724.70	926.97	1,112.93	1,282.57	1,435.87	1,693.53	2,225.36
81	798.55	1,024.99	1,233.51	1,424.12	1,596.80	1,888.42	2,487.88
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,785.85
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,147.88
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,585.94
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	4,091.56
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,676.83
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,355.29

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	71.45	92.08	105.74	123.44	137.97	174.32	206.13
36	72.40	93.56	107.62	125.68	140.45	177.17	208.89
37	73.84	95.66	110.20	128.72	143.84	181.12	212.98
38	75.89	98.66	113.79	132.93	148.39	186.20	217.87
39	77.40	100.92	116.56	136.21	151.97	190.25	221.79
40	79.75	104.27	120.57	140.97	157.30	196.65	228.71
41	81.28	106.49	123.29	144.25	160.97	199.60	231.86
42	83.44	109.59	127.07	148.77	166.09	203.61	236.40
43	86.49	113.66	131.84	154.39	172.37	208.06	241.53
44	89.74	118.00	136.91	157.88	176.29	211.94	246.00
45	93.08	122.47	142.12	161.94	180.85	217.44	252.41
46	98.37	126.95	147.37	167.36	186.90	224.73	260.86
47	102.86	130.86	151.91	172.51	192.66	231.59	268.73
48	110.88	138.77	161.21	183.14	204.48	245.54	284.38
49	114.27	146.29	170.07	193.19	215.64	258.51	298.73
50	121.02	154.79	180.10	204.61	228.33	273.32	315.06
51	126.23	163.05	189.87	215.73	240.63	287.44	330.32
52	131.02	172.69	201.31	228.76	254.98	303.92	348.08
53	137.44	180.50	210.55	239.26	266.62	317.29	362.53
54	144.04	189.00	220.63	250.71	279.30	331.90	378.42
55	150.96	197.53	230.72	262.21	292.02	346.62	394.45
56	158.28	208.12	243.17	276.41	307.78	364.98	414.78
57	165.32	218.19	255.08	290.00	322.90	382.66	434.40
58	170.99	225.04	263.22	299.35	333.38	395.29	448.89
59	177.24	234.72	274.92	312.90	348.70	413.71	469.93
60	185.70	246.77	289.50	329.90	367.90	436.86	496.38
61	195.51	259.00	304.40	347.29	387.65	460.79	523.82
62	209.78	276.23	325.25	371.55	415.12	494.01	561.96
63	216.27	291.40	343.48	392.59	438.78	522.37	594.21
64	225.09	305.49	360.27	415.03	463.97	552.45	628.38
65	238.61	323.85	381.92	445.01	497.53	592.45	673.96
66	262.47	355.90	419.51	494.84	553.12	660.18	751.20
67	281.98	381.59	449.26	529.55	591.71	711.51	809.86
68	315.84	422.86	495.05	581.96	649.76	778.10	890.68
69	346.10	460.63	537.48	630.65	703.55	852.96	978.33
70	382.84	508.07	591.69	693.42	772.91	930.74	1,067.17
71	409.68	543.22	632.13	722.17	822.46	1,007.77	1,153.49
72	435.54	563.57	657.40	742.57	847.07	1,044.33	1,235.20
73	456.78	594.25	693.01	781.94	892.85	1,098.42	1,299.35
74	475.58	615.72	717.67	809.02	924.93	1,136.38	1,361.06
75	498.17	670.49	781.79	881.35	1,005.56	1,231.34	1,437.84
76	522.60	715.63	833.98	939.48	1,072.40	1,311.60	1,524.34
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,602.94
78	597.59	781.12	909.67	1,036.53	1,168.69	1,425.63	1,786.28
79	631.67	804.26	962.87	1,107.50	1,238.15	1,457.50	1,912.70
80	673.82	861.89	1,034.79	1,192.52	1,335.06	1,574.63	2,069.12
81	740.92	951.02	1,144.49	1,321.34	1,481.57	1,752.13	2,308.34
82	812.52	1,045.32	1,260.34	1,457.60	1,637.09	1,942.80	2,569.38
83	905.84	1,166.97	1,409.02	1,632.02	1,835.94	2,186.59	2,903.96
84	1,018.97	1,313.34	1,587.34	1,840.94	2,074.18	2,479.48	3,307.85
85	1,149.50	1,480.99	1,790.95	2,079.37	2,346.27	2,815.46	3,774.26
86	1,300.63	1,673.52	2,023.99	2,352.05	2,657.68	3,201.70	4,314.14
87	1,475.98	1,894.99	2,291.07	2,664.26	3,014.52	3,646.29	4,939.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	78.06	92.58	106.31	120.28	134.44	163.39	193.20
36	79.13	93.72	107.81	122.01	136.36	165.45	195.07
37	79.62	94.32	108.65	123.00	137.44	166.47	195.75
38	80.10	95.53	110.18	124.74	139.25	168.07	196.66
39	80.34	96.67	111.65	126.44	141.07	169.86	198.03
40	81.12	97.76	113.04	128.09	142.93	171.86	199.89
41	79.71	98.30	113.81	129.04	144.00	173.06	201.03
42	77.97	98.84	114.60	130.04	145.18	174.52	202.62
43	78.77	100.40	116.46	132.18	147.57	177.40	205.93
44	79.30	101.57	117.85	133.78	149.38	179.59	208.45
45	79.80	103.60	120.22	136.50	152.44	183.29	212.77
46	80.83	105.25	122.18	138.74	154.94	186.30	216.26
47	82.30	107.92	125.28	142.28	158.89	191.00	221.64
48	83.25	109.79	127.54	147.25	164.41	197.42	228.65
49	87.01	114.93	133.62	156.61	174.82	211.39	244.28
50	90.48	119.74	139.32	163.32	182.26	222.07	255.99
51	94.19	124.92	145.46	170.53	190.21	234.56	269.55
52	98.93	131.54	153.34	179.79	200.40	248.33	284.42
53	101.99	135.83	158.44	185.77	207.02	256.13	292.65
54	105.61	140.88	164.46	192.82	214.81	265.39	302.59
55	109.80	146.65	171.29	200.86	223.70	276.05	314.14
56	114.60	153.28	179.10	210.06	233.90	288.36	327.71
57	118.95	159.25	186.18	218.39	243.17	299.60	340.11
58	122.45	164.05	191.89	225.16	250.76	309.12	351.04
59	126.81	170.22	199.37	234.14	260.93	321.84	365.58
60	132.85	178.81	209.77	246.65	275.06	339.57	385.83
61	139.18	187.85	220.78	259.90	290.11	358.52	407.56
62	146.21	197.94	233.06	274.71	306.92	379.73	431.97
63	155.65	211.05	248.77	293.38	327.90	405.84	461.66
64	164.27	222.95	262.93	310.21	346.79	429.29	488.30
65	174.83	237.30	279.84	330.18	369.14	457.00	519.86
66	193.90	262.93	309.92	365.57	408.63	505.86	575.61
67	209.22	283.12	333.33	392.90	439.02	543.41	618.52
68	233.63	312.79	366.19	430.48	480.63	596.27	682.54
69	258.76	344.38	401.84	471.50	526.00	652.74	748.68
70	282.35	374.71	436.39	511.41	570.04	706.69	810.27
71	308.50	409.06	476.01	543.81	619.34	760.43	879.44
72	332.22	429.88	501.45	566.42	646.12	796.59	942.18
73	361.42	470.20	548.34	618.71	706.46	869.12	1,028.10
74	396.42	513.23	598.21	674.35	770.96	947.22	1,134.50
75	436.01	586.82	684.23	771.37	880.08	1,077.69	1,258.42
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	529.95	705.53	821.62	924.82	1,056.84	1,291.94	1,564.19
78	574.57	751.03	874.63	996.60	1,123.67	1,370.71	1,717.47
79	624.68	795.35	952.20	1,095.23	1,224.44	1,441.35	1,891.51
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	91.41	108.40	124.48	140.84	157.42	191.31	226.22
36	92.66	109.74	126.24	142.87	159.66	193.72	228.41
37	93.28	110.51	127.29	144.11	161.03	195.04	229.35
38	94.88	113.15	130.50	147.75	164.94	199.07	232.93
39	95.67	115.12	132.95	150.57	167.99	202.28	235.83
40	97.64	117.67	136.06	154.18	172.04	206.87	240.60
41	96.53	119.04	137.83	156.28	174.39	209.58	243.46
42	95.52	121.08	140.39	159.30	177.85	213.79	248.21
43	97.00	123.65	143.42	162.78	181.73	218.46	253.60
44	98.26	125.85	146.03	165.78	185.10	222.54	258.30
45	99.40	129.05	149.75	170.03	189.89	228.31	265.03
46	103.05	134.19	155.77	176.89	197.55	237.54	275.73
47	108.53	142.33	165.22	187.63	209.54	251.88	292.28
48	113.94	150.28	174.58	201.55	225.03	270.22	312.96
49	118.98	157.17	182.72	214.16	239.06	289.08	334.05
50	123.67	163.67	190.43	223.24	249.12	303.54	349.90
51	129.04	171.13	199.28	233.62	260.58	321.34	369.27
52	135.40	180.03	209.88	246.08	274.29	339.89	389.29
53	139.74	186.11	217.09	254.53	283.65	350.94	400.98
54	144.28	192.46	224.67	263.42	293.46	362.55	413.37
55	149.56	199.76	233.32	273.61	304.71	376.02	427.91
56	156.05	208.72	243.88	286.04	318.50	392.67	446.24
57	161.30	215.94	252.46	296.15	329.74	406.26	461.19
58	164.76	220.74	258.19	302.97	337.41	415.93	472.34
59	169.74	227.85	266.87	313.40	349.26	430.80	489.34
60	175.53	236.25	277.16	325.88	363.43	448.66	509.78
61	182.67	246.56	289.78	341.12	380.77	470.55	534.92
62	190.61	258.04	303.84	358.13	400.12	495.04	563.14
63	200.71	272.14	320.78	378.31	422.82	523.32	595.30
64	209.71	284.61	335.66	396.02	442.72	548.03	623.36
65	220.20	298.86	352.45	415.84	464.91	575.57	654.75
66	241.59	327.58	386.13	455.46	509.11	630.26	717.15
67	257.14	347.97	409.68	482.89	539.58	667.87	760.19
68	283.02	378.93	443.62	521.50	582.25	722.34	826.85
69	308.40	410.46	478.94	561.96	626.92	777.97	892.32
70	331.68	440.18	512.63	600.76	669.62	830.14	951.83
71	357.71	474.30	551.94	630.55	718.13	881.73	1,019.72
72	383.93	496.79	579.51	654.59	746.70	920.58	1,088.84
73	410.52	534.08	622.83	702.76	802.43	987.19	1,167.77
74	439.80	569.39	663.67	748.15	855.33	1,050.88	1,258.65
75	475.09	639.41	745.56	840.51	958.96	1,174.28	1,371.21
76	514.84	705.01	821.60	925.53	1,056.48	1,292.13	1,501.71
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	599.39	783.46	912.40	1,039.63	1,172.19	1,429.90	1,791.64
79	642.79	818.41	979.81	1,126.99	1,259.94	1,483.15	1,946.36
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	104.56	124.00	142.39	161.11	180.07	218.84	258.77
36	105.99	125.53	144.40	163.43	182.64	221.60	261.28
37	106.80	126.52	145.74	165.00	184.37	223.31	262.59
38	107.46	128.15	147.80	167.34	186.81	225.46	263.81
39	107.77	129.67	149.77	169.61	189.24	227.87	265.65
40	108.82	131.14	151.64	171.83	191.74	230.55	268.15
41	107.09	132.07	152.91	173.38	193.47	232.52	270.10
42	106.85	135.45	157.05	178.21	198.96	239.16	277.67
43	112.32	143.17	166.07	188.48	210.43	252.95	293.65
44	117.71	150.77	174.94	198.60	221.75	266.60	309.44
45	123.41	160.22	185.93	211.11	235.76	283.47	329.06
46	129.83	169.05	196.24	222.85	248.88	299.25	347.36
47	136.83	179.42	208.28	236.54	264.16	317.54	368.47
48	142.56	188.02	218.42	252.17	281.54	338.09	391.56
49	147.81	195.25	226.99	266.05	296.98	359.12	414.99
50	153.65	203.35	236.60	277.36	309.51	377.12	434.72
51	159.53	211.57	246.36	288.82	322.15	397.27	456.53
52	166.35	221.19	257.85	302.33	336.99	417.58	478.27
53	170.16	226.63	264.36	309.96	345.41	427.35	488.29
54	174.29	232.49	271.40	318.21	354.50	437.96	499.35
55	179.24	239.39	279.61	327.90	365.17	450.63	512.82
56	185.31	247.86	289.61	339.67	378.21	466.29	529.91
57	190.58	255.13	298.27	349.89	389.58	479.99	544.88
58	192.33	257.67	301.39	353.66	393.87	485.53	551.37
59	194.84	261.54	306.33	359.74	400.91	494.50	561.70
60	199.62	268.68	315.20	370.61	413.31	510.24	579.75
61	205.14	276.89	325.42	383.08	427.61	528.44	600.73
62	212.05	287.06	338.01	398.40	445.12	550.71	626.47
63	220.37	298.80	352.20	415.37	464.24	574.59	653.61
64	228.06	309.52	365.03	430.67	481.45	595.98	677.90
65	236.26	320.67	378.16	446.18	498.83	617.56	702.52
66	256.42	347.70	409.84	483.43	540.37	668.96	761.19
67	271.16	366.95	432.03	509.23	569.01	704.30	801.65
68	295.04	395.01	462.45	543.63	606.97	753.00	861.96
69	320.44	426.47	497.63	583.89	651.38	808.33	927.14
70	341.88	453.72	528.40	619.24	690.23	855.69	981.12
71	363.38	481.83	560.70	640.56	729.52	895.72	1,035.91
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	109.43	141.01	161.93	183.71	205.33	249.54	295.07
36	108.42	139.73	160.74	181.91	203.30	246.67	290.84
37	106.96	138.03	158.99	179.99	201.13	243.61	286.47
38	105.11	136.30	157.21	177.98	198.69	239.81	280.60
39	102.62	133.81	154.54	175.78	196.12	236.15	275.31
40	101.08	132.16	152.81	174.17	194.35	233.69	271.81
41	98.68	129.28	149.68	171.79	191.71	230.39	267.63
42	96.69	127.00	147.25	169.38	189.10	227.31	263.91
43	94.61	124.33	144.21	167.27	186.75	224.48	260.59
44	93.15	122.48	142.12	165.36	184.64	221.98	257.65
45	94.69	124.59	144.58	169.39	189.17	227.69	264.31
46	95.99	126.32	146.64	171.82	191.88	231.71	268.97
47	98.07	129.10	149.87	175.61	196.11	237.56	275.66
48	99.67	131.46	152.71	179.00	199.86	244.31	282.95
49	101.76	134.42	156.27	183.16	204.46	250.87	289.90
50	102.28	135.37	157.50	184.63	206.03	253.61	292.34
51	102.84	136.38	158.82	186.19	207.67	257.91	296.38
52	105.49	140.26	163.50	191.71	213.69	264.79	303.27
53	105.55	140.57	163.97	192.26	214.25	265.07	302.87
54	105.15	140.27	163.74	191.98	213.88	264.23	301.27
55	105.00	140.25	163.81	192.09	213.93	264.00	300.43
56	105.76	141.45	165.28	193.85	215.85	266.11	302.42
57	107.79	144.31	168.71	197.90	220.35	271.49	308.20
58	107.27	143.72	168.11	197.26	219.69	270.81	307.54
59	106.77	143.32	167.86	197.13	219.69	270.98	307.80
60	107.09	144.13	169.09	198.81	221.72	273.72	311.00
61	108.65	146.65	172.36	202.90	226.48	279.88	318.17
62	113.71	153.93	181.25	213.64	238.69	295.31	335.93
63	118.39	160.53	189.22	223.16	249.41	308.70	351.15
64	124.32	168.73	198.99	234.77	262.46	324.89	369.55
65	132.90	180.38	212.72	250.99	280.60	347.39	395.18
66	150.67	204.31	240.83	284.07	317.53	393.08	447.28
67	163.41	221.13	260.35	306.87	342.90	424.43	483.09
68	182.69	244.59	286.35	336.62	375.84	466.26	533.73
69	198.66	264.40	308.51	361.99	403.84	501.14	574.80
70	215.41	285.87	332.92	390.16	434.89	539.14	618.17
71	232.35	308.09	358.51	409.58	466.46	572.73	662.36
72	247.42	320.15	373.45	421.84	481.20	593.26	701.68
73	261.74	340.52	397.11	448.07	511.62	629.41	744.55
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	74.25	95.68	109.88	124.66	139.33	169.33	200.23
36	75.36	97.13	111.73	126.45	141.32	171.46	202.17
37	75.76	97.77	112.62	127.50	142.47	172.56	202.91
38	76.36	99.02	114.21	129.30	144.35	174.22	203.85
39	76.06	99.18	114.55	130.29	145.37	175.04	204.07
40	76.60	100.15	115.81	132.00	147.29	177.10	205.99
41	76.40	100.09	115.88	133.00	148.42	178.37	207.20
42	76.99	101.12	117.24	134.86	150.56	180.99	210.13
43	77.07	101.28	117.48	136.26	152.13	182.87	212.29
44	78.17	102.79	119.27	138.77	154.95	186.28	216.22
45	78.59	103.41	120.01	140.59	157.01	188.98	219.38
46	80.08	105.37	122.32	143.33	160.06	193.29	224.37
47	81.31	107.04	124.26	145.61	162.61	196.97	228.56
48	81.55	107.55	124.94	146.46	163.52	199.89	231.51
49	81.61	107.81	125.34	146.90	163.98	201.21	232.51
50	83.20	110.12	128.12	150.19	167.60	206.30	237.81
51	85.61	113.53	132.21	154.99	172.88	214.70	246.73
52	87.72	116.63	135.97	159.42	177.70	220.20	252.19
53	89.09	118.66	138.41	162.28	180.84	223.74	255.65
54	90.63	120.89	141.12	165.47	184.34	227.73	259.66
55	92.48	123.51	144.26	169.17	188.40	232.50	264.58
56	94.69	126.65	147.98	173.56	193.26	238.26	270.77
57	97.04	129.90	151.87	178.15	198.36	244.40	277.44
58	98.71	132.25	154.69	181.52	202.15	249.20	282.99
59	101.05	135.65	158.88	186.58	207.93	256.47	291.32
60	104.20	140.25	164.54	193.46	215.75	266.35	302.63
61	108.65	146.65	172.36	202.90	226.48	279.88	318.17
62	113.71	153.93	181.25	213.64	238.69	295.31	335.93
63	118.39	160.53	189.22	223.16	249.41	308.70	351.15
64	124.32	168.73	198.99	234.77	262.46	324.89	369.55
65	132.90	180.38	212.72	250.99	280.60	347.39	395.18
66	150.67	204.31	240.83	284.07	317.53	393.08	447.28
67	163.41	221.13	260.35	306.87	342.90	424.43	483.09
68	182.69	244.59	286.35	336.62	375.84	466.26	533.73
69	198.66	264.40	308.51	361.99	403.84	501.14	574.80
70	215.41	285.87	332.92	390.16	434.89	539.14	618.17
71	232.35	308.09	358.51	409.58	466.46	572.73	662.36
72	247.42	320.15	373.45	421.84	481.20	593.26	701.68
73	261.74	340.52	397.11	448.07	511.62	629.41	744.55
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	85.54	110.23	126.59	143.61	160.51	195.08	230.67
36	86.82	111.90	128.72	145.68	162.81	197.53	232.91
37	87.35	112.72	129.84	147.00	164.26	198.95	233.95
38	88.94	115.33	133.02	150.60	168.12	202.92	237.43
39	90.47	117.96	136.24	154.96	172.90	208.19	242.71
40	92.01	120.30	139.11	158.55	176.92	212.74	247.43
41	93.22	122.13	141.41	162.29	181.10	217.65	252.83
42	94.86	124.59	144.46	166.17	185.51	223.00	258.91
43	96.45	126.75	147.03	170.53	190.39	228.86	265.68
44	98.30	129.26	149.97	174.50	194.84	234.25	271.89
45	100.37	132.07	153.26	179.55	200.52	241.35	280.17
46	102.26	134.57	156.22	183.04	204.42	246.85	286.54
47	104.97	138.18	160.41	187.97	209.91	254.27	295.05
48	107.73	142.08	165.05	193.47	216.01	264.05	305.82
49	110.54	146.02	169.76	198.97	222.10	272.52	314.92
50	113.41	150.09	174.64	204.72	228.45	281.20	324.15
51	115.76	153.52	178.77	209.58	233.77	290.32	333.62
52	118.81	157.97	184.16	215.93	240.68	298.24	341.58
53	120.87	160.98	187.78	220.17	245.35	303.55	346.84
54	123.16	164.29	191.78	224.86	250.51	309.48	352.87
55	125.29	167.34	195.45	229.20	255.26	315.00	358.47
56	128.51	171.88	200.83	235.55	262.28	323.36	367.48
57	132.38	177.22	207.19	243.04	270.62	333.41	378.49
58	134.97	180.83	211.52	248.20	276.41	340.74	386.94
59	138.95	186.52	218.46	256.55	285.90	352.65	400.57
60	144.11	193.96	227.55	267.55	298.38	368.35	418.53
61	149.59	201.91	237.31	279.35	311.82	385.35	438.06
62	157.18	212.79	250.55	295.32	329.95	408.22	464.38
63	165.03	223.77	263.76	311.07	347.67	430.31	489.48
64	171.92	233.32	275.17	324.65	362.93	449.27	511.02
65	181.04	245.72	289.77	341.89	382.24	473.22	538.32
66	199.32	270.27	318.57	375.77	420.04	519.99	591.68
67	210.10	284.31	334.73	394.55	440.87	545.69	621.12
68	234.67	314.19	367.83	432.41	482.79	598.94	685.60
69	258.26	343.72	401.07	470.59	524.99	651.48	747.24
70	282.26	374.59	436.25	511.25	569.85	706.46	810.01
71	304.32	403.51	469.55	536.44	610.94	750.12	867.52
72	329.13	425.89	496.80	561.16	640.13	789.19	933.43
73	355.57	462.59	539.47	608.69	695.03	855.05	1,011.46
74	384.68	498.04	580.50	654.39	748.14	919.18	1,100.92
75	418.84	563.72	657.30	741.00	845.43	1,035.26	1,208.88
76	452.71	619.93	722.45	813.84	928.99	1,136.20	1,320.49
77	494.49	658.32	766.64	862.94	986.12	1,205.49	1,459.53
78	566.73	740.77	862.68	982.98	1,108.32	1,351.99	1,694.02
79	625.98	797.01	954.20	1,097.52	1,227.00	1,444.37	1,895.48
80	688.20	880.29	1,056.89	1,217.98	1,363.56	1,608.25	2,113.30
81	763.32	979.77	1,179.09	1,361.29	1,526.36	1,805.10	2,378.12
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,681.12
83	951.94	1,226.36	1,480.73	1,715.08	1,929.39	2,297.88	3,051.77
84	1,070.65	1,379.95	1,667.84	1,934.31	2,179.37	2,605.23	3,475.61
85	1,207.50	1,555.72	1,881.31	2,184.29	2,464.65	2,957.52	3,964.69
86	1,365.91	1,757.52	2,125.58	2,470.10	2,791.08	3,362.41	4,530.68
87	1,549.67	1,989.60	2,405.46	2,797.27	3,165.02	3,828.34	5,186.62

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	107.46	132.41	152.06	172.04	192.29	233.69	276.34
36	108.91	134.05	154.20	174.52	195.04	236.64	279.01
37	109.57	135.15	155.68	176.25	196.94	238.54	280.50
38	111.24	138.63	159.90	181.03	202.09	243.91	285.40
39	112.86	142.05	164.06	185.80	207.30	249.62	291.01
40	114.57	145.45	168.18	190.57	212.65	255.70	297.40
41	115.34	148.95	172.46	195.54	218.21	262.24	304.63
42	116.50	151.92	176.15	199.88	223.15	268.25	311.44
43	118.11	155.21	180.04	204.80	228.65	274.86	319.07
44	120.01	157.81	183.10	210.23	234.74	282.21	327.57
45	122.28	160.89	186.70	214.50	239.55	288.03	334.35
46	124.77	164.19	190.60	221.12	246.94	296.92	344.66
47	127.23	167.49	194.43	226.76	253.23	304.41	353.23
48	129.87	171.28	198.98	233.23	260.41	314.64	364.41
49	132.44	174.95	203.39	238.39	266.10	320.91	370.84
50	135.00	178.66	207.88	243.69	271.94	332.45	383.22
51	137.73	182.66	212.71	249.37	278.14	343.03	394.20
52	140.16	186.36	217.25	254.73	283.93	348.73	399.41
53	141.79	188.84	220.28	258.27	287.81	354.79	405.38
54	143.63	191.59	223.65	262.23	292.13	360.91	411.50
55	145.35	194.13	226.75	265.90	296.12	365.43	415.86
56	148.35	198.42	231.84	271.92	302.77	373.28	424.21
57	151.69	203.07	237.41	278.50	310.09	382.05	433.71
58	154.02	206.36	241.37	283.23	315.43	388.83	441.56
59	156.51	210.08	246.06	288.97	322.03	397.21	451.19
60	160.91	216.58	254.08	298.75	333.16	411.30	467.33
61	166.42	224.62	264.00	310.77	346.89	428.69	487.33
62	172.41	233.40	274.82	323.92	361.91	447.76	509.35
63	180.09	244.19	287.83	339.45	379.39	469.57	534.15
64	187.54	254.53	300.18	354.16	395.92	490.10	557.47
65	195.38	265.18	312.72	368.97	412.51	510.69	580.95
66	213.68	289.75	341.54	402.86	450.31	557.47	634.33
67	225.06	304.56	358.57	422.65	472.26	584.55	665.35
68	250.13	334.89	392.07	460.90	514.59	638.40	730.77
69	272.35	362.48	422.96	496.27	553.64	687.04	788.02
70	296.14	393.01	457.69	536.38	597.87	741.19	849.84
71	319.60	423.78	493.14	563.38	641.62	787.80	911.09
72	343.64	444.65	518.69	585.89	668.33	823.97	974.56
73	369.37	480.53	560.39	632.30	721.99	888.22	1,050.69
74	394.78	511.10	595.73	671.56	767.77	943.30	1,129.81
75	427.48	575.34	670.84	756.28	862.86	1,056.60	1,233.79
76	462.51	633.35	738.08	831.45	949.09	1,160.78	1,349.06
77	504.48	671.63	782.14	880.39	1,006.06	1,229.86	1,489.04
78	570.53	745.74	868.47	989.58	1,115.75	1,361.06	1,705.37
79	628.47	800.18	957.99	1,101.89	1,231.88	1,450.12	1,903.02
80	690.66	883.43	1,060.66	1,222.33	1,368.43	1,613.99	2,120.84
81	765.37	982.40	1,182.26	1,364.95	1,530.46	1,809.95	2,384.51
82	849.70	1,093.14	1,318.00	1,524.29	1,711.99	2,031.68	2,686.93
83	952.40	1,226.95	1,481.45	1,715.91	1,930.32	2,298.99	3,053.24
84	1,071.21	1,380.67	1,668.72	1,935.32	2,180.51	2,606.59	3,477.43
85	1,208.28	1,556.73	1,882.53	2,185.71	2,466.25	2,959.44	3,967.26
86	1,366.97	1,758.88	2,127.23	2,472.02	2,793.25	3,365.02	4,534.19
87	1,551.08	1,991.40	2,407.64	2,799.80	3,167.88	3,831.80	5,191.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	125.49	155.98	179.12	202.66	226.51	275.28	325.52
36	126.82	157.34	180.99	204.84	228.92	277.75	327.49
37	128.31	159.30	183.50	207.74	232.14	281.17	330.63
38	130.19	163.68	188.78	213.73	238.60	287.98	336.96
39	131.99	167.99	194.02	219.73	245.15	295.19	344.14
40	134.08	172.27	199.20	225.72	251.87	302.86	352.25
41	134.87	176.69	204.58	231.96	258.85	311.08	361.36
42	135.06	177.39	205.68	234.40	261.69	314.58	365.22
43	136.71	179.65	208.39	240.70	268.73	323.04	375.00
44	138.75	182.44	211.68	245.13	273.71	329.06	381.95
45	141.18	185.76	215.57	251.81	281.21	338.12	392.50
46	143.85	189.30	219.75	257.48	287.55	346.99	402.78
47	147.07	193.61	224.75	263.36	294.11	356.93	414.18
48	149.00	196.51	228.29	267.59	298.77	366.47	424.43
49	151.14	199.65	232.11	272.05	303.68	374.40	432.65
50	153.36	202.96	236.15	276.83	308.92	384.45	443.17
51	155.83	206.67	240.66	282.14	314.70	390.83	449.12
52	158.65	210.95	245.92	288.34	321.39	398.26	456.13
53	159.36	212.25	247.58	290.28	323.48	400.22	457.29
54	160.87	214.59	250.50	293.71	327.21	404.24	460.90
55	162.88	217.55	254.10	297.98	331.85	409.51	466.03
56	165.77	221.73	259.07	303.86	338.34	417.13	474.04
57	168.62	225.74	263.91	309.58	344.70	424.69	482.11
58	169.51	227.10	265.64	311.70	347.14	427.92	485.95
59	171.95	230.81	270.34	317.48	353.81	436.40	495.71
60	175.74	236.53	277.49	326.27	363.86	449.20	510.39
61	179.92	242.84	285.41	335.97	375.02	463.46	526.86
62	186.03	251.84	296.53	349.51	390.50	483.13	549.59
63	193.74	262.69	309.64	365.18	408.14	505.16	574.63
64	201.06	272.87	321.80	379.67	424.44	525.41	597.63
65	208.78	283.36	334.17	394.28	440.80	545.72	620.79
66	227.37	308.31	363.41	428.66	479.15	593.17	674.95
67	238.29	322.46	379.65	447.50	500.02	618.92	704.46
68	263.81	353.21	413.51	486.11	542.74	673.32	770.74
69	287.78	383.01	446.92	524.39	585.01	725.96	832.66
70	311.75	413.73	481.83	564.67	629.39	780.27	894.65
71	333.05	441.61	513.89	587.09	668.62	820.95	949.43
72	356.34	461.09	537.86	607.54	693.03	854.42	1,010.59
73	381.10	495.80	578.20	652.40	744.93	916.44	1,084.09
74	407.80	527.96	615.37	693.70	793.09	974.41	1,167.06
75	439.40	591.39	689.56	777.38	886.93	1,086.08	1,268.22
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	523.24	696.60	811.22	913.12	1,043.46	1,275.58	1,544.39
78	574.37	750.77	874.33	996.25	1,123.28	1,370.24	1,716.88
79	631.02	803.43	961.87	1,106.35	1,236.87	1,455.99	1,910.73
80	693.25	886.74	1,064.63	1,226.91	1,373.56	1,620.03	2,128.78
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	153.93	185.71	213.27	241.30	269.70	327.77	387.57
36	155.59	188.01	216.27	244.77	273.55	331.90	391.33
37	158.11	190.36	219.28	248.24	277.40	335.98	395.09
38	159.88	195.13	225.06	254.81	284.45	343.32	401.71
39	161.75	199.82	230.78	261.36	291.60	351.12	409.35
40	163.70	204.46	236.42	267.90	298.93	359.45	418.07
41	163.56	206.84	239.49	271.54	303.02	364.17	423.03
42	162.62	209.28	242.65	275.34	307.40	369.52	429.01
43	164.36	213.21	247.31	280.68	313.37	376.69	437.29
44	166.67	217.01	251.80	285.85	319.17	383.72	445.39
45	169.25	222.64	258.36	293.35	327.60	393.90	457.25
46	172.02	226.36	262.77	300.03	335.06	402.88	467.66
47	175.48	231.01	268.16	307.68	343.60	413.04	479.29
48	177.68	234.34	272.23	318.43	355.53	426.93	494.45
49	179.22	236.75	275.24	322.60	360.11	435.52	503.28
50	180.65	239.09	278.18	326.10	363.90	444.14	511.97
51	182.09	241.49	281.22	329.68	367.73	454.21	521.97
52	184.55	245.38	286.05	335.40	373.84	463.25	530.57
53	185.01	246.40	287.42	337.00	375.54	464.63	530.88
54	185.75	247.78	289.24	339.13	377.80	466.75	532.17
55	187.10	249.90	291.88	342.28	381.19	470.40	535.32
56	189.57	253.56	296.26	347.48	386.91	477.01	542.10
57	191.48	256.34	299.69	351.55	391.43	482.27	547.47
58	190.96	255.85	299.26	351.16	391.07	482.09	547.46
59	192.14	257.91	302.07	354.75	395.34	487.63	553.90
60	194.75	262.12	307.51	361.57	403.22	497.79	565.60
61	198.56	268.00	314.98	370.78	413.88	511.47	581.44
62	203.52	275.52	324.42	382.38	427.22	528.57	601.28
63	211.02	286.12	337.26	397.74	444.54	550.21	625.88
64	217.89	295.72	348.75	411.47	459.99	569.42	647.68
65	225.17	305.62	360.42	425.25	475.43	588.58	669.55
66	243.81	330.59	389.68	459.65	513.79	636.05	723.74
67	255.97	346.39	407.82	480.70	537.12	664.84	756.73
68	279.77	374.57	438.52	515.50	575.56	714.04	817.35
69	303.69	404.19	471.62	553.37	617.34	766.09	878.69
70	327.40	434.51	506.02	593.02	661.00	819.45	939.57
71	349.83	463.87	539.79	616.68	702.32	862.32	997.28
72	372.20	481.61	561.80	634.58	723.88	892.45	1,055.56
73	396.03	515.23	600.85	677.95	774.11	952.34	1,126.55
74	423.84	548.73	639.59	721.00	824.30	1,012.75	1,212.99
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	85.11	109.67	125.94	142.88	159.70	194.09	229.50
36	86.38	111.33	128.07	144.94	161.98	196.53	231.72
37	87.35	112.72	129.84	147.00	164.26	198.95	233.95
38	88.49	114.75	132.35	149.84	167.28	201.89	236.23
39	90.02	117.38	135.56	154.19	172.04	207.15	241.50
40	91.56	119.71	138.42	157.77	176.05	211.69	246.21
41	93.22	122.13	141.41	162.29	181.10	217.65	252.83
42	94.40	123.99	143.76	165.36	184.62	221.93	257.66
43	95.99	126.14	146.32	169.71	189.48	227.77	264.41
44	97.83	128.64	149.26	173.67	193.92	233.13	270.60
45	99.90	131.45	152.54	178.70	199.57	240.21	278.84
46	101.78	133.94	155.48	182.18	203.45	245.69	285.19
47	104.47	137.53	159.66	187.08	208.93	253.08	293.67
48	107.22	141.41	164.28	192.56	215.00	262.82	304.39
49	109.51	144.66	168.17	197.11	220.02	269.97	311.98
50	112.35	148.69	173.01	202.81	226.32	278.57	321.12
51	114.68	152.09	177.11	207.63	231.59	287.62	330.52
52	117.70	156.50	182.43	213.91	238.43	295.45	338.39
53	119.17	158.71	185.13	217.07	241.89	299.28	341.95
54	121.42	161.97	189.07	221.68	246.96	305.10	347.87
55	123.50	164.95	192.66	225.93	251.61	310.50	353.35
56	126.66	169.41	197.95	232.17	258.51	318.72	362.20
57	129.81	173.78	203.17	238.32	265.36	326.94	371.14
58	132.96	178.13	208.36	244.49	272.29	335.65	381.17
59	136.14	182.75	214.04	251.37	280.13	345.52	392.48
60	141.15	189.98	222.88	262.07	292.26	360.80	409.95
61	146.44	197.66	232.31	273.47	305.25	377.24	428.84
62	153.84	208.26	245.22	289.04	322.93	399.54	454.50
63	161.45	218.90	258.03	304.30	340.11	420.95	478.84
64	169.00	229.37	270.50	319.15	356.78	441.65	502.36
65	176.85	240.04	283.07	333.99	373.40	462.28	525.87
66	194.57	263.83	310.99	366.83	410.03	507.60	577.59
67	206.20	279.05	328.54	387.25	432.70	535.59	609.62
68	230.22	308.23	360.85	424.20	473.62	587.57	672.58
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	107.00	131.85	151.41	171.31	191.48	232.70	275.17
36	108.45	133.48	153.55	173.78	194.21	235.64	277.83
37	109.57	135.15	155.68	176.25	196.94	238.54	280.50
38	110.78	138.05	159.22	180.27	201.24	242.89	284.20
39	112.39	141.46	163.38	185.03	206.44	248.58	289.80
40	114.10	144.85	167.49	189.79	211.78	254.65	296.18
41	115.34	148.95	172.46	195.54	218.21	262.24	304.63
42	116.03	151.31	175.44	199.08	222.26	267.17	310.19
43	117.64	154.59	179.32	203.98	227.74	273.76	317.80
44	119.54	157.18	182.38	209.40	233.81	281.10	326.27
45	121.79	160.25	185.96	213.66	238.60	286.89	333.03
46	124.29	163.55	189.85	220.25	245.97	295.76	343.31
47	126.73	166.83	193.67	225.87	252.24	303.21	351.85
48	129.36	170.61	198.19	232.32	259.39	313.41	362.98
49	131.91	174.25	202.58	237.44	265.04	319.64	369.37
50	133.93	177.25	206.24	241.76	269.79	329.82	380.19
51	136.64	181.22	211.03	247.39	275.94	340.32	391.08
52	139.04	184.86	215.50	252.68	281.65	345.93	396.20
53	140.64	187.30	218.48	256.17	285.47	351.91	402.08
54	141.87	189.24	220.91	259.02	288.55	356.49	406.46
55	144.15	192.53	224.88	263.71	293.69	362.42	412.43
56	146.50	195.95	228.95	268.53	299.01	368.64	418.93
57	149.77	200.50	234.41	274.97	306.17	377.21	428.22
58	151.37	202.80	237.21	278.34	309.99	382.13	433.95
59	154.43	207.30	242.79	285.13	317.76	391.94	445.20
60	158.73	213.64	250.63	294.69	328.64	405.71	460.98
61	163.34	220.46	259.11	305.01	340.47	420.75	478.31
62	169.96	230.08	270.91	319.32	356.76	441.40	502.11
63	177.47	240.63	283.64	334.51	373.87	462.73	526.37
64	183.81	249.46	294.20	347.11	388.04	480.35	546.37
65	192.36	261.08	307.89	363.27	406.13	502.80	571.97
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	125.03	155.42	178.48	201.93	225.70	274.29	324.34
36	126.82	157.34	180.99	204.84	228.92	277.75	327.49
37	128.31	159.30	183.50	207.74	232.14	281.17	330.63
38	129.72	163.09	188.11	212.97	237.75	286.95	335.76
39	131.53	167.40	193.34	218.96	244.29	294.16	342.93
40	133.62	171.68	198.51	224.94	251.00	301.81	351.03
41	134.41	176.09	203.88	231.17	257.96	310.02	360.13
42	135.06	177.39	205.68	234.40	261.69	314.58	365.22
43	136.71	179.65	208.39	240.70	268.73	323.04	375.00
44	138.28	181.82	210.97	244.30	272.78	327.95	380.65
45	140.71	185.14	214.85	250.96	280.26	336.98	391.18
46	143.37	188.67	219.01	256.62	286.59	345.83	401.43
47	146.58	192.96	224.00	262.48	293.13	355.74	412.80
48	149.00	196.51	228.29	267.59	298.77	366.47	424.43
49	150.63	198.98	231.32	271.13	302.65	373.12	431.18
50	152.83	202.27	235.35	275.89	307.87	383.14	441.65
51	154.77	205.26	239.02	280.21	312.55	388.16	446.06
52	157.56	209.50	244.22	286.36	319.18	395.52	453.00
53	158.80	211.50	246.71	289.26	322.35	398.82	455.69
54	159.73	213.06	248.71	291.61	324.87	401.35	457.61
55	161.71	215.99	252.28	295.84	329.47	406.58	462.68
56	164.57	220.13	257.20	301.66	335.89	414.12	470.62
57	166.76	223.25	261.00	306.16	340.90	420.01	476.79
58	168.22	225.38	263.62	309.34	344.51	424.68	482.27
59	170.61	229.02	268.24	315.01	351.05	433.01	491.85
60	173.62	233.68	274.15	322.34	359.48	443.78	504.24
61	178.42	240.82	283.04	333.19	371.91	459.61	522.48
62	184.45	249.70	294.01	346.55	387.19	479.04	544.93
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	153.93	185.71	213.27	241.30	269.70	327.77	387.57
36	155.59	188.01	216.27	244.77	273.55	331.90	391.33
37	158.11	190.36	219.28	248.24	277.40	335.98	395.09
38	159.88	195.13	225.06	254.81	284.45	343.32	401.71
39	161.27	199.23	230.10	260.59	290.74	350.09	408.14
40	163.22	203.87	235.73	267.12	298.06	358.40	416.85
41	163.56	206.84	239.49	271.54	303.02	364.17	423.03
42	162.62	209.28	242.65	275.34	307.40	369.52	429.01
43	164.36	213.21	247.31	280.68	313.37	376.69	437.29
44	166.67	217.01	251.80	285.85	319.17	383.72	445.39
45	169.25	222.64	258.36	293.35	327.60	393.90	457.25
46	172.02	226.36	262.77	300.03	335.06	402.88	467.66
47	174.97	230.34	267.39	306.79	342.61	411.85	477.90
48	177.17	233.67	271.45	317.51	354.50	425.69	493.02
49	178.70	236.06	274.44	321.66	359.05	434.25	501.81
50	180.11	238.38	277.36	325.14	362.83	442.83	510.46
51	182.09	241.49	281.22	329.68	367.73	454.21	521.97
52	183.99	244.64	285.19	334.39	372.72	461.87	528.99
53	184.44	245.65	286.54	335.97	374.39	463.21	529.26
54	185.17	247.01	288.34	338.07	376.62	465.29	530.52
55	186.51	249.11	290.96	341.20	379.98	468.91	533.63
56	188.36	251.94	294.37	345.26	384.44	473.97	538.63
57	190.24	254.68	297.74	349.27	388.89	479.14	543.92
58	190.32	254.99	298.26	349.98	389.76	480.47	545.62
59	191.47	257.02	301.03	353.52	393.97	485.94	551.98
60	194.05	261.18	306.41	360.28	401.78	496.01	563.58
61	197.82	267.01	313.81	369.42	412.35	509.59	579.30
62	201.97	273.42	321.94	379.47	423.96	524.54	596.69
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.071
75%	1.074
100%	1.076

Cash Benefit 40%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.076
75%	1.079
100%	1.081

Cash Benefit 50%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.195
75%	1.198
100%	1.200

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	80.33	103.52	118.88	134.86	150.74	183.19	216.62
36	81.53	105.08	120.88	136.80	152.89	185.50	218.72
37	82.45	106.39	122.56	138.75	155.04	187.78	220.82
38	84.00	108.92	125.63	142.24	158.78	191.64	224.24
39	85.52	111.51	128.78	146.48	163.43	196.79	229.43
40	87.02	113.78	131.57	149.96	167.33	201.21	234.02
41	88.67	116.18	134.51	154.38	172.27	207.03	240.50
42	90.28	118.57	137.48	158.14	176.55	212.23	246.40
43	91.84	120.69	139.99	162.37	181.28	217.91	252.97
44	93.62	123.10	142.83	166.19	185.57	223.09	258.95
45	95.64	125.84	146.03	171.08	191.06	229.97	266.95
46	97.92	128.86	149.59	175.27	195.74	236.37	274.38
47	100.53	132.34	153.63	180.03	201.04	243.53	282.58
48	103.20	136.10	158.11	185.33	206.92	252.95	292.95
49	105.89	139.88	162.62	190.60	212.76	261.06	301.68
50	108.64	143.78	167.29	196.11	218.85	269.37	310.52
51	111.45	147.81	172.12	201.78	225.07	279.52	321.21
52	114.37	152.07	177.27	207.86	231.68	287.09	328.81
53	116.33	154.93	180.72	211.90	236.13	292.15	333.81
54	118.52	158.09	184.55	216.38	241.05	297.80	339.55
55	121.11	161.76	188.94	221.56	246.75	304.50	346.52
56	124.20	166.13	194.11	227.66	253.49	312.53	355.17
57	127.88	171.20	200.15	234.78	261.42	322.08	365.63
58	130.94	175.44	205.20	240.79	268.16	330.57	375.39
59	134.74	180.86	211.84	248.77	277.24	341.96	388.43
60	139.68	188.00	220.55	259.32	289.20	357.02	405.66
61	145.66	196.60	231.06	272.00	303.61	375.21	426.53
62	153.00	207.13	243.89	287.47	321.17	397.37	452.03
63	160.55	217.69	256.59	302.61	338.22	418.61	476.18
64	168.03	228.05	268.95	317.31	354.73	439.12	499.47
65	176.85	240.04	283.07	333.99	373.40	462.28	525.87
66	194.57	263.83	310.99	366.83	410.03	507.60	577.59
67	206.20	279.05	328.54	387.25	432.70	535.59	609.62
68	230.22	308.23	360.85	424.20	473.62	587.57	672.58
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	102.45	126.24	144.97	164.02	183.33	222.80	263.46
36	103.83	127.80	147.01	166.38	185.95	225.61	266.01
37	104.91	129.40	149.06	168.75	188.56	228.39	268.56
38	106.57	132.81	153.18	173.42	193.60	233.66	273.40
39	108.18	136.16	157.26	178.09	198.70	239.26	278.94
40	109.87	139.49	161.29	182.76	203.94	245.22	285.21
41	111.14	143.53	166.17	188.42	210.26	252.69	293.53
42	112.29	146.43	169.78	192.66	215.09	258.56	300.18
43	113.88	149.65	173.58	197.45	220.45	265.00	307.63
44	115.74	152.19	176.59	202.75	226.39	272.17	315.92
45	117.93	155.16	180.06	206.87	231.03	277.78	322.46
46	120.37	158.40	183.88	213.31	238.22	286.44	332.50
47	123.24	162.24	188.33	219.65	245.29	294.86	342.15
48	125.80	165.91	192.73	225.92	252.24	304.77	352.97
49	128.23	169.39	196.93	230.82	257.65	310.72	359.07
50	130.73	173.01	201.31	235.98	263.34	321.94	371.10
51	133.38	176.89	205.98	241.48	269.35	332.19	381.74
52	136.22	181.12	211.14	247.57	275.95	338.93	388.18
53	137.75	183.47	214.01	250.92	279.62	344.69	393.84
54	139.53	186.12	217.26	254.73	283.78	350.59	399.74
55	141.76	189.34	221.15	259.33	288.81	356.40	405.59
56	144.65	193.48	226.07	265.15	295.24	363.99	413.65
57	147.85	197.93	231.40	271.45	302.24	372.38	422.73
58	150.04	201.02	235.13	275.90	307.27	378.77	430.14
59	153.05	205.44	240.62	282.57	314.91	388.42	441.21
60	157.27	211.68	248.33	291.99	325.63	401.99	456.75
61	162.57	219.42	257.88	303.58	338.86	418.77	476.05
62	169.14	228.97	269.61	317.78	355.05	439.27	499.70
63	176.59	239.45	282.24	332.86	372.02	460.45	523.78
64	183.81	249.46	294.20	347.11	388.04	480.35	546.37
65	192.36	261.08	307.89	363.27	406.13	502.80	571.97
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	121.42	150.93	173.32	196.10	219.18	266.37	314.98
36	123.16	152.80	175.76	198.92	222.31	269.73	318.03
37	124.61	154.70	178.20	201.74	225.44	273.05	321.08
38	126.48	159.02	183.41	207.65	231.81	279.78	327.37
39	128.29	163.27	188.57	213.56	238.27	286.91	334.48
40	130.37	167.50	193.69	219.47	244.90	294.48	342.50
41	131.19	171.87	198.99	225.63	251.78	302.59	351.50
42	131.83	173.14	200.75	228.78	255.42	307.03	356.47
43	133.47	175.39	203.45	234.99	262.35	315.37	366.10
44	135.45	178.11	206.66	239.32	267.21	321.25	372.88
45	137.86	181.39	210.49	245.87	274.58	330.15	383.25
46	140.48	184.85	214.59	251.44	280.80	338.84	393.32
47	143.63	189.08	219.49	257.20	287.22	348.58	404.48
48	145.99	192.54	223.68	262.19	292.73	359.06	415.85
49	148.06	195.58	227.37	266.50	297.48	366.76	423.82
50	150.21	198.81	231.32	271.16	302.60	376.58	434.09
51	152.64	202.44	235.74	276.36	308.25	382.82	439.93
52	155.38	206.60	240.84	282.40	314.77	390.05	446.73
53	156.57	208.52	243.23	285.19	317.81	393.20	449.27
54	158.00	210.76	246.03	288.47	321.36	397.02	452.67
55	159.96	213.65	249.55	292.64	325.90	402.17	457.67
56	162.78	217.72	254.39	298.37	332.23	409.60	465.48
57	165.52	221.59	259.06	303.89	338.36	416.88	473.25
58	166.94	223.66	261.61	306.98	341.88	421.44	478.59
59	169.28	227.22	266.13	312.54	348.30	429.61	487.99
60	172.92	232.73	273.03	321.03	358.02	441.98	502.19
61	177.68	239.82	281.85	331.79	370.36	457.69	520.30
62	183.66	248.63	292.76	345.07	385.53	476.99	542.60
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	151.61	182.91	210.05	237.65	265.62	322.82	381.72
36	153.24	185.17	213.01	241.07	269.41	326.88	385.42
37	155.72	187.48	215.97	244.49	273.21	330.91	389.12
38	157.49	192.22	221.70	251.00	280.21	338.20	395.72
39	159.36	196.87	227.38	257.50	287.30	345.94	403.31
40	161.31	201.48	232.98	263.99	294.58	354.21	411.97
41	161.65	204.43	236.69	268.38	299.49	359.92	418.10
42	160.73	206.84	239.82	272.13	303.81	365.21	424.01
43	162.44	210.73	244.43	277.42	309.72	372.31	432.21
44	164.73	214.49	248.87	282.53	315.46	379.26	440.21
45	167.30	220.07	255.38	289.96	323.82	389.35	451.97
46	170.03	223.75	259.73	296.56	331.19	398.22	462.25
47	173.45	228.34	265.06	304.12	339.63	408.26	473.75
48	175.63	231.63	269.09	314.75	351.42	421.99	488.73
49	177.13	233.98	272.02	318.83	355.89	430.43	497.40
50	178.51	236.26	274.89	322.24	359.60	438.88	505.91
51	180.46	239.33	278.70	326.73	364.43	450.15	517.29
52	182.89	243.18	283.48	332.39	370.49	459.10	525.82
53	183.32	244.15	284.79	333.91	372.10	460.38	526.02
54	184.01	245.46	286.54	335.96	374.27	462.38	527.20
55	185.33	247.52	289.11	339.03	377.57	465.94	530.24
56	187.75	251.13	293.43	344.15	383.20	472.44	536.90
57	189.62	253.85	296.77	348.13	387.62	477.57	542.14
58	189.68	254.13	297.25	348.80	388.45	478.85	543.79
59	190.81	256.12	299.98	352.29	392.60	484.26	550.06
60	193.36	260.25	305.31	358.98	400.34	494.23	561.56
61	197.09	266.02	312.65	368.05	410.82	507.70	577.15
62	201.97	273.42	321.94	379.47	423.96	524.54	596.69
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	82.94	106.87	122.73	139.24	155.63	189.13	223.65
36	84.18	108.49	124.80	141.24	157.85	191.52	225.81
37	85.12	109.85	126.53	143.25	160.07	193.88	227.98
38	87.14	113.00	130.34	147.56	164.73	198.82	232.63
39	88.22	115.03	132.85	151.11	168.59	203.01	236.67
40	90.20	117.93	136.37	155.43	173.43	208.54	242.55
41	91.86	120.35	139.34	159.92	178.45	214.47	249.13
42	93.49	122.79	142.36	163.76	182.83	219.77	255.16
43	95.07	124.93	144.92	168.08	187.66	225.58	261.87
44	97.36	128.02	148.55	172.84	192.99	232.02	269.30
45	99.43	130.82	151.81	177.86	198.62	239.07	277.52
46	101.78	133.94	155.48	182.18	203.45	245.69	285.19
47	104.97	138.18	160.41	187.97	209.91	254.27	295.05
48	109.24	144.07	167.36	196.18	219.04	267.75	310.10
49	113.64	150.11	174.52	204.55	228.33	280.16	323.75
50	118.71	157.11	182.80	214.29	239.13	294.34	339.29
51	122.22	162.09	188.75	221.28	246.81	306.52	352.24
52	128.25	170.52	198.78	233.08	259.80	321.93	368.72
53	129.95	173.07	201.88	236.70	263.78	326.35	372.89
54	133.04	177.47	207.16	242.89	270.59	334.30	381.16
55	136.03	181.68	212.21	248.85	277.14	342.00	389.19
56	140.80	188.33	220.05	258.09	287.38	354.30	402.64
57	145.23	194.43	227.30	266.64	296.89	365.78	415.24
58	149.07	199.73	233.61	274.13	305.29	376.34	427.37
59	153.69	206.30	241.62	283.76	316.23	390.05	443.06
60	159.63	214.85	252.05	296.37	330.51	408.02	463.61
61	166.91	225.29	264.78	311.70	347.93	429.97	488.79
62	174.74	236.56	278.54	328.31	366.80	453.82	516.25
63	182.07	246.87	291.00	343.19	383.57	474.74	540.03
64	192.31	261.01	307.81	363.17	405.99	502.57	571.65
65	200.92	272.70	321.60	379.44	424.22	525.19	597.44
66	221.86	300.84	354.60	418.27	467.54	578.79	658.59
67	234.74	317.66	373.99	440.83	492.57	609.69	693.96
68	262.89	351.98	412.07	484.41	540.84	670.96	768.05
69	288.06	383.38	447.35	524.89	585.57	726.66	833.46
70	319.40	423.88	493.65	578.52	644.83	799.41	916.59
71	345.44	458.04	533.01	608.93	693.50	851.49	984.75
72	372.26	481.69	561.89	634.69	724.00	892.60	1,055.75
73	400.02	520.41	606.90	684.78	781.91	961.93	1,137.90
74	430.42	557.24	649.51	732.18	837.08	1,028.46	1,231.79
75	463.09	623.27	726.73	819.28	934.74	1,144.62	1,336.58
76	497.99	681.93	794.70	895.23	1,021.89	1,249.82	1,452.54
77	533.62	710.42	827.31	931.23	1,064.16	1,300.89	1,575.03
78	608.09	794.84	925.65	1,054.74	1,189.22	1,450.68	1,817.67
79	663.08	844.24	1,010.74	1,162.56	1,299.71	1,529.96	2,007.80
80	724.70	926.97	1,112.93	1,282.57	1,435.87	1,693.53	2,225.36
81	798.55	1,024.99	1,233.51	1,424.12	1,596.80	1,888.42	2,487.88
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,785.85
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,147.88
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,585.94
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	4,091.56
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,676.83
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,355.29

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	71.45	92.08	105.74	123.44	137.97	174.32	206.13
36	72.40	93.56	107.62	125.68	140.45	177.17	208.89
37	73.84	95.66	110.20	128.72	143.84	181.12	212.98
38	75.89	98.66	113.79	132.93	148.39	186.20	217.87
39	77.40	100.92	116.56	136.21	151.97	190.25	221.79
40	79.75	104.27	120.57	140.97	157.30	196.65	228.71
41	81.28	106.49	123.29	144.25	160.97	199.60	231.86
42	83.44	109.59	127.07	148.77	166.09	203.61	236.40
43	86.49	113.66	131.84	154.39	172.37	208.06	241.53
44	89.74	118.00	136.91	157.88	176.29	211.94	246.00
45	93.08	122.47	142.12	161.94	180.85	217.44	252.41
46	98.37	126.95	147.37	167.36	186.90	224.73	260.86
47	102.86	130.86	151.91	172.51	192.66	231.59	268.73
48	110.88	138.77	161.21	183.14	204.48	245.54	284.38
49	114.27	146.29	170.07	193.19	215.64	258.51	298.73
50	121.02	154.79	180.10	204.61	228.33	273.32	315.06
51	126.23	163.05	189.87	215.73	240.63	287.44	330.32
52	131.02	172.69	201.31	228.76	254.98	303.92	348.08
53	137.44	180.50	210.55	239.26	266.62	317.29	362.53
54	144.04	189.00	220.63	250.71	279.30	331.90	378.42
55	150.96	197.53	230.72	262.21	292.02	346.62	394.45
56	158.28	208.12	243.17	276.41	307.78	364.98	414.78
57	165.32	218.19	255.08	290.00	322.90	382.66	434.40
58	170.99	225.04	263.22	299.35	333.38	395.29	448.89
59	177.24	234.72	274.92	312.90	348.70	413.71	469.93
60	185.70	246.77	289.50	329.90	367.90	436.86	496.38
61	195.51	259.00	304.40	347.29	387.65	460.79	523.82
62	209.78	276.23	325.25	371.55	415.12	494.01	561.96
63	216.27	291.40	343.48	392.59	438.78	522.37	594.21
64	225.09	305.49	360.27	415.03	463.97	552.45	628.38
65	238.61	323.85	381.92	445.01	497.53	592.45	673.96
66	262.47	355.90	419.51	494.84	553.12	660.18	751.20
67	281.98	381.59	449.26	529.55	591.71	711.51	809.86
68	315.84	422.86	495.05	581.96	649.76	778.10	890.68
69	346.10	460.63	537.48	630.65	703.55	852.96	978.33
70	382.84	508.07	591.69	693.42	772.91	930.74	1,067.17
71	409.68	543.22	632.13	722.17	822.46	1,007.77	1,153.49
72	435.54	563.57	657.40	742.57	847.07	1,044.33	1,235.20
73	456.78	594.25	693.01	781.94	892.85	1,098.42	1,299.35
74	475.58	615.72	717.67	809.02	924.93	1,136.38	1,361.06
75	498.17	670.49	781.79	881.35	1,005.56	1,231.34	1,437.84
76	522.60	715.63	833.98	939.48	1,072.40	1,311.60	1,524.34
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,602.94
78	597.59	781.12	909.67	1,036.53	1,168.69	1,425.63	1,786.28
79	631.67	804.26	962.87	1,107.50	1,238.15	1,457.50	1,912.70
80	673.82	861.89	1,034.79	1,192.52	1,335.06	1,574.63	2,069.12
81	740.92	951.02	1,144.49	1,321.34	1,481.57	1,752.13	2,308.34
82	812.52	1,045.32	1,260.34	1,457.60	1,637.09	1,942.80	2,569.38
83	905.84	1,166.97	1,409.02	1,632.02	1,835.94	2,186.59	2,903.96
84	1,018.97	1,313.34	1,587.34	1,840.94	2,074.18	2,479.48	3,307.85
85	1,149.50	1,480.99	1,790.95	2,079.37	2,346.27	2,815.46	3,774.26
86	1,300.63	1,673.52	2,023.99	2,352.05	2,657.68	3,201.70	4,314.14
87	1,475.98	1,894.99	2,291.07	2,664.26	3,014.52	3,646.29	4,939.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	78.06	92.58	106.31	120.28	134.44	163.39	193.20
36	79.13	93.72	107.81	122.01	136.36	165.45	195.07
37	79.62	94.32	108.65	123.00	137.44	166.47	195.75
38	80.10	95.53	110.18	124.74	139.25	168.07	196.66
39	80.34	96.67	111.65	126.44	141.07	169.86	198.03
40	81.12	97.76	113.04	128.09	142.93	171.86	199.89
41	79.71	98.30	113.81	129.04	144.00	173.06	201.03
42	77.97	98.84	114.60	130.04	145.18	174.52	202.62
43	78.77	100.40	116.46	132.18	147.57	177.40	205.93
44	79.30	101.57	117.85	133.78	149.38	179.59	208.45
45	79.80	103.60	120.22	136.50	152.44	183.29	212.77
46	80.83	105.25	122.18	138.74	154.94	186.30	216.26
47	82.30	107.92	125.28	142.28	158.89	191.00	221.64
48	83.25	109.79	127.54	147.25	164.41	197.42	228.65
49	87.01	114.93	133.62	156.61	174.82	211.39	244.28
50	90.48	119.74	139.32	163.32	182.26	222.07	255.99
51	94.19	124.92	145.46	170.53	190.21	234.56	269.55
52	98.93	131.54	153.34	179.79	200.40	248.33	284.42
53	101.99	135.83	158.44	185.77	207.02	256.13	292.65
54	105.61	140.88	164.46	192.82	214.81	265.39	302.59
55	109.80	146.65	171.29	200.86	223.70	276.05	314.14
56	114.60	153.28	179.10	210.06	233.90	288.36	327.71
57	118.95	159.25	186.18	218.39	243.17	299.60	340.11
58	122.45	164.05	191.89	225.16	250.76	309.12	351.04
59	126.81	170.22	199.37	234.14	260.93	321.84	365.58
60	132.85	178.81	209.77	246.65	275.06	339.57	385.83
61	139.18	187.85	220.78	259.90	290.11	358.52	407.56
62	146.21	197.94	233.06	274.71	306.92	379.73	431.97
63	155.65	211.05	248.77	293.38	327.90	405.84	461.66
64	164.27	222.95	262.93	310.21	346.79	429.29	488.30
65	174.83	237.30	279.84	330.18	369.14	457.00	519.86
66	193.90	262.93	309.92	365.57	408.63	505.86	575.61
67	209.22	283.12	333.33	392.90	439.02	543.41	618.52
68	233.63	312.79	366.19	430.48	480.63	596.27	682.54
69	258.76	344.38	401.84	471.50	526.00	652.74	748.68
70	282.35	374.71	436.39	511.41	570.04	706.69	810.27
71	308.50	409.06	476.01	543.81	619.34	760.43	879.44
72	332.22	429.88	501.45	566.42	646.12	796.59	942.18
73	361.42	470.20	548.34	618.71	706.46	869.12	1,028.10
74	396.42	513.23	598.21	674.35	770.96	947.22	1,134.50
75	436.01	586.82	684.23	771.37	880.08	1,077.69	1,258.42
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	529.95	705.53	821.62	924.82	1,056.84	1,291.94	1,564.19
78	574.57	751.03	874.63	996.60	1,123.67	1,370.71	1,717.47
79	624.68	795.35	952.20	1,095.23	1,224.44	1,441.35	1,891.51
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	91.41	108.40	124.48	140.84	157.42	191.31	226.22
36	92.66	109.74	126.24	142.87	159.66	193.72	228.41
37	93.28	110.51	127.29	144.11	161.03	195.04	229.35
38	94.88	113.15	130.50	147.75	164.94	199.07	232.93
39	95.67	115.12	132.95	150.57	167.99	202.28	235.83
40	97.64	117.67	136.06	154.18	172.04	206.87	240.60
41	96.53	119.04	137.83	156.28	174.39	209.58	243.46
42	95.52	121.08	140.39	159.30	177.85	213.79	248.21
43	97.00	123.65	143.42	162.78	181.73	218.46	253.60
44	98.26	125.85	146.03	165.78	185.10	222.54	258.30
45	99.40	129.05	149.75	170.03	189.89	228.31	265.03
46	103.05	134.19	155.77	176.89	197.55	237.54	275.73
47	108.53	142.33	165.22	187.63	209.54	251.88	292.28
48	113.94	150.28	174.58	201.55	225.03	270.22	312.96
49	118.98	157.17	182.72	214.16	239.06	289.08	334.05
50	123.67	163.67	190.43	223.24	249.12	303.54	349.90
51	129.04	171.13	199.28	233.62	260.58	321.34	369.27
52	135.40	180.03	209.88	246.08	274.29	339.89	389.29
53	139.74	186.11	217.09	254.53	283.65	350.94	400.98
54	144.28	192.46	224.67	263.42	293.46	362.55	413.37
55	149.56	199.76	233.32	273.61	304.71	376.02	427.91
56	156.05	208.72	243.88	286.04	318.50	392.67	446.24
57	161.30	215.94	252.46	296.15	329.74	406.26	461.19
58	164.76	220.74	258.19	302.97	337.41	415.93	472.34
59	169.74	227.85	266.87	313.40	349.26	430.80	489.34
60	175.53	236.25	277.16	325.88	363.43	448.66	509.78
61	182.67	246.56	289.78	341.12	380.77	470.55	534.92
62	190.61	258.04	303.84	358.13	400.12	495.04	563.14
63	200.71	272.14	320.78	378.31	422.82	523.32	595.30
64	209.71	284.61	335.66	396.02	442.72	548.03	623.36
65	220.20	298.86	352.45	415.84	464.91	575.57	654.75
66	241.59	327.58	386.13	455.46	509.11	630.26	717.15
67	257.14	347.97	409.68	482.89	539.58	667.87	760.19
68	283.02	378.93	443.62	521.50	582.25	722.34	826.85
69	308.40	410.46	478.94	561.96	626.92	777.97	892.32
70	331.68	440.18	512.63	600.76	669.62	830.14	951.83
71	357.71	474.30	551.94	630.55	718.13	881.73	1,019.72
72	383.93	496.79	579.51	654.59	746.70	920.58	1,088.84
73	410.52	534.08	622.83	702.76	802.43	987.19	1,167.77
74	439.80	569.39	663.67	748.15	855.33	1,050.88	1,258.65
75	475.09	639.41	745.56	840.51	958.96	1,174.28	1,371.21
76	514.84	705.01	821.60	925.53	1,056.48	1,292.13	1,501.71
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	599.39	783.46	912.40	1,039.63	1,172.19	1,429.90	1,791.64
79	642.79	818.41	979.81	1,126.99	1,259.94	1,483.15	1,946.36
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	104.56	124.00	142.39	161.11	180.07	218.84	258.77
36	105.99	125.53	144.40	163.43	182.64	221.60	261.28
37	106.80	126.52	145.74	165.00	184.37	223.31	262.59
38	107.46	128.15	147.80	167.34	186.81	225.46	263.81
39	107.77	129.67	149.77	169.61	189.24	227.87	265.65
40	108.82	131.14	151.64	171.83	191.74	230.55	268.15
41	107.09	132.07	152.91	173.38	193.47	232.52	270.10
42	106.85	135.45	157.05	178.21	198.96	239.16	277.67
43	112.32	143.17	166.07	188.48	210.43	252.95	293.65
44	117.71	150.77	174.94	198.60	221.75	266.60	309.44
45	123.41	160.22	185.93	211.11	235.76	283.47	329.06
46	129.83	169.05	196.24	222.85	248.88	299.25	347.36
47	136.83	179.42	208.28	236.54	264.16	317.54	368.47
48	142.56	188.02	218.42	252.17	281.54	338.09	391.56
49	147.81	195.25	226.99	266.05	296.98	359.12	414.99
50	153.65	203.35	236.60	277.36	309.51	377.12	434.72
51	159.53	211.57	246.36	288.82	322.15	397.27	456.53
52	166.35	221.19	257.85	302.33	336.99	417.58	478.27
53	170.16	226.63	264.36	309.96	345.41	427.35	488.29
54	174.29	232.49	271.40	318.21	354.50	437.96	499.35
55	179.24	239.39	279.61	327.90	365.17	450.63	512.82
56	185.31	247.86	289.61	339.67	378.21	466.29	529.91
57	190.58	255.13	298.27	349.89	389.58	479.99	544.88
58	192.33	257.67	301.39	353.66	393.87	485.53	551.37
59	194.84	261.54	306.33	359.74	400.91	494.50	561.70
60	199.62	268.68	315.20	370.61	413.31	510.24	579.75
61	205.14	276.89	325.42	383.08	427.61	528.44	600.73
62	212.05	287.06	338.01	398.40	445.12	550.71	626.47
63	220.37	298.80	352.20	415.37	464.24	574.59	653.61
64	228.06	309.52	365.03	430.67	481.45	595.98	677.90
65	236.26	320.67	378.16	446.18	498.83	617.56	702.52
66	256.42	347.70	409.84	483.43	540.37	668.96	761.19
67	271.16	366.95	432.03	509.23	569.01	704.30	801.65
68	295.04	395.01	462.45	543.63	606.97	753.00	861.96
69	320.44	426.47	497.63	583.89	651.38	808.33	927.14
70	341.88	453.72	528.40	619.24	690.23	855.69	981.12
71	363.38	481.83	560.70	640.56	729.52	895.72	1,035.91
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	109.43	141.01	161.93	183.71	205.33	249.54	295.07
36	108.42	139.73	160.74	181.91	203.30	246.67	290.84
37	106.96	138.03	158.99	179.99	201.13	243.61	286.47
38	105.11	136.30	157.21	177.98	198.69	239.81	280.60
39	102.62	133.81	154.54	175.78	196.12	236.15	275.31
40	101.08	132.16	152.81	174.17	194.35	233.69	271.81
41	98.68	129.28	149.68	171.79	191.71	230.39	267.63
42	96.69	127.00	147.25	169.38	189.10	227.31	263.91
43	94.61	124.33	144.21	167.27	186.75	224.48	260.59
44	93.15	122.48	142.12	165.36	184.64	221.98	257.65
45	94.69	124.59	144.58	169.39	189.17	227.69	264.31
46	95.99	126.32	146.64	171.82	191.88	231.71	268.97
47	98.07	129.10	149.87	175.61	196.11	237.56	275.66
48	99.67	131.46	152.71	179.00	199.86	244.31	282.95
49	101.76	134.42	156.27	183.16	204.46	250.87	289.90
50	102.28	135.37	157.50	184.63	206.03	253.61	292.34
51	102.84	136.38	158.82	186.19	207.67	257.91	296.38
52	105.49	140.26	163.50	191.71	213.69	264.79	303.27
53	105.55	140.57	163.97	192.26	214.25	265.07	302.87
54	105.15	140.27	163.74	191.98	213.88	264.23	301.27
55	105.00	140.25	163.81	192.09	213.93	264.00	300.43
56	105.76	141.45	165.28	193.85	215.85	266.11	302.42
57	107.79	144.31	168.71	197.90	220.35	271.49	308.20
58	107.27	143.72	168.11	197.26	219.69	270.81	307.54
59	106.77	143.32	167.86	197.13	219.69	270.98	307.80
60	107.09	144.13	169.09	198.81	221.72	273.72	311.00
61	108.65	146.65	172.36	202.90	226.48	279.88	318.17
62	113.71	153.93	181.25	213.64	238.69	295.31	335.93
63	118.39	160.53	189.22	223.16	249.41	308.70	351.15
64	124.32	168.73	198.99	234.77	262.46	324.89	369.55
65	132.90	180.38	212.72	250.99	280.60	347.39	395.18
66	150.67	204.31	240.83	284.07	317.53	393.08	447.28
67	163.41	221.13	260.35	306.87	342.90	424.43	483.09
68	182.69	244.59	286.35	336.62	375.84	466.26	533.73
69	198.66	264.40	308.51	361.99	403.84	501.14	574.80
70	215.41	285.87	332.92	390.16	434.89	539.14	618.17
71	232.35	308.09	358.51	409.58	466.46	572.73	662.36
72	247.42	320.15	373.45	421.84	481.20	593.26	701.68
73	261.74	340.52	397.11	448.07	511.62	629.41	744.55
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	74.25	95.68	109.88	124.66	139.33	169.33	200.23
36	75.36	97.13	111.73	126.45	141.32	171.46	202.17
37	75.76	97.77	112.62	127.50	142.47	172.56	202.91
38	76.36	99.02	114.21	129.30	144.35	174.22	203.85
39	76.06	99.18	114.55	130.29	145.37	175.04	204.07
40	76.60	100.15	115.81	132.00	147.29	177.10	205.99
41	76.40	100.09	115.88	133.00	148.42	178.37	207.20
42	76.99	101.12	117.24	134.86	150.56	180.99	210.13
43	77.07	101.28	117.48	136.26	152.13	182.87	212.29
44	78.17	102.79	119.27	138.77	154.95	186.28	216.22
45	78.59	103.41	120.01	140.59	157.01	188.98	219.38
46	80.08	105.37	122.32	143.33	160.06	193.29	224.37
47	81.31	107.04	124.26	145.61	162.61	196.97	228.56
48	81.55	107.55	124.94	146.46	163.52	199.89	231.51
49	81.61	107.81	125.34	146.90	163.98	201.21	232.51
50	83.20	110.12	128.12	150.19	167.60	206.30	237.81
51	85.61	113.53	132.21	154.99	172.88	214.70	246.73
52	87.72	116.63	135.97	159.42	177.70	220.20	252.19
53	89.09	118.66	138.41	162.28	180.84	223.74	255.65
54	90.63	120.89	141.12	165.47	184.34	227.73	259.66
55	92.48	123.51	144.26	169.17	188.40	232.50	264.58
56	94.69	126.65	147.98	173.56	193.26	238.26	270.77
57	97.04	129.90	151.87	178.15	198.36	244.40	277.44
58	98.71	132.25	154.69	181.52	202.15	249.20	282.99
59	101.05	135.65	158.88	186.58	207.93	256.47	291.32
60	104.20	140.25	164.54	193.46	215.75	266.35	302.63
61	108.65	146.65	172.36	202.90	226.48	279.88	318.17
62	113.71	153.93	181.25	213.64	238.69	295.31	335.93
63	118.39	160.53	189.22	223.16	249.41	308.70	351.15
64	124.32	168.73	198.99	234.77	262.46	324.89	369.55
65	132.90	180.38	212.72	250.99	280.60	347.39	395.18
66	150.67	204.31	240.83	284.07	317.53	393.08	447.28
67	163.41	221.13	260.35	306.87	342.90	424.43	483.09
68	182.69	244.59	286.35	336.62	375.84	466.26	533.73
69	198.66	264.40	308.51	361.99	403.84	501.14	574.80
70	215.41	285.87	332.92	390.16	434.89	539.14	618.17
71	232.35	308.09	358.51	409.58	466.46	572.73	662.36
72	247.42	320.15	373.45	421.84	481.20	593.26	701.68
73	261.74	340.52	397.11	448.07	511.62	629.41	744.55
74	277.08	358.72	418.12	471.34	538.87	662.07	792.97
75	294.96	396.98	462.88	521.83	595.38	729.06	851.32
76	323.37	442.81	516.04	581.32	663.56	811.57	943.21
77	355.75	473.61	551.54	620.82	709.44	867.26	1,050.02
78	395.72	517.25	602.37	686.38	773.89	944.04	1,182.86
79	441.70	562.38	673.29	774.42	865.78	1,019.16	1,337.46
80	494.42	632.42	759.29	875.03	979.62	1,155.41	1,518.25
81	555.21	712.65	857.63	990.15	1,110.21	1,312.97	1,729.76
82	625.47	804.68	970.20	1,122.05	1,260.22	1,495.55	1,977.89
83	706.79	910.54	1,099.41	1,273.40	1,432.52	1,706.12	2,265.86
84	801.09	1,032.52	1,247.94	1,447.32	1,630.68	1,949.32	2,600.57
85	910.72	1,173.35	1,418.92	1,647.43	1,858.89	2,230.62	2,990.25
86	1,038.51	1,336.25	1,616.08	1,878.03	2,122.07	2,556.45	3,444.69
87	1,187.80	1,525.00	1,843.75	2,144.06	2,425.94	2,934.36	3,975.47

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	85.54	110.23	126.59	143.61	160.51	195.08	230.67
36	86.82	111.90	128.72	145.68	162.81	197.53	232.91
37	87.35	112.72	129.84	147.00	164.26	198.95	233.95
38	88.94	115.33	133.02	150.60	168.12	202.92	237.43
39	90.47	117.96	136.24	154.96	172.90	208.19	242.71
40	92.01	120.30	139.11	158.55	176.92	212.74	247.43
41	93.22	122.13	141.41	162.29	181.10	217.65	252.83
42	94.86	124.59	144.46	166.17	185.51	223.00	258.91
43	96.45	126.75	147.03	170.53	190.39	228.86	265.68
44	98.30	129.26	149.97	174.50	194.84	234.25	271.89
45	100.37	132.07	153.26	179.55	200.52	241.35	280.17
46	102.26	134.57	156.22	183.04	204.42	246.85	286.54
47	104.97	138.18	160.41	187.97	209.91	254.27	295.05
48	107.73	142.08	165.05	193.47	216.01	264.05	305.82
49	110.54	146.02	169.76	198.97	222.10	272.52	314.92
50	113.41	150.09	174.64	204.72	228.45	281.20	324.15
51	115.76	153.52	178.77	209.58	233.77	290.32	333.62
52	118.81	157.97	184.16	215.93	240.68	298.24	341.58
53	120.87	160.98	187.78	220.17	245.35	303.55	346.84
54	123.16	164.29	191.78	224.86	250.51	309.48	352.87
55	125.29	167.34	195.45	229.20	255.26	315.00	358.47
56	128.51	171.88	200.83	235.55	262.28	323.36	367.48
57	132.38	177.22	207.19	243.04	270.62	333.41	378.49
58	134.97	180.83	211.52	248.20	276.41	340.74	386.94
59	138.95	186.52	218.46	256.55	285.90	352.65	400.57
60	144.11	193.96	227.55	267.55	298.38	368.35	418.53
61	149.59	201.91	237.31	279.35	311.82	385.35	438.06
62	157.18	212.79	250.55	295.32	329.95	408.22	464.38
63	165.03	223.77	263.76	311.07	347.67	430.31	489.48
64	171.92	233.32	275.17	324.65	362.93	449.27	511.02
65	181.04	245.72	289.77	341.89	382.24	473.22	538.32
66	199.32	270.27	318.57	375.77	420.04	519.99	591.68
67	210.10	284.31	334.73	394.55	440.87	545.69	621.12
68	234.67	314.19	367.83	432.41	482.79	598.94	685.60
69	258.26	343.72	401.07	470.59	524.99	651.48	747.24
70	282.26	374.59	436.25	511.25	569.85	706.46	810.01
71	304.32	403.51	469.55	536.44	610.94	750.12	867.52
72	329.13	425.89	496.80	561.16	640.13	789.19	933.43
73	355.57	462.59	539.47	608.69	695.03	855.05	1,011.46
74	384.68	498.04	580.50	654.39	748.14	919.18	1,100.92
75	418.84	563.72	657.30	741.00	845.43	1,035.26	1,208.88
76	452.71	619.93	722.45	813.84	928.99	1,136.20	1,320.49
77	494.49	658.32	766.64	862.94	986.12	1,205.49	1,459.53
78	566.73	740.77	862.68	982.98	1,108.32	1,351.99	1,694.02
79	625.98	797.01	954.20	1,097.52	1,227.00	1,444.37	1,895.48
80	688.20	880.29	1,056.89	1,217.98	1,363.56	1,608.25	2,113.30
81	763.32	979.77	1,179.09	1,361.29	1,526.36	1,805.10	2,378.12
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,681.12
83	951.94	1,226.36	1,480.73	1,715.08	1,929.39	2,297.88	3,051.77
84	1,070.65	1,379.95	1,667.84	1,934.31	2,179.37	2,605.23	3,475.61
85	1,207.50	1,555.72	1,881.31	2,184.29	2,464.65	2,957.52	3,964.69
86	1,365.91	1,757.52	2,125.58	2,470.10	2,791.08	3,362.41	4,530.68
87	1,549.67	1,989.60	2,405.46	2,797.27	3,165.02	3,828.34	5,186.62

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	107.46	132.41	152.06	172.04	192.29	233.69	276.34
36	108.91	134.05	154.20	174.52	195.04	236.64	279.01
37	109.57	135.15	155.68	176.25	196.94	238.54	280.50
38	111.24	138.63	159.90	181.03	202.09	243.91	285.40
39	112.86	142.05	164.06	185.80	207.30	249.62	291.01
40	114.57	145.45	168.18	190.57	212.65	255.70	297.40
41	115.34	148.95	172.46	195.54	218.21	262.24	304.63
42	116.50	151.92	176.15	199.88	223.15	268.25	311.44
43	118.11	155.21	180.04	204.80	228.65	274.86	319.07
44	120.01	157.81	183.10	210.23	234.74	282.21	327.57
45	122.28	160.89	186.70	214.50	239.55	288.03	334.35
46	124.77	164.19	190.60	221.12	246.94	296.92	344.66
47	127.23	167.49	194.43	226.76	253.23	304.41	353.23
48	129.87	171.28	198.98	233.23	260.41	314.64	364.41
49	132.44	174.95	203.39	238.39	266.10	320.91	370.84
50	135.00	178.66	207.88	243.69	271.94	332.45	383.22
51	137.73	182.66	212.71	249.37	278.14	343.03	394.20
52	140.16	186.36	217.25	254.73	283.93	348.73	399.41
53	141.79	188.84	220.28	258.27	287.81	354.79	405.38
54	143.63	191.59	223.65	262.23	292.13	360.91	411.50
55	145.35	194.13	226.75	265.90	296.12	365.43	415.86
56	148.35	198.42	231.84	271.92	302.77	373.28	424.21
57	151.69	203.07	237.41	278.50	310.09	382.05	433.71
58	154.02	206.36	241.37	283.23	315.43	388.83	441.56
59	156.51	210.08	246.06	288.97	322.03	397.21	451.19
60	160.91	216.58	254.08	298.75	333.16	411.30	467.33
61	166.42	224.62	264.00	310.77	346.89	428.69	487.33
62	172.41	233.40	274.82	323.92	361.91	447.76	509.35
63	180.09	244.19	287.83	339.45	379.39	469.57	534.15
64	187.54	254.53	300.18	354.16	395.92	490.10	557.47
65	195.38	265.18	312.72	368.97	412.51	510.69	580.95
66	213.68	289.75	341.54	402.86	450.31	557.47	634.33
67	225.06	304.56	358.57	422.65	472.26	584.55	665.35
68	250.13	334.89	392.07	460.90	514.59	638.40	730.77
69	272.35	362.48	422.96	496.27	553.64	687.04	788.02
70	296.14	393.01	457.69	536.38	597.87	741.19	849.84
71	319.60	423.78	493.14	563.38	641.62	787.80	911.09
72	343.64	444.65	518.69	585.89	668.33	823.97	974.56
73	369.37	480.53	560.39	632.30	721.99	888.22	1,050.69
74	394.78	511.10	595.73	671.56	767.77	943.30	1,129.81
75	427.48	575.34	670.84	756.28	862.86	1,056.60	1,233.79
76	462.51	633.35	738.08	831.45	949.09	1,160.78	1,349.06
77	504.48	671.63	782.14	880.39	1,006.06	1,229.86	1,489.04
78	570.53	745.74	868.47	989.58	1,115.75	1,361.06	1,705.37
79	628.47	800.18	957.99	1,101.89	1,231.88	1,450.12	1,903.02
80	690.66	883.43	1,060.66	1,222.33	1,368.43	1,613.99	2,120.84
81	765.37	982.40	1,182.26	1,364.95	1,530.46	1,809.95	2,384.51
82	849.70	1,093.14	1,318.00	1,524.29	1,711.99	2,031.68	2,686.93
83	952.40	1,226.95	1,481.45	1,715.91	1,930.32	2,298.99	3,053.24
84	1,071.21	1,380.67	1,668.72	1,935.32	2,180.51	2,606.59	3,477.43
85	1,208.28	1,556.73	1,882.53	2,185.71	2,466.25	2,959.44	3,967.26
86	1,366.97	1,758.88	2,127.23	2,472.02	2,793.25	3,365.02	4,534.19
87	1,551.08	1,991.40	2,407.64	2,799.80	3,167.88	3,831.80	5,191.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	125.49	155.98	179.12	202.66	226.51	275.28	325.52
36	126.82	157.34	180.99	204.84	228.92	277.75	327.49
37	128.31	159.30	183.50	207.74	232.14	281.17	330.63
38	130.19	163.68	188.78	213.73	238.60	287.98	336.96
39	131.99	167.99	194.02	219.73	245.15	295.19	344.14
40	134.08	172.27	199.20	225.72	251.87	302.86	352.25
41	134.87	176.69	204.58	231.96	258.85	311.08	361.36
42	135.06	177.39	205.68	234.40	261.69	314.58	365.22
43	136.71	179.65	208.39	240.70	268.73	323.04	375.00
44	138.75	182.44	211.68	245.13	273.71	329.06	381.95
45	141.18	185.76	215.57	251.81	281.21	338.12	392.50
46	143.85	189.30	219.75	257.48	287.55	346.99	402.78
47	147.07	193.61	224.75	263.36	294.11	356.93	414.18
48	149.00	196.51	228.29	267.59	298.77	366.47	424.43
49	151.14	199.65	232.11	272.05	303.68	374.40	432.65
50	153.36	202.96	236.15	276.83	308.92	384.45	443.17
51	155.83	206.67	240.66	282.14	314.70	390.83	449.12
52	158.65	210.95	245.92	288.34	321.39	398.26	456.13
53	159.36	212.25	247.58	290.28	323.48	400.22	457.29
54	160.87	214.59	250.50	293.71	327.21	404.24	460.90
55	162.88	217.55	254.10	297.98	331.85	409.51	466.03
56	165.77	221.73	259.07	303.86	338.34	417.13	474.04
57	168.62	225.74	263.91	309.58	344.70	424.69	482.11
58	169.51	227.10	265.64	311.70	347.14	427.92	485.95
59	171.95	230.81	270.34	317.48	353.81	436.40	495.71
60	175.74	236.53	277.49	326.27	363.86	449.20	510.39
61	179.92	242.84	285.41	335.97	375.02	463.46	526.86
62	186.03	251.84	296.53	349.51	390.50	483.13	549.59
63	193.74	262.69	309.64	365.18	408.14	505.16	574.63
64	201.06	272.87	321.80	379.67	424.44	525.41	597.63
65	208.78	283.36	334.17	394.28	440.80	545.72	620.79
66	227.37	308.31	363.41	428.66	479.15	593.17	674.95
67	238.29	322.46	379.65	447.50	500.02	618.92	704.46
68	263.81	353.21	413.51	486.11	542.74	673.32	770.74
69	287.78	383.01	446.92	524.39	585.01	725.96	832.66
70	311.75	413.73	481.83	564.67	629.39	780.27	894.65
71	333.05	441.61	513.89	587.09	668.62	820.95	949.43
72	356.34	461.09	537.86	607.54	693.03	854.42	1,010.59
73	381.10	495.80	578.20	652.40	744.93	916.44	1,084.09
74	407.80	527.96	615.37	693.70	793.09	974.41	1,167.06
75	439.40	591.39	689.56	777.38	886.93	1,086.08	1,268.22
76	478.22	654.86	763.15	859.69	981.33	1,200.21	1,394.89
77	523.24	696.60	811.22	913.12	1,043.46	1,275.58	1,544.39
78	574.37	750.77	874.33	996.25	1,123.28	1,370.24	1,716.88
79	631.02	803.43	961.87	1,106.35	1,236.87	1,455.99	1,910.73
80	693.25	886.74	1,064.63	1,226.91	1,373.56	1,620.03	2,128.78
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	153.93	185.71	213.27	241.30	269.70	327.77	387.57
36	155.59	188.01	216.27	244.77	273.55	331.90	391.33
37	158.11	190.36	219.28	248.24	277.40	335.98	395.09
38	159.88	195.13	225.06	254.81	284.45	343.32	401.71
39	161.75	199.82	230.78	261.36	291.60	351.12	409.35
40	163.70	204.46	236.42	267.90	298.93	359.45	418.07
41	163.56	206.84	239.49	271.54	303.02	364.17	423.03
42	162.62	209.28	242.65	275.34	307.40	369.52	429.01
43	164.36	213.21	247.31	280.68	313.37	376.69	437.29
44	166.67	217.01	251.80	285.85	319.17	383.72	445.39
45	169.25	222.64	258.36	293.35	327.60	393.90	457.25
46	172.02	226.36	262.77	300.03	335.06	402.88	467.66
47	175.48	231.01	268.16	307.68	343.60	413.04	479.29
48	177.68	234.34	272.23	318.43	355.53	426.93	494.45
49	179.22	236.75	275.24	322.60	360.11	435.52	503.28
50	180.65	239.09	278.18	326.10	363.90	444.14	511.97
51	182.09	241.49	281.22	329.68	367.73	454.21	521.97
52	184.55	245.38	286.05	335.40	373.84	463.25	530.57
53	185.01	246.40	287.42	337.00	375.54	464.63	530.88
54	185.75	247.78	289.24	339.13	377.80	466.75	532.17
55	187.10	249.90	291.88	342.28	381.19	470.40	535.32
56	189.57	253.56	296.26	347.48	386.91	477.01	542.10
57	191.48	256.34	299.69	351.55	391.43	482.27	547.47
58	190.96	255.85	299.26	351.16	391.07	482.09	547.46
59	192.14	257.91	302.07	354.75	395.34	487.63	553.90
60	194.75	262.12	307.51	361.57	403.22	497.79	565.60
61	198.56	268.00	314.98	370.78	413.88	511.47	581.44
62	203.52	275.52	324.42	382.38	427.22	528.57	601.28
63	211.02	286.12	337.26	397.74	444.54	550.21	625.88
64	217.89	295.72	348.75	411.47	459.99	569.42	647.68
65	225.17	305.62	360.42	425.25	475.43	588.58	669.55
66	243.81	330.59	389.68	459.65	513.79	636.05	723.74
67	255.97	346.39	407.82	480.70	537.12	664.84	756.73
68	279.77	374.57	438.52	515.50	575.56	714.04	817.35
69	303.69	404.19	471.62	553.37	617.34	766.09	878.69
70	327.40	434.51	506.02	593.02	661.00	819.45	939.57
71	349.83	463.87	539.79	616.68	702.32	862.32	997.28
72	372.20	481.61	561.80	634.58	723.88	892.45	1,055.56
73	396.03	515.23	600.85	677.95	774.11	952.34	1,126.55
74	423.84	548.73	639.59	721.00	824.30	1,012.75	1,212.99
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	85.11	109.67	125.94	142.88	159.70	194.09	229.50
36	86.38	111.33	128.07	144.94	161.98	196.53	231.72
37	87.35	112.72	129.84	147.00	164.26	198.95	233.95
38	88.49	114.75	132.35	149.84	167.28	201.89	236.23
39	90.02	117.38	135.56	154.19	172.04	207.15	241.50
40	91.56	119.71	138.42	157.77	176.05	211.69	246.21
41	93.22	122.13	141.41	162.29	181.10	217.65	252.83
42	94.40	123.99	143.76	165.36	184.62	221.93	257.66
43	95.99	126.14	146.32	169.71	189.48	227.77	264.41
44	97.83	128.64	149.26	173.67	193.92	233.13	270.60
45	99.90	131.45	152.54	178.70	199.57	240.21	278.84
46	101.78	133.94	155.48	182.18	203.45	245.69	285.19
47	104.47	137.53	159.66	187.08	208.93	253.08	293.67
48	107.22	141.41	164.28	192.56	215.00	262.82	304.39
49	109.51	144.66	168.17	197.11	220.02	269.97	311.98
50	112.35	148.69	173.01	202.81	226.32	278.57	321.12
51	114.68	152.09	177.11	207.63	231.59	287.62	330.52
52	117.70	156.50	182.43	213.91	238.43	295.45	338.39
53	119.17	158.71	185.13	217.07	241.89	299.28	341.95
54	121.42	161.97	189.07	221.68	246.96	305.10	347.87
55	123.50	164.95	192.66	225.93	251.61	310.50	353.35
56	126.66	169.41	197.95	232.17	258.51	318.72	362.20
57	129.81	173.78	203.17	238.32	265.36	326.94	371.14
58	132.96	178.13	208.36	244.49	272.29	335.65	381.17
59	136.14	182.75	214.04	251.37	280.13	345.52	392.48
60	141.15	189.98	222.88	262.07	292.26	360.80	409.95
61	146.44	197.66	232.31	273.47	305.25	377.24	428.84
62	153.84	208.26	245.22	289.04	322.93	399.54	454.50
63	161.45	218.90	258.03	304.30	340.11	420.95	478.84
64	169.00	229.37	270.50	319.15	356.78	441.65	502.36
65	176.85	240.04	283.07	333.99	373.40	462.28	525.87
66	194.57	263.83	310.99	366.83	410.03	507.60	577.59
67	206.20	279.05	328.54	387.25	432.70	535.59	609.62
68	230.22	308.23	360.85	424.20	473.62	587.57	672.58
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	107.00	131.85	151.41	171.31	191.48	232.70	275.17
36	108.45	133.48	153.55	173.78	194.21	235.64	277.83
37	109.57	135.15	155.68	176.25	196.94	238.54	280.50
38	110.78	138.05	159.22	180.27	201.24	242.89	284.20
39	112.39	141.46	163.38	185.03	206.44	248.58	289.80
40	114.10	144.85	167.49	189.79	211.78	254.65	296.18
41	115.34	148.95	172.46	195.54	218.21	262.24	304.63
42	116.03	151.31	175.44	199.08	222.26	267.17	310.19
43	117.64	154.59	179.32	203.98	227.74	273.76	317.80
44	119.54	157.18	182.38	209.40	233.81	281.10	326.27
45	121.79	160.25	185.96	213.66	238.60	286.89	333.03
46	124.29	163.55	189.85	220.25	245.97	295.76	343.31
47	126.73	166.83	193.67	225.87	252.24	303.21	351.85
48	129.36	170.61	198.19	232.32	259.39	313.41	362.98
49	131.91	174.25	202.58	237.44	265.04	319.64	369.37
50	133.93	177.25	206.24	241.76	269.79	329.82	380.19
51	136.64	181.22	211.03	247.39	275.94	340.32	391.08
52	139.04	184.86	215.50	252.68	281.65	345.93	396.20
53	140.64	187.30	218.48	256.17	285.47	351.91	402.08
54	141.87	189.24	220.91	259.02	288.55	356.49	406.46
55	144.15	192.53	224.88	263.71	293.69	362.42	412.43
56	146.50	195.95	228.95	268.53	299.01	368.64	418.93
57	149.77	200.50	234.41	274.97	306.17	377.21	428.22
58	151.37	202.80	237.21	278.34	309.99	382.13	433.95
59	154.43	207.30	242.79	285.13	317.76	391.94	445.20
60	158.73	213.64	250.63	294.69	328.64	405.71	460.98
61	163.34	220.46	259.11	305.01	340.47	420.75	478.31
62	169.96	230.08	270.91	319.32	356.76	441.40	502.11
63	177.47	240.63	283.64	334.51	373.87	462.73	526.37
64	183.81	249.46	294.20	347.11	388.04	480.35	546.37
65	192.36	261.08	307.89	363.27	406.13	502.80	571.97
66	210.29	285.15	336.12	396.47	443.16	548.62	624.26
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	125.03	155.42	178.48	201.93	225.70	274.29	324.34
36	126.82	157.34	180.99	204.84	228.92	277.75	327.49
37	128.31	159.30	183.50	207.74	232.14	281.17	330.63
38	129.72	163.09	188.11	212.97	237.75	286.95	335.76
39	131.53	167.40	193.34	218.96	244.29	294.16	342.93
40	133.62	171.68	198.51	224.94	251.00	301.81	351.03
41	134.41	176.09	203.88	231.17	257.96	310.02	360.13
42	135.06	177.39	205.68	234.40	261.69	314.58	365.22
43	136.71	179.65	208.39	240.70	268.73	323.04	375.00
44	138.28	181.82	210.97	244.30	272.78	327.95	380.65
45	140.71	185.14	214.85	250.96	280.26	336.98	391.18
46	143.37	188.67	219.01	256.62	286.59	345.83	401.43
47	146.58	192.96	224.00	262.48	293.13	355.74	412.80
48	149.00	196.51	228.29	267.59	298.77	366.47	424.43
49	150.63	198.98	231.32	271.13	302.65	373.12	431.18
50	152.83	202.27	235.35	275.89	307.87	383.14	441.65
51	154.77	205.26	239.02	280.21	312.55	388.16	446.06
52	157.56	209.50	244.22	286.36	319.18	395.52	453.00
53	158.80	211.50	246.71	289.26	322.35	398.82	455.69
54	159.73	213.06	248.71	291.61	324.87	401.35	457.61
55	161.71	215.99	252.28	295.84	329.47	406.58	462.68
56	164.57	220.13	257.20	301.66	335.89	414.12	470.62
57	166.76	223.25	261.00	306.16	340.90	420.01	476.79
58	168.22	225.38	263.62	309.34	344.51	424.68	482.27
59	170.61	229.02	268.24	315.01	351.05	433.01	491.85
60	173.62	233.68	274.15	322.34	359.48	443.78	504.24
61	178.42	240.82	283.04	333.19	371.91	459.61	522.48
62	184.45	249.70	294.01	346.55	387.19	479.04	544.93
63	191.21	259.27	305.61	360.41	402.82	498.57	567.14
64	198.36	269.21	317.49	374.59	418.76	518.38	589.63
65	206.84	280.74	331.08	390.63	436.72	540.66	615.04
66	225.19	305.36	359.93	424.56	474.57	587.49	668.49
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	475.19	650.72	758.32	854.25	975.12	1,192.61	1,386.06
77	519.89	692.14	806.02	907.26	1,036.77	1,267.41	1,534.49
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	153.93	185.71	213.27	241.30	269.70	327.77	387.57
36	155.59	188.01	216.27	244.77	273.55	331.90	391.33
37	158.11	190.36	219.28	248.24	277.40	335.98	395.09
38	159.88	195.13	225.06	254.81	284.45	343.32	401.71
39	161.27	199.23	230.10	260.59	290.74	350.09	408.14
40	163.22	203.87	235.73	267.12	298.06	358.40	416.85
41	163.56	206.84	239.49	271.54	303.02	364.17	423.03
42	162.62	209.28	242.65	275.34	307.40	369.52	429.01
43	164.36	213.21	247.31	280.68	313.37	376.69	437.29
44	166.67	217.01	251.80	285.85	319.17	383.72	445.39
45	169.25	222.64	258.36	293.35	327.60	393.90	457.25
46	172.02	226.36	262.77	300.03	335.06	402.88	467.66
47	174.97	230.34	267.39	306.79	342.61	411.85	477.90
48	177.17	233.67	271.45	317.51	354.50	425.69	493.02
49	178.70	236.06	274.44	321.66	359.05	434.25	501.81
50	180.11	238.38	277.36	325.14	362.83	442.83	510.46
51	182.09	241.49	281.22	329.68	367.73	454.21	521.97
52	183.99	244.64	285.19	334.39	372.72	461.87	528.99
53	184.44	245.65	286.54	335.97	374.39	463.21	529.26
54	185.17	247.01	288.34	338.07	376.62	465.29	530.52
55	186.51	249.11	290.96	341.20	379.98	468.91	533.63
56	188.36	251.94	294.37	345.26	384.44	473.97	538.63
57	190.24	254.68	297.74	349.27	388.89	479.14	543.92
58	190.32	254.99	298.26	349.98	389.76	480.47	545.62
59	191.47	257.02	301.03	353.52	393.97	485.94	551.98
60	194.05	261.18	306.41	360.28	401.78	496.01	563.58
61	197.82	267.01	313.81	369.42	412.35	509.59	579.30
62	201.97	273.42	321.94	379.47	423.96	524.54	596.69
63	209.36	283.87	334.60	394.61	441.04	545.88	620.95
64	216.13	293.33	345.93	408.14	456.27	564.81	642.44
65	224.22	304.33	358.90	423.45	473.42	586.10	666.73
66	242.74	329.14	387.97	457.63	511.53	633.26	720.57
67	254.80	344.81	405.96	478.50	534.67	661.80	753.28
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	421.35	545.51	635.83	716.76	819.45	1,006.80	1,205.85
75	455.21	612.66	714.36	805.33	918.83	1,125.14	1,313.83
76	496.38	679.73	792.13	892.34	1,018.59	1,245.79	1,447.86
77	540.01	718.93	837.22	942.38	1,076.90	1,316.47	1,593.89
78	578.31	755.90	880.31	1,003.07	1,130.96	1,379.61	1,728.62
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	183.57	217.69	250.00	282.85	316.14	384.21	454.32
36	186.08	220.39	253.52	286.92	320.65	389.05	458.72
37	188.36	223.14	257.04	290.99	325.16	393.84	463.12
38	190.49	227.17	262.01	296.64	331.16	399.69	467.67
39	192.51	231.65	267.54	302.99	338.05	407.05	474.55
40	195.38	235.46	272.26	308.51	344.25	413.94	481.45
41	194.13	239.41	277.19	314.30	350.72	421.50	489.63
42	192.53	244.06	282.97	321.10	358.48	430.93	500.31
43	194.01	247.29	286.85	325.56	363.47	436.92	507.21
44	196.02	251.08	291.32	330.72	369.28	443.96	515.30
45	198.75	258.03	299.43	339.98	379.68	456.52	529.94
46	201.56	262.46	304.67	345.98	386.39	464.59	539.29
47	205.24	269.14	312.43	354.81	396.23	476.31	552.70
48	206.56	272.42	316.47	365.36	407.93	489.85	567.33
49	207.03	273.49	317.95	372.66	415.98	503.02	581.28
50	207.72	274.91	319.86	374.97	418.43	509.84	587.71
51	209.07	277.27	322.88	378.52	422.21	520.65	598.31
52	211.12	280.71	327.23	383.69	427.67	529.96	606.97
53	210.73	280.66	327.38	383.85	427.76	529.23	604.70
54	210.65	281.00	328.02	384.59	428.45	529.32	603.52
55	211.29	282.20	329.61	386.53	430.46	531.20	604.51
56	213.35	285.36	333.43	391.07	435.44	536.85	610.10
57	214.24	286.81	335.31	393.34	437.96	539.59	612.55
58	212.84	285.16	333.54	391.39	435.88	537.31	610.18
59	212.67	285.48	334.36	392.67	437.60	539.76	613.11
60	214.08	288.13	338.02	397.45	443.24	547.19	621.73
61	216.74	292.54	343.82	404.74	451.78	558.32	634.69
62	220.47	298.46	351.43	414.22	462.79	572.58	651.34
63	227.74	308.79	363.99	429.26	479.77	593.81	675.48
64	234.18	317.82	374.82	442.22	494.37	611.97	696.08
65	241.93	328.37	387.24	456.89	510.81	632.38	719.38
66	260.66	353.45	416.62	491.42	549.30	680.01	773.77
67	273.50	370.12	435.75	513.62	573.91	710.37	808.56
68	297.71	398.59	466.63	548.55	612.46	759.82	869.76
69	321.94	428.48	499.97	586.63	654.44	812.13	931.50
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	411.43	535.26	624.21	704.31	804.21	989.37	1,170.35
74	441.30	571.33	665.93	750.69	858.24	1,054.46	1,262.93
75	477.14	642.18	748.78	844.14	963.11	1,179.36	1,377.14
76	514.54	704.60	821.11	924.99	1,055.86	1,291.37	1,500.83
77	560.13	745.72	868.42	977.50	1,117.04	1,365.53	1,653.29
78	596.96	780.29	908.70	1,035.42	1,167.45	1,424.12	1,784.39
79	637.17	811.25	971.24	1,117.13	1,248.92	1,470.18	1,929.34
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.071
75%	1.074
100%	1.076

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.076
75%	1.079
100%	1.081

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.195
75%	1.198
100%	1.200

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	76.08	89.12	102.34	115.79	129.42	157.29	185.99
36	76.80	90.22	103.79	117.46	131.27	159.27	187.79
37	77.56	91.35	105.23	119.13	133.12	161.23	189.60
38	78.28	92.52	106.72	120.82	134.88	162.79	190.47
39	78.98	93.63	108.13	122.46	136.63	164.52	191.80
40	79.66	94.69	109.49	124.06	138.43	166.46	193.61
41	80.42	95.79	110.91	125.75	140.33	168.64	195.90
42	81.17	96.92	112.37	127.51	142.35	171.12	198.67
43	81.94	97.89	113.55	128.87	143.88	172.95	200.77
44	82.87	99.07	114.95	130.49	145.70	175.17	203.32
45	83.99	100.47	116.59	132.38	147.83	177.75	206.34
46	85.36	102.11	118.53	134.61	150.33	180.75	209.81
47	86.98	104.10	120.84	137.24	153.26	184.23	213.78
48	88.19	105.74	122.83	139.54	155.80	187.08	216.67
49	89.36	107.31	124.76	141.72	158.19	189.64	219.14
50	90.43	108.80	126.59	143.82	160.50	192.12	221.46
51	92.12	111.06	129.33	146.94	163.90	195.79	224.99
52	93.29	112.76	131.45	149.37	166.50	198.45	227.29
53	95.41	115.51	134.74	153.11	170.63	203.05	232.01
54	97.77	118.56	138.40	157.27	175.21	208.20	237.39
55	100.49	122.02	142.52	161.97	180.38	214.11	243.66
56	103.66	126.04	147.27	167.40	186.40	221.04	251.20
57	105.98	128.99	150.80	171.44	190.89	226.21	256.80
58	109.45	133.31	155.93	177.33	197.49	234.17	265.92
59	114.45	139.66	163.58	186.18	207.48	246.16	279.61
60	120.54	147.48	173.02	197.17	219.88	261.10	296.66
61	127.00	155.83	183.15	208.95	233.24	277.25	315.17
62	135.66	166.95	196.58	224.56	250.89	298.58	339.65
63	147.55	181.88	214.39	245.04	273.87	326.05	370.89
64	159.11	196.31	231.51	264.72	295.94	352.37	400.80
65	173.94	214.62	253.09	289.41	323.56	385.30	438.30
66	194.57	243.73	287.29	328.42	367.11	437.13	497.40
67	206.20	266.87	314.20	358.93	401.06	477.49	543.49
68	230.22	297.42	348.20	396.70	442.92	528.53	605.00
69	253.29	330.84	386.04	438.99	489.73	584.56	670.48
70	276.69	363.54	423.38	480.87	535.99	639.13	732.82
71	300.20	398.06	463.21	525.91	585.74	697.30	798.13
72	324.59	420.01	489.94	553.42	631.30	765.90	874.45
73	350.64	456.17	531.97	600.24	685.38	840.79	953.91
74	379.30	491.07	572.38	645.24	737.68	906.33	1,044.89
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,150.44
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,273.68
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,417.54
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,584.78
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,778.23
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,003.07
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,264.43
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,569.03
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	2,919.89
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,324.62
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,792.22
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,333.30
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	4,960.34

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	87.32	102.29	117.46	132.90	148.54	180.53	213.47
36	88.14	103.55	119.12	134.81	150.66	182.80	215.54
37	89.02	104.85	120.77	136.73	152.78	185.05	217.60
38	89.85	106.19	122.48	138.67	154.80	186.84	218.61
39	90.65	107.46	124.11	140.55	156.82	188.83	220.14
40	91.43	108.67	125.66	142.39	158.89	191.05	222.21
41	92.31	109.94	127.29	144.33	161.06	193.56	224.84
42	92.70	110.68	128.33	145.62	162.58	195.43	226.90
43	93.64	111.87	129.77	147.28	164.43	197.66	229.45
44	94.78	113.30	131.46	149.24	166.64	200.34	232.53
45	95.64	114.40	132.76	150.74	168.34	202.41	234.96
46	97.27	116.36	135.07	153.39	171.30	205.97	239.09
47	98.68	118.10	137.10	155.70	173.87	209.01	242.53
48	100.26	120.21	139.65	158.64	177.13	212.70	246.34
49	100.19	120.32	139.88	158.89	177.36	212.62	245.70
50	102.15	122.91	143.00	162.47	181.30	217.02	250.17
51	103.63	124.95	145.50	165.31	184.39	220.26	253.12
52	103.98	125.69	146.52	166.50	185.58	221.20	253.34
53	105.80	128.10	149.43	169.80	189.22	225.18	257.29
54	108.49	131.57	153.58	174.52	194.42	231.04	263.42
55	111.59	135.49	158.25	179.85	200.30	237.75	270.56
56	115.18	140.05	163.64	186.00	207.11	245.61	279.12
57	118.00	143.60	167.89	190.87	212.52	251.85	285.90
58	121.94	148.52	173.72	197.56	220.02	260.88	296.26
59	127.51	155.60	182.24	207.42	231.16	274.25	311.52
60	133.48	163.32	191.60	218.34	243.49	289.13	328.52
61	140.73	172.68	202.95	231.54	258.45	307.22	349.24
62	150.32	185.00	217.83	248.84	278.02	330.85	376.37
63	163.51	201.54	237.57	271.53	303.48	361.29	410.98
64	176.43	217.67	256.71	293.54	328.15	390.72	444.42
65	191.68	236.51	278.92	318.94	356.58	424.61	483.02
66	210.29	268.77	316.81	362.16	404.82	482.04	548.50
67	221.35	292.64	344.54	393.59	439.79	523.60	595.97
68	245.89	324.46	379.85	432.77	483.19	576.58	660.00
69	269.17	356.47	415.94	472.99	527.67	629.84	722.41
70	292.57	388.28	452.18	515.21	574.27	684.79	785.16
71	315.63	418.51	487.01	556.38	623.94	742.78	850.18
72	339.23	438.95	512.04	578.37	659.76	805.04	919.13
73	364.57	474.29	553.11	624.09	712.61	876.68	995.99
74	392.18	507.74	591.81	667.14	762.72	937.10	1,091.33
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,193.36
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,321.57
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,471.24
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,633.17
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,832.95
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,065.18
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,335.20
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,629.72
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	2,966.24
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,377.82
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,853.38
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,403.76
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,041.66

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	98.99	115.96	133.16	150.66	168.40	204.66	242.00
36	99.92	117.39	135.04	152.83	170.80	207.24	244.34
37	100.92	118.86	136.92	155.00	173.20	209.79	246.69
38	101.86	120.38	138.85	157.20	175.49	211.81	247.83
39	102.77	121.82	140.70	159.34	177.78	214.07	249.56
40	103.65	123.20	142.46	161.42	180.12	216.59	251.91
41	104.64	124.63	144.30	163.62	182.58	219.43	254.90
42	104.23	124.45	144.29	163.73	182.80	219.74	255.12
43	105.35	125.86	145.99	165.69	184.98	222.36	258.13
44	105.74	126.39	146.65	166.49	185.90	223.49	259.41
45	106.81	127.76	148.26	168.34	188.00	226.04	262.39
46	108.18	129.42	150.24	170.61	190.53	229.09	265.93
47	109.87	131.49	152.64	173.35	193.59	232.71	270.04
48	111.28	133.43	155.00	176.09	196.60	236.08	273.42
49	112.10	134.63	156.51	177.79	198.46	237.91	274.92
50	113.32	136.34	158.63	180.23	201.12	240.74	277.51
51	115.15	138.83	161.66	183.68	204.88	244.74	281.24
52	116.46	140.77	164.10	186.48	207.85	247.74	283.75
53	118.04	142.91	166.70	189.43	211.10	251.21	287.04
54	119.85	145.34	169.66	192.78	214.77	255.21	290.99
55	123.33	149.75	174.91	198.79	221.38	262.77	299.04
56	127.37	154.88	180.96	205.70	229.04	271.61	308.67
57	130.71	159.08	185.98	211.44	235.43	279.00	316.72
58	135.16	164.63	192.56	218.99	243.88	289.17	328.39
59	140.57	171.53	200.91	228.67	254.83	302.33	343.42
60	147.23	180.15	211.34	240.83	268.58	318.92	362.37
61	155.32	190.58	223.99	255.54	285.24	339.06	385.45
62	165.91	204.18	240.41	274.63	306.84	365.15	415.38
63	179.46	221.21	260.74	298.02	333.09	396.54	451.08
64	193.74	239.04	281.91	322.35	360.36	429.07	488.05
65	206.84	258.41	304.75	348.47	389.59	463.93	527.75
66	225.19	292.14	344.36	393.66	440.03	523.96	596.20
67	235.93	318.41	374.88	428.24	478.51	569.70	648.44
68	261.11	349.59	409.27	468.83	523.45	624.62	715.00
69	284.72	378.94	442.16	507.00	565.61	675.12	774.35
70	308.31	409.16	476.51	549.56	612.56	730.44	837.51
71	331.12	439.06	510.92	583.69	657.89	783.20	896.45
72	354.19	458.31	534.62	603.88	688.86	838.58	957.43
73	378.77	492.76	574.65	648.39	740.36	910.82	1,038.07
74	405.26	524.68	611.55	689.40	788.16	968.35	1,130.03
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,236.29
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.45
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,681.56
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,873.98
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,096.24
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,352.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	114.12	133.68	153.52	173.69	194.14	235.94	278.99
36	115.20	135.34	155.68	176.19	196.91	238.91	281.69
37	116.35	137.03	157.84	178.69	199.68	241.85	284.39
38	116.98	138.26	159.47	180.54	201.55	243.26	284.63
39	117.58	139.38	160.97	182.30	203.40	244.91	285.53
40	118.13	140.41	162.36	183.98	205.29	246.85	287.11
41	117.90	140.42	162.58	184.34	205.71	247.22	287.18
42	117.14	139.87	162.17	184.02	205.44	246.96	286.72
43	117.52	140.40	162.86	184.83	206.36	248.06	287.96
44	118.12	141.20	163.83	185.99	207.67	249.67	289.79
45	119.43	142.86	165.78	188.24	210.21	252.75	293.41
46	120.09	143.67	166.77	189.39	211.50	254.31	295.20
47	121.57	145.50	168.90	191.81	214.21	257.49	298.79
48	123.88	148.53	172.55	196.02	218.86	262.81	304.38
49	124.56	149.58	173.90	197.54	220.51	264.34	305.47
50	125.60	151.11	175.82	199.76	222.91	266.83	307.58
51	127.24	153.41	178.64	202.97	226.39	270.43	310.77
52	129.53	156.57	182.52	207.41	231.18	275.55	315.59
53	130.88	158.46	184.84	210.04	234.06	278.55	318.27
54	132.46	160.63	187.51	213.08	237.38	282.08	321.62
55	135.08	164.01	191.57	217.72	242.46	287.80	327.52
56	139.57	169.70	198.29	225.39	250.97	297.62	338.22
57	143.43	174.56	204.08	232.01	258.33	306.14	347.54
58	148.39	180.73	211.40	240.41	267.74	317.46	360.51
59	154.39	188.41	220.67	251.16	279.89	332.07	377.20
60	161.79	197.96	232.24	264.65	295.14	350.46	398.21
61	170.76	209.53	246.26	280.96	313.61	372.78	423.78
62	181.49	223.36	262.99	300.43	335.66	399.45	454.39
63	195.41	240.87	283.92	324.51	362.70	431.79	491.17
64	209.98	259.07	305.53	349.36	390.56	465.03	528.95
65	224.22	278.85	328.85	376.03	420.41	500.62	569.49
66	242.74	313.84	369.94	422.90	472.71	562.88	640.49
67	252.74	338.65	398.71	455.47	508.94	605.92	689.67
68	278.42	368.14	430.99	491.02	548.23	654.19	748.85
69	302.17	400.74	467.60	531.73	593.20	708.06	812.13
70	325.69	431.06	502.01	570.17	635.53	757.83	868.92
71	347.93	461.35	536.85	613.33	683.36	813.52	931.15
72	370.08	478.87	558.60	630.97	719.76	872.12	995.72
73	393.74	512.25	597.38	674.04	769.64	945.89	1,073.14
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,160.99
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,270.63
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,398.18
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,535.67
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,705.75
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,901.34
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	129.24	151.40	173.87	196.72	219.87	267.22	315.97
36	130.47	153.28	176.32	199.55	223.01	270.58	319.04
37	131.77	155.19	178.77	202.38	226.15	273.91	322.10
38	131.66	155.61	179.48	203.19	226.84	273.78	320.34
39	131.49	155.87	180.02	203.87	227.46	273.89	319.31
40	131.26	156.02	180.40	204.42	228.10	274.28	319.01
41	131.15	156.20	180.85	205.06	228.83	275.01	319.46
42	131.44	156.94	181.96	206.48	230.52	277.10	321.72
43	131.10	156.62	181.67	206.19	230.20	276.72	321.23
44	130.98	156.57	181.67	206.24	230.28	276.85	321.34
45	132.54	158.54	183.98	208.90	233.29	280.50	325.61
46	133.00	159.10	184.69	209.73	234.23	281.64	326.92
47	134.29	160.71	186.57	211.88	236.61	284.43	330.05
48	136.48	163.64	190.10	215.95	241.11	289.54	335.33
49	138.64	166.49	193.56	219.87	245.43	294.22	340.00
50	138.99	167.23	194.58	221.06	246.69	295.29	340.39
51	140.48	169.37	197.23	224.09	249.95	298.58	343.11
52	142.60	172.37	200.94	228.34	254.52	303.36	347.44
53	144.33	174.75	203.84	231.63	258.13	307.19	350.99
54	145.71	176.70	206.27	234.39	261.12	310.29	353.78
55	147.47	179.06	209.15	237.70	264.72	314.22	357.58
56	151.08	183.71	214.65	243.99	271.68	322.18	366.13
57	155.44	189.18	221.17	251.44	279.97	331.78	376.64
58	160.88	195.94	229.19	260.64	290.27	344.18	390.85
59	168.22	205.28	240.43	273.65	304.96	361.81	410.98
60	176.35	215.78	253.15	288.47	321.71	382.01	434.05
61	185.35	227.43	267.30	304.96	340.40	404.63	459.98
62	197.07	242.53	285.58	326.22	364.47	433.74	493.41
63	211.36	260.53	307.10	351.00	392.31	467.04	531.27
64	225.13	277.77	327.58	374.57	418.74	498.59	567.12
65	240.20	296.37	349.51	399.66	446.82	532.07	605.27
66	260.66	332.21	391.58	447.64	500.37	595.82	677.96
67	269.97	355.22	418.21	477.75	533.83	635.56	723.41
68	296.18	386.86	452.90	515.99	576.11	687.46	786.93
69	320.09	419.37	489.35	556.46	620.79	740.99	849.90
70	343.58	446.64	520.15	590.78	658.50	785.22	900.32
71	365.28	479.04	557.44	632.62	704.58	838.79	960.07
72	386.54	500.17	583.45	659.04	751.78	900.08	1,027.64
73	409.19	532.34	620.81	700.48	799.83	970.62	1,101.20
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,191.95
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,296.39
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,417.33
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,557.15
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	78.67	92.16	105.83	119.74	133.84	162.65	192.33
36	79.42	93.30	107.32	121.47	135.75	164.70	194.20
37	80.21	94.47	108.82	123.19	137.66	166.73	196.06
38	80.95	95.68	110.35	124.94	139.47	168.34	196.97
39	81.68	96.82	111.82	126.64	141.29	170.13	198.34
40	82.37	97.91	113.22	128.29	143.15	172.13	200.21
41	83.17	99.05	114.69	130.04	145.11	174.39	202.58
42	83.94	100.22	116.20	131.86	147.21	176.96	205.45
43	84.75	101.24	117.44	133.29	148.81	178.88	207.65
44	86.21	103.05	119.57	135.74	151.57	182.22	211.50
45	87.39	104.53	121.31	137.73	153.82	184.94	214.69
46	88.83	106.27	123.36	140.08	156.44	188.11	218.35
47	90.54	108.36	125.79	142.86	159.53	191.77	222.53
48	93.44	112.03	130.14	147.85	165.07	198.22	229.57
49	95.86	115.12	133.83	152.02	169.69	203.43	235.08
50	98.80	118.88	138.31	157.14	175.36	209.91	241.97
51	101.33	122.17	142.26	161.64	180.29	215.37	247.49
52	104.57	126.40	147.36	167.45	186.64	222.46	254.79
53	106.42	128.84	150.29	170.78	190.31	226.48	258.78
54	109.76	133.10	155.37	176.55	196.68	233.72	266.48
55	112.89	137.07	160.10	181.96	202.64	240.53	273.72
56	117.21	142.52	166.52	189.29	210.77	249.94	284.04
57	120.82	147.04	171.91	195.44	217.61	257.88	292.75
58	124.88	152.10	177.91	202.32	225.32	267.17	303.40
59	130.58	159.35	186.64	212.42	236.73	280.86	319.02
60	137.52	168.27	197.41	224.95	250.87	297.89	338.48
61	145.02	177.94	209.14	238.60	266.33	316.58	359.89
62	154.91	190.64	224.48	256.43	286.49	340.94	387.84
63	167.49	206.46	243.36	278.15	310.88	370.11	421.01
64	181.84	224.35	264.59	302.54	338.21	402.71	458.06
65	197.60	243.81	287.53	328.78	367.58	437.72	497.93
66	221.23	277.12	326.65	373.41	417.40	497.01	565.54
67	234.65	303.68	357.54	408.44	456.38	543.35	618.46
68	262.41	339.02	396.90	452.19	504.87	602.45	689.62
69	288.97	377.44	440.41	500.82	558.71	666.89	764.91
70	318.19	418.07	486.88	553.00	616.39	735.00	842.74
71	345.89	458.63	533.70	605.94	674.87	803.42	919.58
72	371.98	481.33	561.47	634.21	723.46	877.71	1,002.11
73	399.62	519.89	606.29	684.10	781.13	958.25	1,087.17
74	429.88	556.55	648.70	731.27	836.03	1,027.17	1,184.21
75	462.25	622.14	725.42	817.80	933.05	1,142.56	1,287.80
76	496.79	680.30	792.80	893.09	1,019.44	1,246.83	1,407.76
77	535.56	713.01	830.32	934.62	1,068.03	1,305.62	1,546.41
78	609.83	797.11	928.30	1,057.75	1,192.62	1,454.82	1,717.85
79	664.36	845.88	1,012.70	1,164.81	1,302.23	1,532.93	1,901.34
80	725.35	927.80	1,113.93	1,283.72	1,437.15	1,695.05	2,127.29
81	798.87	1,025.40	1,234.01	1,424.69	1,597.45	1,889.18	2,388.27
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,690.40
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,035.76
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,457.61
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	3,945.13
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,509.45
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	64.08	82.57	94.82	110.69	123.72	156.32	184.85
36	64.92	83.90	96.51	112.70	125.95	158.87	187.32
37	66.17	85.73	98.75	115.36	128.90	162.32	190.87
38	67.27	87.46	100.87	117.84	131.55	165.07	193.14
39	68.25	88.99	102.78	120.10	133.99	167.74	195.56
40	69.57	90.96	105.18	122.97	137.22	171.54	199.52
41	70.47	92.33	106.90	125.06	139.56	174.37	202.56
42	71.52	93.93	108.91	127.52	142.37	175.98	204.32
43	73.74	96.91	112.41	131.64	146.97	178.88	207.65
44	76.04	99.99	116.01	134.24	149.89	180.20	209.16
45	78.46	103.23	119.80	136.97	152.96	183.91	213.49
46	81.55	106.27	123.36	140.08	156.44	188.11	218.35
47	84.84	108.97	126.50	143.66	160.43	192.85	223.78
48	89.15	112.66	130.87	148.68	166.00	199.33	230.86
49	93.44	116.42	135.34	153.74	171.61	205.73	237.73
50	98.33	120.22	139.88	158.92	177.34	212.28	244.70
51	103.01	124.25	144.69	164.39	183.36	219.04	251.71
52	106.36	128.56	149.87	170.30	189.83	226.26	259.13
53	109.47	132.55	154.61	175.69	195.78	232.99	266.21
54	112.91	136.92	159.83	181.62	202.34	240.44	274.14
55	116.15	141.03	164.73	187.22	208.50	247.48	281.63
56	120.60	146.64	171.34	194.76	216.86	257.16	292.25
57	124.35	151.34	176.93	201.15	223.97	265.42	301.31
58	129.29	157.47	184.19	209.47	233.28	276.60	314.11
59	135.19	164.97	193.22	219.92	245.08	290.77	330.28
60	142.38	174.21	204.37	232.89	259.73	308.41	350.42
61	150.17	184.26	216.56	247.07	275.79	327.82	372.67
62	160.41	197.41	232.44	265.53	296.67	353.05	401.61
63	170.49	210.15	247.71	283.12	316.43	376.71	428.52
64	181.84	224.35	264.59	302.54	338.21	402.71	458.06
65	196.42	242.35	285.81	326.82	365.38	435.10	494.95
66	222.10	273.78	322.71	368.91	412.37	491.02	558.72
67	242.36	298.16	351.04	401.01	448.08	533.48	607.21
68	275.12	334.86	392.03	446.64	498.67	595.06	681.16
69	310.03	375.11	437.69	497.72	555.26	662.77	760.19
70	345.38	418.07	486.88	553.00	616.39	735.00	842.74
71	370.98	464.61	540.65	613.56	683.36	813.52	931.15
72	395.72	509.27	592.59	672.21	748.14	888.89	1,014.87
73	422.25	549.34	640.63	722.84	814.47	964.43	1,094.19
74	450.11	582.74	679.22	765.68	875.38	1,050.15	1,184.21
75	480.06	646.10	753.36	849.30	968.99	1,148.16	1,287.80
76	509.70	697.96	813.39	916.28	1,045.92	1,260.33	1,407.76
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,546.41
78	601.50	786.22	915.62	1,043.30	1,176.33	1,434.95	1,717.85
79	644.56	820.67	982.52	1,130.10	1,263.42	1,487.24	1,901.34
80	692.80	886.16	1,063.94	1,226.11	1,372.67	1,618.99	2,127.29
81	751.66	964.80	1,161.08	1,340.49	1,503.04	1,777.53	2,341.79
82	818.63	1,053.18	1,269.81	1,468.56	1,649.40	1,957.40	2,588.69
83	912.75	1,175.87	1,419.78	1,644.48	1,849.96	2,203.29	2,926.13
84	1,026.81	1,323.44	1,599.55	1,855.11	2,090.13	2,498.56	3,333.30
85	1,158.34	1,492.39	1,804.72	2,095.37	2,364.32	2,837.12	3,803.29
86	1,310.63	1,686.39	2,039.56	2,370.14	2,678.13	3,226.33	4,347.32
87	1,487.34	1,909.57	2,308.70	2,684.75	3,037.70	3,674.34	4,977.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	71.32	83.55	95.95	108.56	121.33	147.46	174.37
36	72.00	84.59	97.30	110.12	123.07	149.32	176.06
37	72.28	85.12	98.05	111.01	124.04	150.24	176.67
38	72.95	86.21	99.44	112.58	125.68	151.69	177.49
39	73.60	87.24	100.76	114.11	127.32	153.30	178.73
40	74.23	88.23	102.02	115.60	129.00	155.11	180.41
41	74.48	88.71	102.71	116.46	129.96	156.19	181.43
42	74.71	89.21	103.43	117.37	131.03	157.51	182.87
43	75.85	90.62	105.11	119.29	133.19	160.10	185.86
44	76.68	91.66	106.36	120.74	134.82	162.08	188.13
45	78.17	93.50	108.50	123.19	137.58	165.42	192.03
46	79.40	94.99	110.26	125.21	139.84	168.14	195.17
47	81.39	97.40	113.07	128.41	143.40	172.38	200.03
48	83.99	100.70	116.98	132.89	148.38	178.18	206.36
49	86.65	104.06	120.98	137.42	153.40	183.89	212.50
50	89.31	107.46	125.03	142.05	158.52	189.75	218.73
51	92.12	111.06	129.33	146.94	163.90	195.79	224.99
52	95.07	114.91	133.96	152.23	169.68	202.24	231.63
53	97.85	118.48	138.20	157.04	175.00	208.26	237.96
54	100.93	122.39	142.87	162.34	180.86	214.92	245.04
55	103.75	125.98	147.14	167.23	186.24	221.06	251.57
56	107.72	130.99	153.05	173.97	193.71	229.71	261.06
57	111.64	135.86	158.84	180.58	201.07	238.28	270.50
58	116.07	141.37	165.35	188.04	209.42	248.31	281.98
59	121.36	148.10	173.46	197.43	220.02	261.03	296.50
60	127.82	156.39	183.47	209.08	233.16	276.87	314.58
61	134.72	165.31	194.29	221.66	247.42	294.10	334.34
62	143.91	177.11	208.54	238.22	266.15	316.73	360.30
63	152.54	188.03	221.63	253.32	283.13	337.06	383.42
64	163.44	201.65	237.81	271.93	303.99	361.96	411.71
65	177.48	219.00	258.26	295.32	330.16	393.16	447.24
66	195.17	248.74	293.19	335.17	374.65	446.11	507.62
67	205.62	270.56	318.54	363.88	406.59	484.08	550.99
68	234.08	305.74	357.94	407.80	455.31	543.31	621.93
69	261.41	342.49	399.63	454.44	506.98	605.14	694.08
70	291.65	379.12	441.52	501.47	558.96	666.53	764.23
71	321.27	421.32	490.28	556.40	619.69	737.73	844.40
72	348.13	450.46	525.47	593.54	677.07	810.63	925.51
73	372.70	484.87	565.45	638.02	728.51	884.06	1,003.00
74	396.47	513.29	598.28	674.43	771.05	947.34	1,091.33
75	421.95	567.90	662.18	746.51	851.71	1,042.95	1,184.78
76	450.74	617.23	719.30	810.29	924.94	1,131.24	1,302.41
77	496.06	660.42	769.08	865.68	989.25	1,209.32	1,449.76
78	538.21	703.50	819.28	933.53	1,052.56	1,283.97	1,608.79
79	591.46	753.06	901.57	1,036.99	1,159.33	1,364.72	1,790.94
80	653.50	835.90	1,003.59	1,156.56	1,294.80	1,527.15	2,006.73
81	721.41	925.98	1,114.36	1,286.56	1,442.57	1,706.01	2,247.57
82	804.81	1,035.39	1,248.37	1,443.76	1,621.54	1,924.34	2,544.97
83	896.53	1,154.97	1,394.54	1,615.25	1,817.08	2,164.13	2,874.13
84	1,008.01	1,299.21	1,570.26	1,821.14	2,051.86	2,452.80	3,272.26
85	1,145.95	1,476.42	1,785.41	2,072.94	2,339.02	2,806.76	3,762.59
86	1,296.20	1,667.82	2,017.10	2,344.04	2,648.63	3,190.80	4,299.45
87	1,470.49	1,887.93	2,282.54	2,654.33	3,003.29	3,632.71	4,921.59

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	82.99	97.22	111.65	126.32	141.19	171.59	202.90
36	83.78	98.43	113.22	128.14	143.20	173.75	204.87
37	84.17	99.14	114.20	129.28	144.46	174.97	205.75
38	84.96	100.41	115.81	131.11	146.37	176.66	206.71
39	85.71	101.61	117.35	132.90	148.28	178.54	208.15
40	86.45	102.75	118.82	134.64	150.23	180.65	210.11
41	86.82	103.41	119.73	135.75	151.49	182.06	211.49
42	87.16	104.07	120.67	136.93	152.87	183.76	213.35
43	88.49	105.72	122.63	139.18	155.39	186.79	216.83
44	89.54	107.04	124.19	140.99	157.43	189.26	219.68
45	91.27	109.18	126.70	143.85	160.65	193.16	224.23
46	92.80	111.02	128.87	146.34	163.44	196.51	228.11
47	95.12	113.84	132.15	150.08	167.60	201.47	233.78
48	98.16	117.69	136.72	155.32	173.42	208.24	241.18
49	101.27	121.62	141.39	160.61	179.28	214.92	248.36
50	104.38	125.59	146.13	166.02	185.26	221.77	255.64
51	107.66	129.80	151.16	171.74	191.56	228.83	262.96
52	111.11	134.30	156.57	177.92	198.31	236.37	270.72
53	114.37	138.47	161.52	183.54	204.53	243.41	278.11
54	117.96	143.04	166.98	189.74	211.38	251.18	286.39
55	121.37	147.37	172.13	195.63	217.87	258.60	294.29
56	126.02	153.23	179.04	203.51	226.60	268.72	305.39
57	130.01	158.22	184.98	210.30	234.15	277.49	315.01
58	134.43	163.73	191.51	217.80	242.56	287.60	326.60
59	140.57	171.53	200.91	228.67	254.83	302.33	343.42
60	148.04	181.14	212.50	242.16	270.06	320.67	364.36
61	156.18	191.63	225.23	256.95	286.82	340.94	387.58
62	166.82	205.31	241.74	276.15	308.53	367.17	417.67
63	177.46	218.75	257.85	294.71	329.39	392.14	446.07
64	189.41	233.70	275.61	315.15	352.31	419.48	477.14
65	204.70	252.57	297.86	340.60	380.79	453.44	515.82
66	222.67	283.79	334.52	382.41	427.45	508.99	579.16
67	235.00	309.21	364.04	415.87	464.68	553.23	629.70
68	265.93	347.34	406.64	463.28	517.26	617.23	706.54
69	296.98	389.09	454.00	516.27	575.95	687.47	788.52
70	333.59	433.65	505.03	573.60	639.36	762.40	874.15
71	360.88	473.26	550.73	624.99	696.09	828.68	948.50
72	384.14	497.06	579.82	654.94	747.11	894.48	1,021.26
73	406.58	528.95	616.86	696.02	794.74	964.43	1,094.19
74	430.21	556.97	649.20	731.83	836.68	1,027.96	1,184.21
75	458.65	617.29	719.76	811.42	925.78	1,133.64	1,287.80
76	487.20	667.15	777.48	875.83	999.75	1,222.74	1,407.76
77	529.13	704.44	820.35	923.39	1,055.20	1,289.94	1,546.41
78	574.64	751.11	874.72	996.70	1,123.79	1,370.86	1,717.65
79	627.58	799.05	956.63	1,100.32	1,230.13	1,448.06	1,900.31
80	688.69	880.91	1,057.63	1,218.84	1,364.52	1,609.38	2,114.78
81	760.87	976.62	1,175.30	1,356.92	1,521.46	1,799.31	2,370.49
82	842.83	1,084.31	1,307.35	1,511.97	1,698.15	2,015.26	2,665.21
83	939.57	1,210.41	1,461.48	1,692.78	1,904.30	2,268.00	3,012.08
84	1,056.78	1,362.08	1,646.24	1,909.26	2,151.14	2,571.49	3,430.60
85	1,192.16	1,535.95	1,857.40	2,156.53	2,433.33	2,919.94	3,914.31
86	1,348.89	1,735.62	2,099.09	2,439.32	2,756.30	3,320.51	4,474.22
87	1,530.75	1,965.31	2,376.09	2,763.12	3,126.37	3,781.60	5,123.30

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	95.53	111.91	128.51	145.40	162.51	197.51	233.55
36	96.43	113.29	130.32	147.49	164.83	200.00	235.81
37	96.95	114.19	131.54	148.91	166.40	201.54	236.99
38	97.86	115.65	133.39	151.02	168.59	203.48	238.09
39	98.73	117.03	135.17	153.08	170.79	205.65	239.75
40	99.57	118.36	136.86	155.08	173.04	208.07	242.01
41	100.07	119.19	138.00	156.47	174.61	209.85	243.77
42	100.54	120.04	139.19	157.94	176.33	211.96	246.09
43	102.07	121.94	141.45	160.53	179.23	215.45	250.10
44	102.88	122.98	142.69	161.99	180.87	217.45	252.40
45	104.87	125.44	145.57	165.28	184.58	221.93	257.62
46	107.19	128.23	148.86	169.04	188.78	226.99	263.49
47	109.87	131.49	152.64	173.35	193.59	232.71	270.04
48	113.38	135.95	157.93	179.41	200.31	240.54	278.58
49	116.98	140.48	163.32	185.52	207.08	248.25	286.88
50	120.57	145.07	168.79	191.77	214.00	256.16	295.28
51	124.36	149.94	174.60	198.37	221.27	264.31	303.74
52	128.34	155.13	180.85	205.51	229.06	273.02	312.70
53	132.10	159.94	186.57	212.00	236.25	281.15	321.24
54	136.25	165.22	192.87	219.17	244.16	290.14	330.81
55	140.30	170.35	198.97	226.13	251.84	298.92	340.17
56	145.66	177.12	206.95	235.24	261.94	310.62	353.00
57	151.91	184.88	216.14	245.73	273.60	324.24	368.08
58	157.94	192.36	225.00	255.88	284.97	337.89	383.71
59	165.15	201.53	236.04	268.65	299.39	355.20	403.47
60	173.93	212.81	249.66	284.50	317.28	376.75	428.07
61	183.64	225.33	264.83	302.13	337.25	400.88	455.72
62	196.15	241.41	284.25	324.70	362.78	431.73	491.11
63	210.37	259.30	305.65	349.35	390.45	464.83	528.76
64	224.05	276.43	326.01	372.77	416.73	496.19	564.39
65	239.01	294.91	347.79	397.69	444.62	529.45	602.29
66	259.35	330.54	389.61	445.40	497.86	592.82	674.56
67	268.57	353.38	416.05	475.28	531.06	632.27	719.66
68	294.59	384.78	450.46	513.22	573.01	683.76	782.70
69	318.32	417.04	486.63	553.37	617.34	736.87	845.18
70	341.58	444.04	517.13	587.34	654.67	780.66	895.09
71	365.28	479.04	557.44	632.62	704.58	838.79	960.07
72	386.54	500.17	583.45	659.04	751.78	900.08	1,027.64
73	409.19	532.34	620.81	700.48	799.83	970.62	1,101.20
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,191.95
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,296.39
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,417.33
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,557.15
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	108.93	127.60	146.54	165.80	185.31	225.21	266.31
36	107.34	126.11	145.07	164.18	183.48	222.62	262.48
37	105.77	124.57	143.49	162.45	181.52	219.86	258.54
38	104.08	123.01	141.88	160.63	179.32	216.43	253.24
39	102.32	121.29	140.08	158.64	177.00	213.13	248.47
40	100.93	119.97	138.72	157.19	175.40	210.91	245.31
41	99.16	118.10	136.74	155.05	173.02	207.93	241.54
42	97.31	116.19	134.72	152.87	170.66	205.15	238.18
43	95.99	114.67	133.01	150.96	168.54	202.60	235.19
44	94.78	113.30	131.46	149.24	166.64	200.34	232.53
45	94.19	112.66	130.74	148.45	165.78	199.33	231.38
46	93.30	111.61	129.56	147.13	164.31	197.57	229.33
47	92.58	110.80	128.62	146.07	163.12	196.08	227.53
48	93.44	112.03	130.14	147.85	165.07	198.22	229.57
49	94.23	113.16	131.56	149.45	166.82	199.98	231.09
50	94.34	113.50	132.06	150.04	167.43	200.42	231.03
51	95.00	114.53	133.37	151.54	169.02	201.91	232.02
52	95.66	115.63	134.80	153.18	170.74	203.50	233.08
53	96.02	116.26	135.61	154.10	171.72	204.36	233.50
54	96.51	117.03	136.62	155.24	172.95	205.51	234.32
55	96.58	117.26	136.97	155.66	173.36	205.77	234.17
56	97.56	118.63	138.61	157.56	175.44	208.04	236.43
57	98.92	120.39	140.74	160.01	178.16	211.13	239.68
58	100.64	122.58	143.37	163.05	181.59	215.31	244.50
59	103.70	126.54	148.21	168.69	187.99	223.03	253.34
60	106.78	130.66	153.28	174.67	194.79	231.31	262.82
61	111.55	136.88	160.88	183.54	204.87	243.53	276.84
62	118.24	145.52	171.35	195.73	218.68	260.25	296.04
63	127.61	157.30	185.42	211.93	236.86	281.99	320.77
64	138.54	170.93	201.59	230.51	257.69	306.82	349.00
65	150.27	185.42	218.66	250.03	279.54	332.87	378.67
66	169.25	212.01	249.90	285.68	319.33	380.24	432.67
67	179.18	231.90	273.03	311.90	348.51	414.93	472.28
68	198.02	255.82	299.50	341.22	380.97	454.61	520.39
69	214.05	279.58	326.23	370.97	413.86	493.99	566.60
70	229.25	301.22	350.80	398.43	444.10	529.57	607.19
71	245.82	325.95	379.29	430.64	479.63	570.98	653.54
72	258.25	334.17	389.81	440.31	502.27	609.37	695.73
73	273.29	355.54	414.63	467.83	534.19	655.32	743.49
74	289.39	374.67	436.70	492.29	562.82	691.49	797.21
75	308.17	414.76	483.61	545.20	622.04	761.70	858.53
76	337.95	462.79	539.32	607.54	693.50	848.18	957.66
77	371.92	495.14	576.61	649.04	741.69	906.68	1,073.89
78	413.71	540.76	629.76	717.58	809.07	986.95	1,209.75
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,367.87
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,552.77
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,769.09
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,022.86
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,317.38
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,659.70
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,058.24
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,523.01
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,065.86

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	73.92	86.59	99.44	112.50	125.75	152.82	180.71
36	74.62	87.66	100.84	114.12	127.54	154.75	182.46
37	74.92	88.24	101.64	115.07	128.58	155.74	183.13
38	75.62	89.37	103.08	116.70	130.28	157.24	183.98
39	75.84	89.90	103.83	117.59	131.20	157.98	184.17
40	76.49	90.92	105.13	119.13	132.93	159.84	185.91
41	76.77	91.44	105.86	120.04	133.95	160.98	187.00
42	77.48	92.51	107.26	121.71	135.88	163.34	189.64
43	78.19	93.41	108.35	122.98	137.30	165.04	191.59
44	79.54	95.08	110.32	125.24	139.84	168.12	195.14
45	80.59	96.40	111.87	127.02	141.85	170.56	197.99
46	82.38	98.55	114.40	129.91	145.08	174.45	202.49
47	83.93	100.45	116.60	132.42	147.88	177.77	206.28
48	85.04	101.96	118.44	134.56	150.23	180.40	208.94
49	85.57	102.76	119.46	135.70	151.48	181.59	209.84
50	86.52	104.10	121.12	137.61	153.56	183.82	211.89
51	87.51	105.51	122.86	139.60	155.71	186.00	213.74
52	88.53	107.01	124.75	141.76	158.01	188.34	215.70
53	88.68	107.37	125.24	142.32	158.60	188.74	215.65
54	89.57	108.62	126.80	144.08	160.51	190.74	217.48
55	90.70	110.13	128.64	146.20	162.81	193.26	219.93
56	91.46	111.21	129.95	147.71	164.47	195.04	221.65
57	93.27	113.51	132.70	150.86	167.98	199.07	225.98
58	96.23	117.21	137.10	155.91	173.63	205.88	233.80
59	100.62	122.79	143.82	163.69	182.42	216.42	245.84
60	105.16	128.68	150.96	172.02	191.84	227.80	258.84
61	111.55	136.88	160.88	183.54	204.87	243.53	276.84
62	118.24	145.52	171.35	195.73	218.68	260.25	296.04
63	127.61	157.30	185.42	211.93	236.86	281.99	320.77
64	138.54	170.93	201.59	230.51	257.69	306.82	349.00
65	150.27	185.42	218.66	250.03	279.54	332.87	378.67
66	169.25	212.01	249.90	285.68	319.33	380.24	432.67
67	179.18	231.90	273.03	311.90	348.51	414.93	472.28
68	198.02	255.82	299.50	341.22	380.97	454.61	520.39
69	214.05	279.58	326.23	370.97	413.86	493.99	566.60
70	229.25	301.22	350.80	398.43	444.10	529.57	607.19
71	245.82	325.95	379.29	430.64	479.63	570.98	653.54
72	258.25	334.17	389.81	440.31	502.27	609.37	695.73
73	273.29	355.54	414.63	467.83	534.19	655.32	743.49
74	289.39	374.67	436.70	492.29	562.82	691.49	797.21
75	308.17	414.76	483.61	545.20	622.04	761.70	858.53
76	337.95	462.79	539.32	607.54	693.50	848.18	957.66
77	371.92	495.14	576.61	649.04	741.69	906.68	1,073.89
78	413.71	540.76	629.76	717.58	809.07	986.95	1,209.75
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,367.87
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,552.77
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,769.09
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,022.86
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,317.38
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,659.70
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,058.24
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,523.01
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,065.86

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	79.97	93.68	107.58	121.72	136.04	165.33	195.50
36	80.73	94.84	109.09	123.47	137.98	167.42	197.40
37	81.53	96.02	110.61	125.22	139.93	169.48	199.29
38	82.29	97.25	112.17	127.00	141.77	171.11	200.21
39	83.02	98.41	113.66	128.72	143.62	172.94	201.61
40	83.73	99.53	115.08	130.41	145.51	174.97	203.51
41	84.54	100.69	116.58	132.18	147.50	177.27	205.92
42	85.32	101.87	118.12	134.03	149.63	179.87	208.83
43	86.15	102.92	119.39	135.49	151.27	181.84	211.10
44	87.16	104.19	120.89	137.24	153.24	184.23	213.84
45	88.36	105.69	122.65	139.26	155.52	187.00	217.07
46	89.82	107.45	124.74	141.65	158.19	190.21	220.79
47	91.56	109.58	127.20	144.46	161.33	193.93	225.03
48	92.39	110.77	128.68	146.18	163.22	195.99	226.99
49	93.69	112.51	130.80	148.59	165.86	198.83	229.77
50	94.90	114.17	132.84	150.93	168.42	201.61	232.40
51	96.15	115.92	134.99	153.37	171.07	204.35	234.84
52	97.44	117.79	137.31	156.03	173.92	207.30	237.42
53	99.69	120.70	140.79	159.99	178.28	212.17	242.42
54	102.19	123.92	144.65	164.37	183.12	217.60	248.11
55	105.06	127.56	149.00	169.34	188.58	223.84	254.74
56	107.72	130.99	153.05	173.97	193.71	229.71	261.06
57	110.22	134.15	156.83	178.29	198.52	235.26	267.07
58	113.86	138.68	162.21	184.47	205.44	243.60	276.63
59	119.06	145.29	170.17	193.68	215.84	256.07	290.87
60	125.39	153.42	179.99	205.11	228.74	271.61	308.61
61	131.29	161.10	189.34	216.01	241.12	286.61	325.82
62	140.24	172.59	203.22	232.15	259.37	308.66	351.12
63	152.54	188.03	221.63	253.32	283.13	337.06	383.42
64	164.52	202.98	239.39	273.73	306.00	364.35	414.43
65	179.85	221.92	261.70	299.25	334.57	398.40	453.21
66	199.90	250.41	295.16	337.42	377.16	449.11	511.03
67	211.89	274.24	322.87	368.83	412.13	490.67	558.49
68	236.66	305.74	357.94	407.80	455.31	543.31	621.93
69	260.43	340.16	396.91	451.35	503.53	601.02	689.36
70	282.62	371.33	432.45	491.17	547.47	652.83	748.52
71	306.73	406.71	473.28	537.34	598.47	712.46	815.48
72	331.70	429.21	500.67	565.54	645.12	782.67	893.60
73	358.37	466.23	543.71	613.48	700.49	859.34	974.95
74	384.92	498.34	580.86	654.80	748.61	919.75	1,060.37
75	419.11	564.07	657.71	741.47	845.97	1,035.92	1,167.61
76	456.24	624.76	728.08	820.18	936.22	1,145.05	1,292.84
77	498.37	663.49	772.66	869.71	993.86	1,214.95	1,439.02
78	571.18	746.59	869.46	990.71	1,117.03	1,362.62	1,608.97
79	626.13	797.19	954.41	1,097.77	1,227.28	1,444.70	1,791.91
80	688.28	880.39	1,057.01	1,218.13	1,363.72	1,608.44	2,018.60
81	763.36	979.83	1,179.16	1,361.37	1,526.45	1,805.21	2,282.12
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,589.26
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	2,919.89
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,324.62
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,792.22
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,333.30
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	4,960.34

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	90.77	106.34	122.12	138.16	154.43	187.68	221.92
36	91.63	107.65	123.84	140.15	156.63	190.04	224.07
37	92.55	109.00	125.56	142.14	158.83	192.38	226.22
38	93.41	110.40	127.33	144.16	160.93	194.23	227.27
39	94.24	111.71	129.02	146.12	163.03	196.30	228.86
40	95.05	112.98	130.64	148.03	165.18	198.62	231.01
41	95.96	114.29	132.33	150.04	167.44	201.22	233.75
42	96.39	115.09	133.44	151.42	169.05	203.21	235.93
43	97.39	116.35	134.96	153.17	171.01	205.56	238.63
44	98.12	117.28	136.09	154.49	172.50	207.38	240.71
45	99.04	118.47	137.48	156.10	174.32	209.60	243.31
46	100.74	120.51	139.90	158.87	177.42	213.33	247.63
47	102.24	122.36	142.04	161.31	180.15	216.55	251.29
48	103.94	124.62	144.76	164.46	183.62	220.49	255.37
49	103.98	124.87	145.17	164.90	184.07	220.67	255.00
50	105.50	126.94	147.69	167.80	187.25	224.14	258.37
51	107.09	129.11	150.35	170.82	190.54	227.60	261.55
52	107.55	130.00	151.54	172.21	191.95	228.78	262.03
53	109.47	132.55	154.61	175.69	195.78	232.99	266.21
54	112.28	136.16	158.94	180.61	201.21	239.10	272.61
55	114.85	139.45	162.88	185.11	206.15	244.70	278.47
56	118.56	144.17	168.45	191.48	213.20	252.83	287.32
57	121.53	147.90	172.91	196.58	218.88	259.39	294.46
58	125.62	153.00	178.96	203.51	226.65	268.74	305.18
59	131.35	160.29	187.73	213.67	238.12	282.51	320.90
60	137.52	168.27	197.41	224.95	250.87	297.89	338.48
61	145.02	177.94	209.14	238.60	266.33	316.58	359.89
62	153.99	189.51	223.15	254.91	284.80	338.92	385.55
63	167.49	206.46	243.36	278.15	310.88	370.11	421.01
64	180.76	223.02	263.01	300.74	336.20	400.31	455.33
65	196.42	242.35	285.81	326.82	365.38	435.10	494.95
66	215.52	275.45	324.68	371.16	414.88	494.02	562.13
67	225.52	298.16	351.04	401.01	448.08	533.48	607.21
68	250.62	330.70	387.16	441.09	492.48	587.66	672.69
69	274.45	363.46	424.10	482.27	538.02	642.19	736.58
70	298.42	396.04	461.22	525.52	585.76	698.48	800.87
71	319.92	424.21	493.64	563.95	632.43	752.89	861.75
72	343.94	445.05	519.15	586.41	668.93	816.22	931.90
73	369.70	480.97	560.90	632.88	722.65	889.03	1,010.02
74	397.74	514.94	600.21	676.61	773.54	950.39	1,106.81
75	430.74	579.72	675.96	762.04	869.44	1,064.66	1,210.53
76	466.06	638.21	743.75	837.84	956.38	1,169.70	1,340.72
77	504.73	671.97	782.53	880.82	1,006.55	1,230.47	1,481.97
78	570.76	746.04	868.82	989.98	1,116.21	1,361.62	1,645.26
79	628.67	800.44	958.30	1,102.24	1,232.27	1,450.58	1,846.63
80	690.81	883.62	1,060.89	1,222.60	1,368.73	1,614.34	2,080.71
81	765.45	982.51	1,182.39	1,365.10	1,530.63	1,810.16	2,352.89
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,629.72
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	2,966.24
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,377.82
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,853.38
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,403.76
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,041.66

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	101.58	119.00	136.65	154.61	172.81	210.02	248.34
36	102.54	120.47	138.58	156.84	175.28	212.67	250.75
37	103.57	121.97	140.50	159.06	177.74	215.28	253.15
38	104.53	123.54	142.49	161.32	180.09	217.36	254.33
39	105.46	125.01	144.38	163.51	182.44	219.67	256.10
40	106.36	126.43	146.19	165.65	184.84	222.26	258.51
41	107.39	127.90	148.08	167.91	187.37	225.18	261.58
42	106.99	127.75	148.12	168.08	187.65	225.57	261.89
43	108.16	129.21	149.88	170.10	189.92	228.29	265.02
44	108.59	129.81	150.62	170.99	190.92	229.53	266.42
45	109.72	131.25	152.31	172.93	193.12	232.21	269.55
46	110.67	132.39	153.68	174.52	194.90	234.35	272.02
47	112.42	134.54	156.18	177.37	198.07	238.10	276.29
48	113.91	136.57	158.66	180.24	201.24	241.65	279.87
49	114.81	137.88	160.29	182.08	203.25	243.65	281.56
50	116.11	139.70	162.54	184.66	206.07	246.67	284.34
51	118.03	142.30	165.71	188.27	210.00	250.85	288.27
52	118.84	143.64	167.45	190.28	212.10	252.80	289.54
53	120.48	145.87	170.16	193.36	215.47	256.42	292.98
54	122.37	148.40	173.23	196.84	219.29	260.59	297.11
55	125.94	152.92	178.61	202.99	226.07	268.33	305.37
56	130.08	158.17	184.81	210.08	233.91	277.39	315.24
57	133.54	162.52	190.00	216.01	240.52	285.03	323.57
58	138.10	168.21	196.75	223.75	249.18	295.46	335.52
59	143.64	175.28	205.30	233.66	260.40	308.94	350.93
60	149.66	183.12	214.82	244.80	273.01	324.18	368.34
61	157.89	193.74	227.70	259.78	289.97	344.68	391.83
62	168.66	207.56	244.40	279.19	311.92	371.20	422.26
63	182.45	224.89	265.09	302.99	338.64	403.15	458.60
64	196.99	243.05	286.63	327.75	366.40	436.26	496.23
65	210.35	262.79	309.91	354.38	396.20	471.79	536.69
66	229.05	297.15	350.26	400.41	447.57	532.94	606.42
67	238.66	322.09	379.21	433.19	484.04	576.28	655.94
68	264.20	353.73	414.11	474.38	529.65	632.02	723.46
69	288.19	383.56	447.56	513.18	572.51	683.36	783.80
70	312.16	414.28	482.46	556.43	620.21	739.57	847.98
71	335.39	444.72	517.51	591.23	666.38	793.31	908.02
72	358.91	464.42	541.75	611.93	698.04	849.76	970.19
73	381.32	496.09	578.53	652.78	745.36	916.98	1,045.09
74	408.04	528.27	615.74	694.12	793.56	974.99	1,137.77
75	439.67	591.75	689.98	777.85	887.48	1,086.75	1,244.87
76	472.83	647.48	754.55	850.01	970.27	1,186.69	1,379.03
77	515.06	685.72	798.54	898.84	1,027.15	1,255.64	1,520.25
78	574.68	751.16	874.78	996.77	1,123.87	1,370.96	1,693.66
79	631.27	803.75	962.26	1,106.79	1,237.37	1,456.58	1,887.66
80	693.43	886.97	1,064.91	1,227.23	1,373.92	1,620.46	2,111.76
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,352.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	115.41	135.20	155.26	175.66	196.34	238.62	282.16
36	116.51	136.87	157.45	178.19	199.14	241.62	284.89
37	117.67	138.58	159.64	180.72	201.95	244.60	287.63
38	118.32	139.84	161.29	182.60	203.85	246.03	287.88
39	118.92	140.97	162.82	184.39	205.72	247.72	288.79
40	119.49	142.03	164.23	186.09	207.65	249.69	290.41
41	119.27	142.05	164.47	186.48	208.10	250.09	290.52
42	118.52	141.52	164.09	186.19	207.87	249.88	290.11
43	118.93	142.08	164.80	187.04	208.82	251.03	291.41
44	119.55	142.91	165.81	188.24	210.18	252.69	293.30
45	120.89	144.60	167.81	190.53	212.78	255.84	296.98
46	121.58	145.45	168.84	191.74	214.13	257.47	298.86
47	123.10	147.32	171.02	194.22	216.89	260.72	302.54
48	125.46	150.42	174.74	198.51	221.64	266.15	308.24
49	126.19	151.54	176.17	200.12	223.38	267.79	309.45
50	127.27	153.13	178.17	202.42	225.88	270.39	311.69
51	128.97	155.49	181.06	205.72	229.46	274.10	314.99
52	130.72	158.01	184.19	209.31	233.31	278.08	318.49
53	132.10	159.94	186.57	212.00	236.25	281.15	321.24
54	133.73	162.16	189.30	215.11	239.64	284.77	324.68
55	136.38	165.59	193.42	219.82	244.81	290.58	330.68
56	140.92	171.35	200.21	227.58	253.41	300.51	341.51
57	144.84	176.28	206.09	234.30	260.88	309.16	350.96
58	149.86	182.52	213.49	242.79	270.39	320.60	364.08
59	155.93	190.28	222.86	253.66	282.68	335.38	380.95
60	163.41	199.94	234.57	267.30	298.09	353.97	402.19
61	172.48	211.64	248.74	283.78	316.76	376.53	428.04
62	183.32	225.61	265.65	303.46	339.05	403.48	458.98
63	197.40	243.33	286.82	327.82	366.40	436.20	496.18
64	212.14	261.74	308.68	352.96	394.58	469.82	534.40
65	225.40	280.31	330.57	378.00	422.61	503.24	572.47
66	244.03	315.51	371.90	425.15	475.23	565.88	643.89
67	254.11	340.49	400.88	457.95	511.70	609.22	693.42
68	280.00	370.22	433.42	493.80	551.33	657.89	753.08
69	303.93	403.07	470.32	534.82	596.65	712.17	816.85
70	327.65	433.65	505.03	573.60	639.36	762.40	874.15
71	350.09	464.21	540.19	617.14	687.61	818.57	936.94
72	372.45	481.94	562.18	635.02	724.38	877.71	1,002.11
73	396.32	515.60	601.28	678.44	774.67	952.07	1,080.16
74	421.75	546.03	636.44	717.45	820.23	1,007.76	1,168.73
75	452.03	608.38	709.37	799.72	912.42	1,117.29	1,279.22
76	483.20	661.68	771.10	868.65	991.55	1,212.71	1,407.76
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,535.67
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,705.75
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,901.34
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	129.24	151.40	173.87	196.72	219.87	267.22	315.97
36	130.47	153.28	176.32	199.55	223.01	270.58	319.04
37	131.77	155.19	178.77	202.38	226.15	273.91	322.10
38	131.66	155.61	179.48	203.19	226.84	273.78	320.34
39	131.49	155.87	180.02	203.87	227.46	273.89	319.31
40	131.26	156.02	180.40	204.42	228.10	274.28	319.01
41	131.15	156.20	180.85	205.06	228.83	275.01	319.46
42	131.44	156.94	181.96	206.48	230.52	277.10	321.72
43	131.10	156.62	181.67	206.19	230.20	276.72	321.23
44	130.98	156.57	181.67	206.24	230.28	276.85	321.34
45	132.54	158.54	183.98	208.90	233.29	280.50	325.61
46	133.00	159.10	184.69	209.73	234.23	281.64	326.92
47	134.29	160.71	186.57	211.88	236.61	284.43	330.05
48	136.48	163.64	190.10	215.95	241.11	289.54	335.33
49	138.64	166.49	193.56	219.87	245.43	294.22	340.00
50	138.99	167.23	194.58	221.06	246.69	295.29	340.39
51	140.48	169.37	197.23	224.09	249.95	298.58	343.11
52	142.60	172.37	200.94	228.34	254.52	303.36	347.44
53	144.33	174.75	203.84	231.63	258.13	307.19	350.99
54	145.71	176.70	206.27	234.39	261.12	310.29	353.78
55	147.47	179.06	209.15	237.70	264.72	314.22	357.58
56	151.08	183.71	214.65	243.99	271.68	322.18	366.13
57	155.44	189.18	221.17	251.44	279.97	331.78	376.64
58	160.88	195.94	229.19	260.64	290.27	344.18	390.85
59	168.22	205.28	240.43	273.65	304.96	361.81	410.98
60	176.35	215.78	253.15	288.47	321.71	382.01	434.05
61	185.35	227.43	267.30	304.96	340.40	404.63	459.98
62	197.07	242.53	285.58	326.22	364.47	433.74	493.41
63	211.36	260.53	307.10	351.00	392.31	467.04	531.27
64	225.13	277.77	327.58	374.57	418.74	498.59	567.12
65	240.20	296.37	349.51	399.66	446.82	532.07	605.27
66	260.66	332.21	391.58	447.64	500.37	595.82	677.96
67	269.97	355.22	418.21	477.75	533.83	635.56	723.41
68	296.18	386.86	452.90	515.99	576.11	687.46	786.93
69	320.09	419.37	489.35	556.46	620.79	740.99	849.90
70	343.58	446.64	520.15	590.78	658.50	785.22	900.32
71	365.28	479.04	557.44	632.62	704.58	838.79	960.07
72	386.54	500.17	583.45	659.04	751.78	900.08	1,027.64
73	409.19	532.34	620.81	700.48	799.83	970.62	1,101.20
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,191.95
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,296.39
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,417.33
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,557.15
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	79.54	93.17	107.00	121.06	135.31	164.44	194.45
36	80.29	94.33	108.50	122.80	137.24	166.51	196.33
37	81.09	95.50	110.01	124.54	139.17	168.56	198.21
38	81.84	96.73	111.57	126.31	141.01	170.19	199.13
39	82.57	97.88	113.05	128.03	142.84	172.00	200.52
40	83.28	98.99	114.46	129.70	144.73	174.03	202.41
41	84.08	100.14	115.95	131.47	146.71	176.31	204.81
42	84.86	101.32	117.48	133.30	148.83	178.90	207.71
43	85.68	102.36	118.74	134.76	150.45	180.86	209.95
44	86.68	103.62	120.23	136.49	152.40	183.22	212.67
45	87.88	105.11	121.98	138.50	154.67	185.97	215.88
46	89.33	106.86	124.05	140.87	157.32	189.16	219.57
47	91.05	108.97	126.50	143.66	160.43	192.85	223.78
48	91.86	110.14	127.95	145.35	162.29	194.88	225.70
49	93.15	111.86	130.05	147.73	164.90	197.68	228.44
50	93.78	112.83	131.28	149.15	166.44	199.23	229.66
51	95.57	115.23	134.18	152.45	170.05	203.13	233.43
52	96.26	116.35	135.63	154.13	171.80	204.77	234.52
53	98.47	119.22	139.06	158.02	176.10	209.56	239.44
54	100.29	121.62	141.98	161.33	179.73	213.57	243.51
55	103.10	125.19	146.22	166.18	185.07	219.67	249.99
56	105.69	128.51	150.16	170.69	190.06	225.38	256.13
57	108.10	131.57	153.81	174.87	194.70	230.74	261.94
58	111.66	136.00	159.07	180.90	201.47	238.88	271.28
59	115.99	141.54	165.78	188.68	210.27	249.47	283.37
60	122.15	149.46	175.34	199.81	222.83	264.60	300.65
61	127.86	156.89	184.39	210.36	234.81	279.12	317.30
62	136.57	168.08	197.91	226.08	252.59	300.59	341.94
63	148.55	183.11	215.84	246.70	275.72	328.25	373.39
64	159.11	196.31	231.51	264.72	295.94	352.37	400.80
65	173.94	214.62	253.09	289.41	323.56	385.30	438.30
66	194.57	243.73	287.29	328.42	367.11	437.13	497.40
67	206.20	266.87	314.20	358.93	401.06	477.49	543.49
68	230.22	297.42	348.20	396.70	442.92	528.53	605.00
69	253.29	330.84	386.04	438.99	489.73	584.56	670.48
70	276.69	363.54	423.38	480.87	535.99	639.13	732.82
71	300.20	398.06	463.21	525.91	585.74	697.30	798.13
72	324.59	420.01	489.94	553.42	631.30	765.90	874.45
73	350.64	456.17	531.97	600.24	685.38	840.79	953.91
74	379.30	491.07	572.38	645.24	737.68	906.33	1,044.89
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,150.44
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,273.68
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,417.54
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,584.78
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,778.23
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,003.07
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,264.43
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,569.03
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	2,919.89
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,324.62
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,792.22
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,333.30
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	4,960.34

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	90.34	105.83	121.53	137.51	153.69	186.78	220.86
36	91.20	107.14	123.25	139.48	155.88	189.14	223.00
37	92.11	108.48	124.96	141.46	158.08	191.46	225.14
38	92.96	109.87	126.72	143.47	160.16	193.31	226.19
39	93.79	111.18	128.41	145.42	162.25	195.37	227.77
40	94.60	112.44	130.01	147.32	164.39	197.67	229.91
41	95.50	113.75	131.70	149.33	166.64	200.27	232.64
42	95.93	114.54	132.80	150.69	168.24	202.24	234.80
43	96.92	115.79	134.31	152.43	170.18	204.58	237.48
44	98.12	117.28	136.09	154.49	172.50	207.38	240.71
45	99.04	118.47	137.48	156.10	174.32	209.60	243.31
46	100.74	120.51	139.90	158.87	177.42	213.33	247.63
47	102.24	122.36	142.04	161.31	180.15	216.55	251.29
48	103.41	123.99	144.03	163.63	182.69	219.38	254.08
49	103.44	124.22	144.41	164.05	183.12	219.52	253.67
50	104.94	126.26	146.91	166.91	186.26	222.95	257.00
51	106.51	128.42	149.54	169.90	189.51	226.38	260.15
52	106.36	128.56	149.87	170.30	189.83	226.26	259.13
53	108.25	131.06	152.88	173.73	193.60	230.39	263.24
54	111.02	134.63	157.16	178.58	198.94	236.41	269.55
55	113.54	137.86	161.03	183.01	203.81	241.92	275.30
56	117.21	142.52	166.52	189.29	210.77	249.94	284.04
57	120.12	146.18	170.90	194.30	216.34	256.38	291.04
58	123.41	150.31	175.82	199.94	222.67	264.03	299.83
59	129.05	157.47	184.44	209.92	233.94	277.55	315.27
60	135.10	165.30	193.92	220.99	246.44	292.64	332.50
61	141.59	173.73	204.19	232.95	260.03	309.09	351.37
62	151.24	186.13	219.16	250.36	279.71	332.87	378.66
63	164.50	202.77	239.02	273.19	305.33	363.50	413.49
64	176.43	217.67	256.71	293.54	328.15	390.72	444.42
65	191.68	236.51	278.92	318.94	356.58	424.61	483.02
66	210.29	268.77	316.81	362.16	404.82	482.04	548.50
67	221.35	292.64	344.54	393.59	439.79	523.60	595.97
68	245.89	324.46	379.85	432.77	483.19	576.58	660.00
69	269.17	356.47	415.94	472.99	527.67	629.84	722.41
70	292.57	388.28	452.18	515.21	574.27	684.79	785.16
71	315.63	418.51	487.01	556.38	623.94	742.78	850.18
72	339.23	438.95	512.04	578.37	659.76	805.04	919.13
73	364.57	474.29	553.11	624.09	712.61	876.68	995.99
74	392.18	507.74	591.81	667.14	762.72	937.10	1,091.33
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,193.36
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,321.57
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,471.24
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,633.17
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,832.95
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,065.18
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,335.20
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,629.72
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	2,966.24
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,377.82
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,853.38
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,403.76
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,041.66

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	101.15	118.49	136.07	153.95	172.07	209.12	247.28
36	102.11	119.96	137.99	156.17	174.53	211.76	249.68
37	103.12	121.46	139.91	158.39	176.99	214.37	252.08
38	104.08	123.01	141.88	160.63	179.32	216.43	253.24
39	105.01	124.48	143.77	162.82	181.66	218.74	255.01
40	105.91	125.89	145.57	164.95	184.06	221.32	257.41
41	106.93	127.36	147.45	167.19	186.57	224.22	260.46
42	106.53	127.20	147.49	167.35	186.84	224.60	260.76
43	107.69	128.65	149.23	169.37	189.09	227.31	263.87
44	108.12	129.24	149.96	170.24	190.08	228.53	265.25
45	109.24	130.67	151.63	172.17	192.27	231.18	268.36
46	110.67	132.39	153.68	174.52	194.90	234.35	272.02
47	112.42	134.54	156.18	177.37	198.07	238.10	276.29
48	113.91	136.57	158.66	180.24	201.24	241.65	279.87
49	114.27	137.23	159.54	181.22	202.29	242.50	280.24
50	115.55	139.02	161.76	183.78	205.08	245.49	282.98
51	117.45	141.61	164.90	187.35	208.97	249.63	286.87
52	118.24	142.92	166.61	189.33	211.04	251.54	288.09
53	119.87	145.13	169.29	192.37	214.38	255.12	291.50
54	121.74	147.63	172.34	195.83	218.16	259.24	295.58
55	124.64	151.33	176.76	200.89	223.72	265.55	302.20
56	128.73	156.52	182.89	207.89	231.48	274.50	311.95
57	132.13	160.80	187.99	213.72	237.97	282.01	320.14
58	136.63	166.42	194.65	221.37	246.53	292.31	331.95
59	141.34	172.47	202.01	229.91	256.22	303.99	345.30
60	148.04	181.14	212.50	242.16	270.06	320.67	364.36
61	156.18	191.63	225.23	256.95	286.82	340.94	387.58
62	166.82	205.31	241.74	276.15	308.53	367.17	417.67
63	179.46	221.21	260.74	298.02	333.09	396.54	451.08
64	193.74	239.04	281.91	322.35	360.36	429.07	488.05
65	206.84	258.41	304.75	348.47	389.59	463.93	527.75
66	225.19	292.14	344.36	393.66	440.03	523.96	596.20
67	235.93	318.41	374.88	428.24	478.51	569.70	648.44
68	261.11	349.59	409.27	468.83	523.45	624.62	715.00
69	284.72	378.94	442.16	507.00	565.61	675.12	774.35
70	308.31	409.16	476.51	549.56	612.56	730.44	837.51
71	331.12	439.06	510.92	583.69	657.89	783.20	896.45
72	354.19	458.31	534.62	603.88	688.86	838.58	957.43
73	378.77	492.76	574.65	648.39	740.36	910.82	1,038.07
74	405.26	524.68	611.55	689.40	788.16	968.35	1,130.03
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,236.29
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.45
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,681.56
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,873.98
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,096.24
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,352.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,649.95
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	2,989.42
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,404.41
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,883.96
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,438.99
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,082.32

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	115.41	135.20	155.26	175.66	196.34	238.62	282.16
36	116.51	136.87	157.45	178.19	199.14	241.62	284.89
37	117.67	138.58	159.64	180.72	201.95	244.60	287.63
38	118.32	139.84	161.29	182.60	203.85	246.03	287.88
39	118.92	140.97	162.82	184.39	205.72	247.72	288.79
40	119.49	142.03	164.23	186.09	207.65	249.69	290.41
41	119.27	142.05	164.47	186.48	208.10	250.09	290.52
42	118.52	141.52	164.09	186.19	207.87	249.88	290.11
43	118.93	142.08	164.80	187.04	208.82	251.03	291.41
44	119.55	142.91	165.81	188.24	210.18	252.69	293.30
45	120.89	144.60	167.81	190.53	212.78	255.84	296.98
46	121.58	145.45	168.84	191.74	214.13	257.47	298.86
47	123.10	147.32	171.02	194.22	216.89	260.72	302.54
48	125.46	150.42	174.74	198.51	221.64	266.15	308.24
49	125.64	150.89	175.41	199.26	222.42	266.64	308.13
50	126.71	152.46	177.39	201.53	224.89	269.20	310.32
51	128.39	154.79	180.26	204.80	228.44	272.88	313.58
52	130.72	158.01	184.19	209.31	233.31	278.08	318.49
53	132.10	159.94	186.57	212.00	236.25	281.15	321.24
54	133.10	161.40	188.41	214.09	238.51	283.42	323.15
55	135.73	164.80	192.49	218.77	243.64	289.19	329.10
56	140.24	170.53	199.25	226.49	252.19	299.06	339.86
57	144.14	175.42	205.08	233.15	259.61	307.65	349.25
58	149.12	181.63	212.45	241.60	269.06	319.03	362.29
59	155.16	189.34	221.77	252.41	281.29	333.72	379.07
60	162.60	198.95	233.40	265.98	296.62	352.22	400.20
61	170.76	209.53	246.26	280.96	313.61	372.78	423.78
62	181.49	223.36	262.99	300.43	335.66	399.45	454.39
63	195.41	240.87	283.92	324.51	362.70	431.79	491.17
64	209.98	259.07	305.53	349.36	390.56	465.03	528.95
65	224.22	278.85	328.85	376.03	420.41	500.62	569.49
66	242.74	313.84	369.94	422.90	472.71	562.88	640.49
67	252.74	338.65	398.71	455.47	508.94	605.92	689.67
68	278.42	368.14	430.99	491.02	548.23	654.19	748.85
69	302.17	400.74	467.60	531.73	593.20	708.06	812.13
70	325.69	431.06	502.01	570.17	635.53	757.83	868.92
71	347.93	461.35	536.85	613.33	683.36	813.52	931.15
72	370.08	478.87	558.60	630.97	719.76	872.12	995.72
73	393.74	512.25	597.38	674.04	769.64	945.89	1,073.14
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,160.99
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,270.63
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,398.18
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,535.67
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,705.75
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,901.34
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	129.24	151.40	173.87	196.72	219.87	267.22	315.97
36	130.47	153.28	176.32	199.55	223.01	270.58	319.04
37	131.77	155.19	178.77	202.38	226.15	273.91	322.10
38	131.66	155.61	179.48	203.19	226.84	273.78	320.34
39	131.49	155.87	180.02	203.87	227.46	273.89	319.31
40	131.26	156.02	180.40	204.42	228.10	274.28	319.01
41	131.15	156.20	180.85	205.06	228.83	275.01	319.46
42	131.44	156.94	181.96	206.48	230.52	277.10	321.72
43	131.10	156.62	181.67	206.19	230.20	276.72	321.23
44	130.98	156.57	181.67	206.24	230.28	276.85	321.34
45	132.54	158.54	183.98	208.90	233.29	280.50	325.61
46	133.00	159.10	184.69	209.73	234.23	281.64	326.92
47	134.29	160.71	186.57	211.88	236.61	284.43	330.05
48	136.48	163.64	190.10	215.95	241.11	289.54	335.33
49	138.64	166.49	193.56	219.87	245.43	294.22	340.00
50	138.99	167.23	194.58	221.06	246.69	295.29	340.39
51	140.48	169.37	197.23	224.09	249.95	298.58	343.11
52	142.60	172.37	200.94	228.34	254.52	303.36	347.44
53	144.33	174.75	203.84	231.63	258.13	307.19	350.99
54	145.71	176.70	206.27	234.39	261.12	310.29	353.78
55	147.47	179.06	209.15	237.70	264.72	314.22	357.58
56	151.08	183.71	214.65	243.99	271.68	322.18	366.13
57	155.44	189.18	221.17	251.44	279.97	331.78	376.64
58	160.88	195.94	229.19	260.64	290.27	344.18	390.85
59	168.22	205.28	240.43	273.65	304.96	361.81	410.98
60	176.35	215.78	253.15	288.47	321.71	382.01	434.05
61	185.35	227.43	267.30	304.96	340.40	404.63	459.98
62	197.07	242.53	285.58	326.22	364.47	433.74	493.41
63	211.36	260.53	307.10	351.00	392.31	467.04	531.27
64	225.13	277.77	327.58	374.57	418.74	498.59	567.12
65	240.20	296.37	349.51	399.66	446.82	532.07	605.27
66	260.66	332.21	391.58	447.64	500.37	595.82	677.96
67	269.97	355.22	418.21	477.75	533.83	635.56	723.41
68	296.18	386.86	452.90	515.99	576.11	687.46	786.93
69	320.09	419.37	489.35	556.46	620.79	740.99	849.90
70	343.58	446.64	520.15	590.78	658.50	785.22	900.32
71	365.28	479.04	557.44	632.62	704.58	838.79	960.07
72	386.54	500.17	583.45	659.04	751.78	900.08	1,027.64
73	409.19	532.34	620.81	700.48	799.83	970.62	1,101.20
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,191.95
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,296.39
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,417.33
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,557.15
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.010
75%	1.013
100%	1.015

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.015
75%	1.018
100%	1.020

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.127
75%	1.130
100%	1.132

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	80.33	98.75	113.40	128.30	143.40	174.28	206.08
36	81.53	99.97	115.00	130.15	145.45	176.48	208.08
37	82.45	101.22	116.60	132.00	147.50	178.65	210.08
38	84.00	102.52	118.24	133.87	149.44	180.37	211.05
39	85.52	103.74	119.82	135.69	151.39	182.29	212.52
40	87.02	104.91	121.31	137.46	153.39	184.44	214.52
41	88.67	106.14	122.89	139.33	155.49	186.86	217.06
42	89.94	107.38	124.51	141.28	157.73	189.61	220.14
43	90.79	108.46	125.81	142.79	159.42	191.63	222.46
44	91.83	109.77	127.36	144.59	161.44	194.09	225.28
45	93.07	111.32	129.18	146.68	163.80	196.95	228.63
46	94.58	113.14	131.34	149.15	166.56	200.28	232.48
47	96.38	115.34	133.90	152.06	169.81	204.13	236.87
48	97.71	117.16	136.10	154.61	172.63	207.29	240.08
49	99.01	118.90	138.23	157.02	175.28	210.12	242.81
50	100.20	120.55	140.27	159.36	177.83	212.87	245.38
51	102.07	123.06	143.30	162.82	181.61	216.94	249.30
52	103.36	124.94	145.65	165.51	184.48	219.88	251.84
53	105.71	127.99	149.30	169.65	189.06	224.99	257.07
54	108.33	131.37	153.35	174.26	194.13	230.69	263.03
55	111.35	135.20	157.91	179.47	199.87	237.24	269.98
56	114.86	139.66	163.18	185.49	206.54	244.92	278.34
57	117.43	142.92	167.09	189.96	211.51	250.65	284.54
58	121.28	147.71	172.78	196.49	218.82	259.46	294.65
59	126.81	154.75	181.25	206.29	229.90	272.75	309.82
60	133.56	163.41	191.71	218.46	243.63	289.30	328.71
61	140.72	172.67	202.93	231.52	258.43	307.19	349.22
62	150.31	184.99	217.82	248.82	278.00	330.83	376.34
63	160.55	201.53	237.55	271.51	303.46	361.26	410.95
64	168.03	217.51	256.52	293.32	327.91	390.43	444.09
65	176.85	237.80	280.43	320.67	358.51	426.91	485.65
66	194.57	263.83	310.99	363.90	406.76	484.35	551.13
67	206.20	279.05	328.54	387.25	432.70	529.07	602.20
68	230.22	308.23	360.85	424.20	473.62	585.62	670.35
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	96.75	113.34	130.15	147.26	164.59	200.03	236.53
36	97.66	114.74	131.99	149.38	166.94	202.55	238.82
37	98.64	116.17	133.82	151.50	169.29	205.04	241.11
38	99.56	117.66	135.71	153.64	171.52	207.02	242.23
39	100.44	119.07	137.52	155.74	173.76	209.22	243.92
40	101.30	120.41	139.23	157.77	176.05	211.69	246.21
41	102.28	121.82	141.04	159.92	178.45	214.47	249.13
42	102.71	122.64	142.19	161.35	180.14	216.54	251.40
43	103.76	123.96	143.78	163.19	182.19	219.01	254.24
44	105.02	125.54	145.66	165.36	184.64	221.98	257.65
45	105.98	126.76	147.10	167.02	186.53	224.27	260.34
46	107.77	128.93	149.66	169.96	189.80	228.22	264.91
47	109.34	130.86	151.91	172.51	192.66	231.59	268.73
48	111.09	133.20	154.73	175.78	196.26	235.67	272.95
49	111.01	133.31	154.99	176.06	196.52	235.59	272.24
50	113.19	136.18	158.45	180.02	200.89	240.47	277.19
51	114.83	138.44	161.21	183.17	204.31	244.06	280.46
52	115.21	139.26	162.35	184.48	205.63	245.09	280.71
53	117.23	141.94	165.57	188.14	209.66	249.51	285.08
54	120.21	145.78	170.17	193.37	215.42	255.99	291.88
55	123.64	150.12	175.34	199.28	221.93	263.43	299.78
56	127.62	155.18	181.31	206.10	229.48	272.14	309.27
57	130.74	159.12	186.02	211.48	235.48	279.06	316.79
58	135.11	164.57	192.49	218.90	243.79	289.06	328.26
59	141.28	172.41	201.93	229.83	256.13	303.87	345.17
60	147.90	180.96	212.30	241.92	269.79	320.36	364.01
61	155.93	191.33	224.87	256.55	286.37	340.40	386.97
62	166.56	204.99	241.36	275.72	308.05	366.59	417.02
63	176.59	223.31	263.23	300.86	336.26	400.32	455.38
64	183.81	241.19	284.44	325.24	363.60	432.93	492.43
65	192.36	261.08	307.89	353.39	395.09	470.48	535.20
66	210.29	285.15	336.12	396.47	443.16	534.11	607.75
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	109.68	128.48	147.55	166.94	186.59	226.76	268.14
36	110.72	130.08	149.63	169.34	189.25	229.62	270.74
37	111.82	131.70	151.71	171.75	191.91	232.45	273.34
38	112.86	133.39	153.85	174.18	194.45	234.69	274.60
39	113.87	134.98	155.90	176.55	196.98	237.19	276.52
40	114.84	136.51	157.84	178.86	199.58	239.98	279.12
41	115.95	138.10	159.89	181.29	202.31	243.13	282.43
42	115.49	137.89	159.88	181.42	202.54	243.47	282.67
43	116.73	139.45	161.76	183.58	204.96	246.38	286.02
44	117.16	140.05	162.50	184.47	205.98	247.63	287.43
45	118.35	141.56	164.28	186.52	208.30	250.46	290.74
46	119.87	143.40	166.46	189.03	211.11	253.84	294.65
47	121.74	145.70	169.13	192.08	214.50	257.85	299.21
48	123.31	147.84	171.74	195.11	217.84	261.58	302.96
49	124.21	149.17	173.42	196.99	219.89	263.61	304.62
50	125.56	151.07	175.77	199.69	222.84	266.75	307.49
51	127.59	153.83	179.13	203.52	227.01	271.17	311.62
52	129.04	155.97	181.83	206.62	230.31	274.51	314.40
53	130.79	158.35	184.71	209.89	233.90	278.35	318.04
54	132.80	161.04	187.98	213.61	237.97	282.78	322.42
55	136.65	165.92	193.80	220.26	245.29	291.16	331.34
56	141.13	171.61	200.51	227.92	253.78	300.95	342.01
57	144.83	176.27	206.07	234.28	260.86	309.14	350.93
58	149.77	182.41	213.36	242.64	270.22	320.41	363.86
59	155.75	190.06	222.61	253.37	282.36	334.99	380.52
60	163.13	199.61	234.17	266.85	297.59	353.37	401.51
61	172.10	211.17	248.18	283.15	316.06	375.69	427.08
62	183.66	226.24	266.38	304.30	339.98	404.59	460.25
63	191.21	245.10	288.91	330.21	369.07	439.38	499.80
64	198.36	264.86	312.36	357.17	399.29	475.42	540.77
65	206.84	280.74	331.08	386.11	431.68	514.04	584.76
66	225.19	305.36	359.93	424.56	474.57	580.56	660.60
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.59
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	126.44	148.12	170.10	192.45	215.11	261.42	309.12
36	127.64	149.96	172.50	195.22	218.18	264.72	312.12
37	128.91	151.83	174.89	197.99	221.25	267.97	315.11
38	129.62	153.19	176.69	200.04	223.32	269.53	315.37
39	130.28	154.43	178.36	201.99	225.37	271.37	316.37
40	130.89	155.58	179.90	203.85	227.47	273.52	318.12
41	130.63	155.59	180.14	204.25	227.93	273.92	318.20
42	129.79	154.98	179.69	203.90	227.64	273.64	317.70
43	130.22	155.57	180.45	204.80	228.65	274.86	319.07
44	130.88	156.45	181.53	206.08	230.10	276.64	321.09
45	132.34	158.29	183.69	208.57	232.92	280.06	325.10
46	133.07	159.19	184.79	209.84	234.35	281.78	327.09
47	134.70	161.21	187.14	212.53	237.34	285.31	331.07
48	137.26	164.58	191.19	217.19	242.50	291.20	337.25
49	138.02	165.74	192.69	218.88	244.32	292.90	338.47
50	139.16	167.44	194.82	221.33	246.99	295.66	340.81
51	140.98	169.98	197.94	224.89	250.84	299.65	344.34
52	143.52	173.48	202.24	229.81	256.16	305.32	349.68
53	145.02	175.58	204.81	232.73	259.35	308.64	352.65
54	146.77	177.99	207.77	236.09	263.02	312.55	356.36
55	149.67	181.73	212.26	241.24	268.66	318.89	362.90
56	154.64	188.04	219.71	249.74	278.08	329.76	374.76
57	158.93	193.42	226.12	257.07	286.24	339.21	385.08
58	164.42	200.26	234.23	266.38	296.66	351.75	399.45
59	171.07	208.76	244.51	278.29	310.13	367.94	417.94
60	179.27	219.35	257.33	293.24	327.02	388.32	441.22
61	189.21	232.17	272.86	311.31	347.49	413.05	469.55
62	201.09	247.48	291.40	332.88	371.91	442.60	503.48
63	209.36	266.89	314.59	359.57	401.88	478.43	544.23
64	216.13	287.06	338.54	387.10	432.75	515.26	586.08
65	224.22	304.33	358.90	416.65	465.82	554.70	631.01
66	242.74	329.14	387.97	457.63	511.53	623.68	709.67
67	252.74	342.02	402.67	474.64	530.35	656.45	747.18
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,199.01
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,295.91
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,399.83
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	83.07	102.11	117.27	132.68	148.29	180.22	213.11
36	84.31	103.38	118.92	134.59	150.41	182.49	215.17
37	85.26	104.67	120.57	136.50	152.53	184.74	217.24
38	86.86	106.01	122.27	138.43	154.54	186.52	218.24
39	88.43	107.28	123.90	140.32	156.55	188.51	219.77
40	89.99	108.49	125.45	142.15	158.62	190.73	221.83
41	91.70	109.75	127.07	144.09	160.79	193.23	224.46
42	93.00	111.05	128.75	146.10	163.11	196.07	227.64
43	93.90	112.18	130.12	147.68	164.88	198.20	230.09
44	95.52	114.18	132.49	150.40	167.94	201.90	234.35
45	96.83	115.82	134.41	152.61	170.43	204.92	237.88
46	98.43	117.74	136.68	155.22	173.34	208.43	241.94
47	100.32	120.07	139.38	158.29	176.77	212.49	246.57
48	103.53	124.13	144.20	163.82	182.90	219.63	254.37
49	106.21	127.55	148.29	168.44	188.02	225.40	260.47
50	109.48	131.72	153.26	174.12	194.30	232.58	268.10
51	112.28	135.37	157.63	179.10	199.77	238.63	274.23
52	115.87	140.06	163.27	185.54	206.81	246.49	282.31
53	117.91	142.76	166.53	189.23	210.87	250.95	286.73
54	121.61	147.47	172.15	195.62	217.93	258.97	295.27
55	125.08	151.88	177.40	201.61	224.53	266.51	303.29
56	129.87	157.91	184.51	209.73	233.53	276.94	314.72
57	133.87	162.93	190.48	216.55	241.12	285.74	324.38
58	138.37	168.53	197.13	224.18	249.66	296.03	336.17
59	144.69	176.56	206.80	235.37	262.30	311.19	353.48
60	152.38	186.45	218.73	249.25	277.97	330.07	375.04
61	160.69	197.17	231.73	264.37	295.10	350.78	398.77
62	171.64	211.24	248.72	284.12	317.44	377.77	429.73
63	182.24	228.76	269.65	308.20	344.46	410.08	466.48
64	192.04	248.59	293.17	335.22	374.75	446.21	507.54
65	200.91	270.15	318.59	364.30	407.29	485.00	551.72
66	221.23	299.98	353.59	413.75	462.48	550.70	626.63
67	234.65	317.54	373.85	440.66	492.38	602.05	685.26
68	262.41	351.34	411.32	483.53	539.86	667.52	764.11
69	288.97	384.59	448.76	526.54	587.41	728.95	836.09
70	318.19	422.28	491.78	576.33	642.39	796.39	913.13
71	345.89	458.63	533.70	609.72	694.40	852.59	986.03
72	371.98	481.33	561.47	634.21	723.46	891.93	1,054.95
73	399.62	519.89	606.29	684.10	781.13	960.97	1,136.76
74	429.88	556.55	648.70	731.27	836.03	1,027.17	1,230.25
75	462.25	622.14	725.42	817.80	933.05	1,142.56	1,334.16
76	496.79	680.30	792.80	893.09	1,019.44	1,246.83	1,449.07
77	535.56	713.01	830.32	934.62	1,068.03	1,305.62	1,580.76
78	609.83	797.11	928.30	1,057.75	1,192.62	1,454.82	1,822.86
79	664.36	845.88	1,012.70	1,164.81	1,302.23	1,532.93	2,011.69
80	725.35	927.80	1,113.93	1,283.72	1,437.15	1,695.05	2,227.35
81	798.87	1,025.40	1,234.01	1,424.69	1,597.45	1,889.18	2,488.88
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,785.85
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,147.88
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,585.94
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	4,091.56
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,676.83
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,355.29

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	64.08	82.57	94.82	110.69	123.72	156.32	184.85
36	64.92	83.90	96.51	112.70	125.95	158.87	187.32
37	66.17	85.73	98.75	115.36	128.90	162.32	190.87
38	67.27	87.46	100.87	117.84	131.55	165.07	193.14
39	68.25	88.99	102.78	120.10	133.99	167.74	195.56
40	69.57	90.96	105.18	122.97	137.22	171.54	199.52
41	70.47	92.33	106.90	125.06	139.56	174.37	202.56
42	71.52	93.93	108.91	127.52	142.37	177.92	206.57
43	73.74	96.91	112.41	131.64	146.97	183.67	213.22
44	76.04	99.99	116.01	135.89	151.74	189.66	220.13
45	78.46	103.23	119.80	140.35	156.74	195.93	227.44
46	81.55	107.32	124.58	145.97	163.02	203.78	236.55
47	84.84	111.68	129.65	151.92	169.66	212.03	246.03
48	89.15	117.57	136.58	160.10	178.75	220.87	255.80
49	93.44	123.43	143.50	168.20	187.75	227.95	263.42
50	98.33	130.14	151.42	176.08	196.50	235.21	271.13
51	103.01	136.61	159.08	182.15	203.17	242.70	278.90
52	108.08	142.45	166.06	188.70	210.33	250.70	287.13
53	113.08	146.86	171.31	194.67	216.93	258.16	294.97
54	118.21	151.71	177.10	201.24	224.19	266.41	303.75
55	124.13	156.27	182.52	207.44	231.02	274.21	312.06
56	130.52	162.48	189.84	215.80	240.28	284.94	323.82
57	137.79	167.69	196.05	222.88	248.17	294.10	333.86
58	143.25	174.48	204.09	232.09	258.48	306.48	348.04
59	149.79	182.79	214.09	243.67	271.56	322.18	365.96
60	157.76	193.03	226.45	258.05	287.78	341.72	388.28
61	166.39	204.17	239.96	273.76	305.58	363.24	412.92
62	177.73	218.74	257.55	294.21	328.71	391.18	444.99
63	188.90	232.85	274.46	313.70	350.62	417.41	474.81
64	201.48	248.59	293.17	335.22	374.75	446.21	507.54
65	216.38	268.53	316.68	362.12	404.85	482.09	548.42
66	241.37	303.35	357.57	408.76	456.91	544.06	619.08
67	258.84	330.37	388.96	444.33	496.49	591.10	672.80
68	290.90	371.03	434.37	494.88	552.54	659.33	754.73
69	318.34	415.63	484.97	551.49	615.24	734.37	842.30
70	345.38	458.37	533.81	612.73	682.97	814.40	933.78
71	370.98	491.91	572.42	653.96	744.78	901.40	1,031.73
72	395.72	512.04	597.30	674.68	769.62	948.84	1,122.26
73	422.25	549.34	640.63	722.84	825.36	1,015.40	1,201.14
74	450.11	582.74	679.22	765.68	875.38	1,075.51	1,288.15
75	480.06	646.10	753.36	849.30	968.99	1,186.57	1,385.56
76	509.70	697.96	813.39	916.28	1,045.92	1,279.21	1,486.70
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,602.94
78	601.50	786.22	915.62	1,043.30	1,176.33	1,434.95	1,797.96
79	644.56	820.67	982.52	1,130.10	1,263.42	1,487.24	1,951.74
80	692.80	886.16	1,063.94	1,226.11	1,372.67	1,618.99	2,127.40
81	751.66	964.80	1,161.08	1,340.49	1,503.04	1,777.53	2,341.79
82	818.63	1,053.18	1,269.81	1,468.56	1,649.40	1,957.40	2,588.69
83	912.75	1,175.87	1,419.78	1,644.48	1,849.96	2,203.29	2,926.13
84	1,026.81	1,323.44	1,599.55	1,855.11	2,090.13	2,498.56	3,333.30
85	1,158.34	1,492.39	1,804.72	2,095.37	2,364.32	2,837.12	3,803.29
86	1,310.63	1,686.39	2,039.56	2,370.14	2,678.13	3,226.33	4,347.32
87	1,487.34	1,909.57	2,308.70	2,684.75	3,037.70	3,674.34	4,977.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	79.03	92.58	106.31	120.28	134.44	163.39	193.20
36	79.78	93.72	107.81	122.01	136.36	165.45	195.07
37	80.08	94.32	108.65	123.00	137.44	166.47	195.75
38	80.83	95.53	110.18	124.74	139.25	168.07	196.66
39	81.55	96.67	111.65	126.44	141.07	169.86	198.03
40	82.25	97.76	113.04	128.09	142.93	171.86	199.89
41	82.53	98.30	113.81	129.04	144.00	173.06	201.03
42	82.78	98.84	114.60	130.04	145.18	174.52	202.62
43	84.05	100.40	116.46	132.18	147.57	177.40	205.93
44	84.97	101.57	117.85	133.78	149.38	179.59	208.45
45	86.61	103.60	120.22	136.50	152.44	183.29	212.77
46	87.98	105.25	122.18	138.74	154.94	186.30	216.26
47	90.18	107.92	125.28	142.28	158.89	191.00	221.64
48	93.06	111.58	129.62	147.25	164.41	197.42	228.65
49	96.01	115.30	134.04	152.26	169.96	203.75	235.45
50	98.96	119.07	138.54	157.39	175.64	210.24	242.35
51	102.07	123.06	143.30	162.82	181.61	216.94	249.30
52	105.34	127.33	148.43	168.67	188.01	224.09	256.65
53	108.42	131.27	153.13	174.00	193.91	230.76	263.66
54	111.83	135.61	158.30	179.88	200.40	238.13	271.51
55	114.96	139.59	163.04	185.30	206.36	244.94	278.75
56	119.36	145.13	169.58	192.76	214.63	254.53	289.25
57	123.70	150.54	176.00	200.09	222.79	264.02	299.71
58	128.60	156.64	183.21	208.36	232.04	275.13	312.44
59	134.47	164.10	192.20	218.75	243.78	289.23	328.53
60	141.62	173.29	203.29	231.66	258.35	306.77	348.57
61	149.28	183.17	215.28	245.60	274.15	325.87	370.45
62	159.45	196.24	231.06	263.95	294.90	350.95	399.22
63	164.36	208.34	245.57	280.68	313.71	373.47	424.83
64	170.00	223.43	263.50	301.30	336.83	401.05	456.18
65	178.77	242.64	286.14	327.22	365.83	435.63	495.56
66	195.17	264.64	311.94	367.95	411.29	494.30	562.45
67	205.62	278.26	327.61	386.16	431.48	534.08	607.90
68	234.08	313.40	366.91	431.32	481.57	597.43	683.88
69	261.41	347.91	405.96	476.33	531.40	659.43	756.36
70	291.65	387.05	450.76	528.25	588.80	729.95	836.95
71	321.27	425.99	495.71	566.32	644.97	791.91	915.84
72	348.13	450.46	525.47	593.54	677.07	834.74	987.30
73	372.70	484.87	565.45	638.02	728.51	896.24	1,060.19
74	396.47	513.29	598.28	674.43	771.05	947.34	1,134.64
75	421.95	567.90	662.18	746.51	851.71	1,042.95	1,217.86
76	450.74	617.23	719.30	810.29	924.94	1,131.24	1,314.73
77	496.06	660.42	769.08	865.68	989.25	1,209.32	1,464.16
78	538.21	703.50	819.28	933.53	1,052.56	1,283.97	1,608.79
79	591.46	753.06	901.57	1,036.99	1,159.33	1,364.72	1,790.94
80	653.50	835.90	1,003.59	1,156.56	1,294.80	1,527.15	2,006.73
81	721.41	925.98	1,114.36	1,286.56	1,442.57	1,706.01	2,247.57
82	804.81	1,035.39	1,248.37	1,443.76	1,621.54	1,924.34	2,544.97
83	896.53	1,154.97	1,394.54	1,615.25	1,817.08	2,164.13	2,874.13
84	1,008.01	1,299.21	1,570.26	1,821.14	2,051.86	2,452.80	3,272.26
85	1,145.95	1,476.42	1,785.41	2,072.94	2,339.02	2,806.76	3,762.59
86	1,296.20	1,667.82	2,017.10	2,344.04	2,648.63	3,190.80	4,299.45
87	1,470.49	1,887.93	2,282.54	2,654.33	3,003.29	3,632.71	4,921.59

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	91.96	107.72	123.71	139.97	156.44	190.12	224.82
36	92.83	109.06	125.45	141.98	158.67	192.52	227.00
37	93.27	109.85	126.53	143.25	160.07	193.88	227.98
38	94.13	111.25	128.32	145.28	162.18	195.74	229.04
39	94.97	112.58	130.03	147.26	164.29	197.83	230.63
40	95.79	113.85	131.65	149.18	166.46	200.16	232.80
41	96.20	114.58	132.66	150.42	167.85	201.73	234.33
42	96.58	115.32	133.70	151.72	169.38	203.61	236.40
43	98.05	117.14	135.88	154.21	172.17	206.96	240.26
44	99.21	118.60	137.61	156.22	174.43	209.71	243.41
45	101.13	120.97	140.38	159.39	178.00	214.03	248.45
46	102.82	123.01	142.79	162.15	181.09	217.74	252.75
47	105.40	126.14	146.43	166.29	185.70	223.23	259.04
48	108.76	130.41	151.49	172.10	192.15	230.74	267.23
49	112.21	134.76	156.66	177.96	198.65	238.14	275.19
50	115.66	139.16	161.91	183.95	205.28	245.72	283.25
51	119.29	143.83	167.48	190.29	212.25	253.55	291.37
52	123.11	148.81	173.48	197.13	219.73	261.90	299.96
53	126.72	153.43	178.97	203.37	226.63	269.70	308.15
54	130.70	158.49	185.01	210.24	234.21	278.32	317.33
55	134.48	163.29	190.73	216.76	241.40	286.54	326.08
56	139.63	169.78	198.38	225.49	251.08	297.75	338.37
57	144.05	175.31	204.96	233.01	259.45	307.46	349.04
58	148.95	181.42	212.20	241.32	268.76	318.67	361.88
59	155.75	190.06	222.61	253.37	282.36	334.99	380.52
60	164.03	200.70	235.46	268.32	299.23	355.31	403.72
61	173.05	212.33	249.55	284.71	317.80	377.76	429.44
62	184.84	227.48	267.86	305.98	341.86	406.83	462.79
63	191.22	242.38	285.70	326.55	364.97	434.49	494.25
64	197.02	258.94	305.38	349.19	390.36	464.80	528.68
65	206.18	279.84	330.01	377.39	421.92	502.42	571.54
66	222.67	301.94	355.90	419.81	469.25	563.97	641.73
67	235.00	318.02	374.41	441.32	493.12	610.38	694.74
68	265.93	356.04	416.83	490.00	547.09	678.72	776.92
69	296.98	395.25	461.20	541.14	603.69	749.15	859.26
70	333.59	442.72	515.59	604.23	673.49	834.95	957.33
71	360.88	478.51	556.83	636.14	724.49	889.54	1,028.76
72	384.14	497.06	579.82	654.94	747.11	921.09	1,089.44
73	406.58	528.95	616.86	696.02	794.74	977.72	1,156.57
74	430.21	556.97	649.20	731.83	836.68	1,027.96	1,231.20
75	458.65	617.29	719.76	811.42	925.78	1,133.64	1,323.76
76	487.20	667.15	777.48	875.83	999.75	1,222.74	1,421.07
77	529.13	704.44	820.35	923.39	1,055.20	1,289.94	1,561.78
78	574.64	751.11	874.72	996.70	1,123.79	1,370.86	1,717.65
79	627.58	799.05	956.63	1,100.32	1,230.13	1,448.06	1,900.31
80	688.69	880.91	1,057.63	1,218.84	1,364.52	1,609.38	2,114.78
81	760.87	976.62	1,175.30	1,356.92	1,521.46	1,799.31	2,370.49
82	842.83	1,084.31	1,307.35	1,511.97	1,698.15	2,015.26	2,665.21
83	939.57	1,210.41	1,461.48	1,692.78	1,904.30	2,268.00	3,012.08
84	1,056.78	1,362.08	1,646.24	1,909.26	2,151.14	2,571.49	3,430.60
85	1,192.16	1,535.95	1,857.40	2,156.53	2,433.33	2,919.94	3,914.31
86	1,348.89	1,735.62	2,099.09	2,439.32	2,756.30	3,320.51	4,474.22
87	1,530.75	1,965.31	2,376.09	2,763.12	3,126.37	3,781.60	5,123.30

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	105.85	124.00	142.39	161.11	180.07	218.84	258.77
36	106.85	125.53	144.40	163.43	182.64	221.60	261.28
37	107.43	126.52	145.74	165.00	184.37	223.31	262.59
38	108.43	128.15	147.80	167.34	186.81	225.46	263.81
39	109.39	129.67	149.77	169.61	189.24	227.87	265.65
40	110.33	131.14	151.64	171.83	191.74	230.55	268.15
41	110.88	132.07	152.91	173.38	193.47	232.52	270.10
42	111.40	133.01	154.22	175.00	195.37	234.85	272.67
43	113.10	135.11	156.72	177.87	198.59	238.72	277.12
44	113.99	136.26	158.10	179.49	200.41	240.94	279.66
45	116.20	138.99	161.29	183.13	204.52	245.90	285.45
46	118.77	142.08	164.94	187.30	209.17	251.51	291.95
47	121.74	145.70	169.13	192.08	214.50	257.85	299.21
48	125.63	150.63	174.98	198.79	221.95	266.52	308.67
49	129.61	155.65	180.96	205.56	229.45	275.07	317.86
50	133.60	160.74	187.02	212.48	237.11	283.83	327.18
51	137.79	166.13	193.46	219.80	245.17	292.87	336.55
52	142.21	171.89	200.38	227.71	253.81	302.52	346.48
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	150.97	183.07	213.71	242.84	270.53	321.48	366.54
55	155.45	188.75	220.46	250.56	279.04	331.21	376.92
56	161.40	196.25	229.31	260.65	290.23	344.17	391.13
57	168.32	204.85	239.49	272.27	303.16	359.27	407.84
58	175.00	213.14	249.31	283.52	315.75	374.39	425.16
59	182.99	223.30	261.54	297.67	331.73	393.57	447.05
60	192.71	235.80	276.63	315.23	351.55	417.45	474.31
61	203.47	249.67	293.43	334.77	373.68	444.19	504.95
62	217.34	267.48	314.95	359.78	401.97	478.36	544.16
63	226.67	287.31	338.67	387.09	432.63	515.05	585.88
64	233.05	306.29	361.22	413.04	461.74	549.79	625.36
65	240.74	326.75	385.33	440.65	492.65	586.64	667.35
66	259.35	351.67	414.52	488.95	546.54	656.86	747.42
67	268.57	363.45	427.90	504.37	563.57	697.57	793.99
68	294.59	394.42	461.76	542.82	606.06	751.87	860.66
69	318.32	423.65	494.34	580.02	647.07	802.98	921.01
70	341.58	453.33	527.94	618.70	689.63	854.94	980.26
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	115.02	141.39	162.37	183.71	205.33	249.54	295.07
36	113.96	139.73	160.74	181.91	203.30	246.67	290.84
37	112.43	138.03	158.99	179.99	201.13	243.61	286.47
38	111.68	136.30	157.21	177.98	198.69	239.81	280.60
39	110.78	134.39	155.21	175.78	196.12	236.15	275.31
40	110.26	132.93	153.71	174.17	194.35	233.69	271.81
41	109.33	130.86	151.51	171.79	191.71	230.39	267.63
42	107.82	128.74	149.27	169.38	189.10	227.31	263.91
43	106.35	127.06	147.38	167.27	186.75	224.48	260.59
44	105.02	125.54	145.66	165.36	184.64	221.98	257.65
45	104.36	124.83	144.86	164.48	183.69	220.86	256.38
46	103.37	123.66	143.56	163.02	182.06	218.91	254.10
47	102.58	122.76	142.51	161.84	180.74	217.26	252.11
48	103.53	124.13	144.20	163.82	182.90	219.63	254.37
49	104.41	125.39	145.77	165.59	184.84	221.58	256.06
50	104.53	125.76	146.33	166.25	185.52	222.07	255.99
51	105.26	126.91	147.78	167.90	187.28	223.72	257.09
52	106.00	128.12	149.36	169.73	189.18	225.49	258.25
53	106.39	128.81	150.26	170.74	190.27	226.43	258.72
54	106.93	129.68	151.38	172.01	191.63	227.71	259.63
55	107.01	129.93	151.76	172.48	192.08	228.00	259.46
56	108.10	131.44	153.58	174.58	194.39	230.51	261.97
57	109.60	133.39	155.95	177.29	197.41	233.94	265.57
58	111.51	135.82	158.86	180.66	201.20	238.56	270.92
59	114.90	140.21	164.22	186.91	208.30	247.12	280.71
60	118.32	144.77	169.84	193.54	215.84	256.29	291.21
61	123.60	151.67	178.25	203.37	227.00	269.83	306.74
62	131.01	161.24	189.85	216.88	242.31	288.36	328.02
63	138.85	174.29	205.45	234.82	262.45	312.45	355.42
64	146.31	189.40	223.36	255.41	285.52	339.97	386.69
65	152.79	205.44	242.28	277.04	309.73	368.83	419.57
66	169.25	229.50	270.52	316.54	353.83	421.32	479.41
67	179.18	242.48	285.49	336.50	376.00	459.75	523.29
68	198.02	265.12	310.38	364.87	407.38	503.71	576.60
69	214.05	284.88	332.41	390.03	435.12	539.96	619.33
70	229.25	304.25	354.33	415.24	462.84	573.80	657.90
71	245.82	325.95	379.29	433.32	493.50	605.93	700.76
72	258.25	334.17	389.81	440.31	502.27	619.24	732.42
73	273.29	355.54	414.63	467.83	534.19	657.18	777.40
74	289.39	374.67	436.70	492.29	562.82	691.49	828.21
75	308.17	414.76	483.61	545.20	622.04	761.70	889.44
76	337.95	462.79	539.32	607.54	693.50	848.18	985.76
77	371.92	495.14	576.61	649.04	741.69	906.68	1,097.75
78	413.71	540.76	629.76	717.58	809.07	986.95	1,236.63
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,398.26
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,587.26
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,808.38
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,067.79
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,368.85
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,718.78
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,126.17
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,601.26
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,156.17

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	78.05	95.94	110.18	124.66	139.33	169.33	200.23
36	79.22	97.13	111.73	126.45	141.32	171.46	202.17
37	79.64	97.77	112.62	127.50	142.47	172.56	202.91
38	81.14	99.02	114.21	129.30	144.35	174.22	203.85
39	82.11	99.61	115.05	130.29	145.37	175.04	204.07
40	83.56	100.74	116.49	132.00	147.29	177.10	205.99
41	84.64	101.31	117.30	133.00	148.42	178.37	207.20
42	85.85	102.50	118.85	134.86	150.56	180.99	210.13
43	86.64	103.50	120.06	136.26	152.13	182.87	212.29
44	88.13	105.35	122.24	138.77	154.95	186.28	216.22
45	89.30	106.82	123.95	140.74	157.17	188.98	219.38
46	91.28	109.19	126.76	143.94	160.75	193.29	224.37
47	93.00	111.30	129.20	146.73	163.86	196.97	228.56
48	94.22	112.97	131.24	149.09	166.46	199.89	231.51
49	94.81	113.86	132.37	150.36	167.84	201.21	232.51
50	95.87	115.35	134.21	152.47	170.15	203.67	234.78
51	96.97	116.91	136.14	154.68	172.53	206.09	236.83
52	98.10	118.57	138.23	157.08	175.08	208.68	239.00
53	98.26	118.97	138.77	157.69	175.73	209.12	238.94
54	99.25	120.35	140.49	159.64	177.85	211.34	240.97
55	100.50	122.03	142.53	161.99	180.40	214.13	243.68
56	101.34	123.23	143.98	163.67	182.24	216.11	245.59
57	103.34	125.77	147.04	167.16	186.13	220.57	250.39
58	106.63	129.87	151.90	172.75	192.39	228.12	259.05
59	111.49	136.06	159.35	181.37	202.12	239.80	272.39
60	116.52	142.58	167.26	190.61	212.57	252.41	286.79
61	123.60	151.67	178.25	203.37	227.00	269.83	306.74
62	131.01	161.24	189.85	216.88	242.31	288.36	328.02
63	138.85	174.29	205.45	234.82	262.45	312.45	355.42
64	146.31	189.40	223.36	255.41	285.52	339.97	386.69
65	152.79	205.44	242.28	277.04	309.73	368.83	419.57
66	169.25	229.50	270.52	316.54	353.83	421.32	479.41
67	179.18	242.48	285.49	336.50	376.00	459.75	523.29
68	198.02	265.12	310.38	364.87	407.38	503.71	576.60
69	214.05	284.88	332.41	390.03	435.12	539.96	619.33
70	229.25	304.25	354.33	415.24	462.84	573.80	657.90
71	245.82	325.95	379.29	433.32	493.50	605.93	700.76
72	258.25	334.17	389.81	440.31	502.27	619.24	732.42
73	273.29	355.54	414.63	467.83	534.19	657.18	777.40
74	289.39	374.67	436.70	492.29	562.82	691.49	828.21
75	308.17	414.76	483.61	545.20	622.04	761.70	889.44
76	337.95	462.79	539.32	607.54	693.50	848.18	985.76
77	371.92	495.14	576.61	649.04	741.69	906.68	1,097.75
78	413.71	540.76	629.76	717.58	809.07	986.95	1,236.63
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,398.26
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,587.26
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,808.38
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,067.79
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,368.85
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,718.78
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,126.17
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,601.26
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,156.17

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	84.44	103.80	119.20	134.86	150.74	183.19	216.62
36	85.70	105.08	120.88	136.80	152.89	185.50	218.72
37	86.67	106.39	122.56	138.75	155.04	187.78	220.82
38	88.29	107.76	124.29	140.71	157.09	189.60	221.84
39	89.89	109.04	125.94	142.63	159.13	191.62	223.39
40	91.48	110.28	127.52	144.49	161.23	193.87	225.49
41	93.21	111.56	129.17	146.46	163.44	196.42	228.16
42	94.54	112.88	130.87	148.51	165.80	199.30	231.39
43	95.46	114.04	132.28	150.13	167.62	201.49	233.90
44	96.58	115.44	133.95	152.07	169.79	204.13	236.94
45	97.91	117.11	135.90	154.31	172.32	207.20	240.52
46	99.52	119.06	138.21	156.95	175.28	210.76	244.64
47	101.45	121.41	140.94	160.07	178.75	214.88	249.34
48	102.37	122.74	142.58	161.98	180.85	217.16	251.51
49	103.81	124.67	144.93	164.64	183.77	220.31	254.59
50	105.15	126.51	147.19	167.23	186.62	223.38	257.50
51	106.54	128.44	149.57	169.94	189.55	226.43	260.20
52	107.97	130.51	152.14	172.89	192.71	229.69	263.07
53	110.46	133.74	156.00	177.27	197.54	235.08	268.60
54	113.23	137.30	160.28	182.13	202.90	241.11	274.91
55	116.41	141.34	165.09	187.63	208.95	248.02	282.25
56	119.36	145.13	169.58	192.76	214.63	254.53	289.25
57	122.13	148.64	173.77	197.55	219.97	260.68	295.92
58	126.16	153.66	179.73	204.40	227.64	269.91	306.51
59	131.92	160.98	188.55	214.60	239.15	283.74	322.29
60	138.93	170.00	199.43	227.26	253.44	300.95	341.95
61	145.47	178.50	209.79	239.35	267.16	317.57	361.01
62	155.39	191.24	225.18	257.23	287.39	342.01	389.05
63	165.97	208.34	245.57	280.68	313.71	373.47	424.83
64	173.75	224.91	265.25	303.29	339.06	403.71	459.20
65	182.87	245.89	289.97	331.58	370.71	441.44	502.16
66	199.90	271.06	319.51	373.87	417.91	497.62	566.23
67	211.89	286.75	337.60	397.93	444.64	543.67	618.81
68	236.66	316.85	370.94	436.06	486.87	602.00	689.11
69	260.43	346.61	404.44	474.54	529.40	656.96	753.51
70	282.62	375.07	436.80	511.89	570.57	707.35	811.04
71	306.73	406.71	473.28	540.69	615.79	756.07	874.40
72	331.70	429.21	500.67	565.54	645.12	795.35	940.72
73	358.37	466.23	543.71	613.48	700.49	861.78	1,019.42
74	384.92	498.34	580.86	654.80	748.61	919.75	1,101.60
75	419.11	564.07	657.71	741.47	845.97	1,035.92	1,209.64
76	456.24	624.76	728.08	820.18	936.22	1,145.05	1,330.78
77	498.37	663.49	772.66	869.71	993.86	1,214.95	1,470.98
78	571.18	746.59	869.46	990.71	1,117.03	1,362.62	1,707.32
79	626.13	797.19	954.41	1,097.77	1,227.28	1,444.70	1,895.91
80	688.28	880.39	1,057.01	1,218.13	1,363.72	1,608.44	2,113.54
81	763.36	979.83	1,179.16	1,361.37	1,526.45	1,805.21	2,378.27
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,681.12
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	100.58	117.82	135.31	153.09	171.11	207.95	245.89
36	101.53	119.28	137.21	155.29	173.55	210.57	248.28
37	102.54	120.77	139.12	157.50	175.99	213.16	250.66
38	103.50	122.32	141.08	159.73	178.31	215.22	251.82
39	104.42	123.78	142.96	161.90	180.64	217.51	253.58
40	105.31	125.18	144.75	164.02	183.02	220.07	255.96
41	106.33	126.64	146.62	166.25	185.52	222.96	259.00
42	106.80	127.52	147.85	167.77	187.31	225.16	261.41
43	107.91	128.91	149.54	169.71	189.48	227.77	264.41
44	108.71	129.95	150.79	171.18	191.13	229.79	266.72
45	109.74	131.27	152.33	172.96	193.15	232.24	269.59
46	111.62	133.53	155.01	176.03	196.58	236.37	274.38
47	113.29	135.58	157.39	178.74	199.61	239.94	278.43
48	115.16	138.08	160.40	182.22	203.45	244.31	282.95
49	115.21	138.36	160.85	182.72	203.96	244.50	282.55
50	116.90	140.65	163.65	185.92	207.47	248.35	286.28
51	118.66	143.06	166.59	189.27	211.12	252.19	289.81
52	119.16	144.04	167.91	190.81	212.68	253.50	290.33
53	121.30	146.86	171.31	194.67	216.93	258.16	294.97
54	124.41	150.86	176.11	200.12	222.94	264.92	302.06
55	127.25	154.51	180.47	205.11	228.42	271.13	308.55
56	131.37	159.74	186.64	212.16	236.23	280.14	318.36
57	134.66	163.88	191.59	217.82	242.53	287.41	326.27
58	139.18	169.52	198.29	225.50	251.13	297.77	338.15
59	145.54	177.60	208.01	236.75	263.84	313.02	355.56
60	152.38	186.45	218.73	249.25	277.97	330.07	375.04
61	160.69	197.17	231.73	264.37	295.10	350.78	398.77
62	170.62	209.99	247.25	282.44	315.56	375.54	427.19
63	180.90	228.76	269.65	308.20	344.46	410.08	466.48
64	188.32	247.11	291.42	333.22	372.52	443.55	504.51
65	197.10	267.52	315.49	362.12	404.85	482.09	548.42
66	215.52	292.24	344.47	406.32	454.17	547.38	622.85
67	225.52	305.19	359.31	423.53	473.24	585.76	666.73
68	250.62	335.55	392.83	461.80	515.60	639.65	732.20
69	274.45	365.26	426.21	500.08	557.90	692.32	794.08
70	298.42	396.04	461.22	540.52	602.48	746.91	856.39
71	319.92	424.21	493.64	563.95	642.27	788.59	912.01
72	343.94	445.05	519.15	586.41	668.93	824.70	975.43
73	369.70	480.97	560.90	632.88	722.65	889.03	1,051.66
74	397.74	514.94	600.21	676.61	773.54	950.39	1,138.29
75	430.74	579.72	675.96	762.04	869.44	1,064.66	1,243.20
76	466.06	638.21	743.75	837.84	956.38	1,169.70	1,359.43
77	504.73	671.97	782.53	880.82	1,006.55	1,230.47	1,489.77
78	570.76	746.04	868.82	989.98	1,116.21	1,361.62	1,706.07
79	628.67	800.44	958.30	1,102.24	1,232.27	1,450.58	1,903.62
80	690.81	883.62	1,060.89	1,222.60	1,368.73	1,614.34	2,121.30
81	765.45	982.51	1,182.39	1,365.10	1,530.63	1,810.16	2,384.78
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	112.55	131.85	151.41	171.31	191.48	232.70	275.17
36	113.62	133.48	153.55	173.78	194.21	235.64	277.83
37	114.75	135.15	155.68	176.25	196.94	238.54	280.50
38	115.82	136.88	157.88	178.74	199.54	240.84	281.80
39	116.85	138.52	159.98	181.18	202.14	243.40	283.77
40	117.85	140.08	161.98	183.54	204.81	246.27	286.43
41	118.99	141.72	164.08	186.04	207.61	249.50	289.83
42	118.55	141.55	164.12	186.24	207.92	249.94	290.18
43	119.84	143.17	166.07	188.48	210.43	252.95	293.65
44	120.32	143.83	166.89	189.46	211.55	254.33	295.20
45	121.58	145.42	168.76	191.61	213.98	257.29	298.67
46	122.62	146.69	170.28	193.37	215.95	259.66	301.41
47	124.56	149.07	173.05	196.52	219.47	263.82	306.13
48	126.21	151.33	175.79	199.71	222.97	267.75	310.10
49	127.21	152.77	177.61	201.75	225.20	269.97	311.98
50	128.65	154.79	180.10	204.61	228.33	273.32	315.06
51	130.78	157.67	183.61	208.61	232.68	277.95	319.41
52	131.67	159.16	185.54	210.84	235.01	280.11	320.81
53	133.50	161.63	188.54	214.24	238.75	284.12	324.63
54	135.59	164.43	191.94	218.11	242.98	288.74	329.21
55	139.55	169.44	197.90	224.92	250.49	297.32	338.35
56	144.13	175.26	204.77	232.77	259.18	307.35	349.29
57	147.96	180.08	210.53	239.34	266.50	315.82	358.52
58	153.02	186.38	218.00	247.92	276.10	327.37	371.77
59	159.16	194.22	227.48	258.90	288.53	342.31	388.83
60	165.82	202.90	238.03	271.25	302.50	359.20	408.13
61	174.95	214.67	252.30	287.84	321.30	381.92	434.16
62	186.71	229.98	270.80	309.34	345.62	411.30	467.88
63	194.40	249.19	293.72	335.72	375.22	446.70	508.13
64	201.69	269.30	317.60	363.16	405.98	483.39	549.83
65	210.35	285.50	336.69	392.66	438.99	522.75	594.67
66	229.05	310.59	366.10	431.84	482.70	590.51	671.92
67	238.66	322.96	380.24	448.19	500.80	619.87	705.55
68	264.20	353.73	414.11	486.81	543.53	674.30	771.87
69	288.19	383.56	447.56	525.13	585.84	727.00	833.85
70	312.16	414.28	482.46	565.41	630.22	781.30	895.82
71	335.39	444.72	517.51	591.23	673.34	826.73	956.12
72	358.91	464.42	541.75	611.93	698.04	860.60	1,017.89
73	381.32	496.09	578.53	652.78	745.36	916.98	1,084.71
74	408.04	528.27	615.74	694.12	793.56	974.99	1,167.75
75	439.67	591.75	689.98	777.85	887.48	1,086.75	1,269.00
76	472.83	647.48	754.55	850.01	970.27	1,186.69	1,379.17
77	515.06	685.72	798.54	898.84	1,027.15	1,255.64	1,520.25
78	574.68	751.16	874.78	996.77	1,123.87	1,370.96	1,717.78
79	631.27	803.75	962.26	1,106.79	1,237.37	1,456.58	1,911.49
80	693.43	886.97	1,064.91	1,227.23	1,373.92	1,620.46	2,129.34
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	127.88	149.80	172.03	194.64	217.55	264.39	312.64
36	129.09	151.66	174.46	197.44	220.66	267.72	315.67
37	130.38	153.55	176.88	200.24	223.76	271.02	318.69
38	131.10	154.94	178.71	202.32	225.86	272.61	318.97
39	131.77	156.20	180.40	204.31	227.95	274.48	319.99
40	132.40	157.37	181.97	206.19	230.08	276.66	321.78
41	132.15	157.40	182.23	206.63	230.58	277.11	321.90
42	131.33	156.81	181.81	206.30	230.32	276.87	321.45
43	131.78	157.42	182.61	207.25	231.38	278.14	322.88
44	132.46	158.34	183.72	208.57	232.89	279.98	324.98
45	133.95	160.22	185.93	211.11	235.76	283.47	329.06
46	134.72	161.16	187.08	212.45	237.26	285.28	331.14
47	136.40	163.24	189.49	215.20	240.32	288.89	335.22
48	139.01	166.67	193.62	219.95	245.58	294.90	341.54
49	139.82	167.90	195.20	221.74	247.51	296.72	342.88
50	141.02	169.67	197.41	224.29	250.28	299.60	345.35
51	142.90	172.28	200.62	227.94	254.25	303.71	349.02
52	144.84	175.07	204.09	231.92	258.51	308.12	352.89
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	148.17	179.68	209.75	238.34	265.52	315.53	359.75
55	151.11	183.48	214.31	243.57	271.25	321.97	366.40
56	156.14	189.86	221.84	252.17	280.78	332.97	378.40
57	160.49	195.32	228.35	259.61	289.06	342.56	388.87
58	166.04	202.24	236.55	269.02	299.60	355.23	403.41
59	172.77	210.83	246.94	281.06	313.22	371.60	422.10
60	181.06	221.54	259.90	296.17	330.29	392.20	445.63
61	191.11	234.50	275.61	314.43	350.98	417.20	474.27
62	203.12	249.98	294.35	336.24	375.67	447.07	508.56
63	211.49	269.61	317.80	363.24	405.98	483.31	549.78
64	218.36	290.02	342.03	391.09	437.21	520.57	592.13
65	225.40	305.93	360.78	418.84	468.26	557.60	634.31
66	244.03	330.90	390.04	460.07	514.26	627.00	713.45
67	254.11	343.88	404.86	477.21	533.23	660.02	751.24
68	280.00	374.88	438.88	515.92	576.03	714.62	818.02
69	303.93	404.50	471.99	553.81	617.83	766.69	879.38
70	327.65	434.84	506.41	593.47	661.50	820.07	940.28
71	350.09	464.21	540.19	617.14	702.84	862.96	998.02
72	372.45	481.94	562.18	635.02	724.38	893.07	1,056.29
73	396.32	515.60	601.28	678.44	774.67	953.03	1,127.36
74	421.75	546.03	636.44	717.45	820.23	1,007.76	1,207.00
75	452.03	608.38	709.37	799.72	912.42	1,117.29	1,304.66
76	483.20	661.68	771.10	868.65	991.55	1,212.71	1,409.42
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	83.98	103.24	118.55	134.13	149.92	182.20	215.45
36	85.24	104.51	120.22	136.06	152.06	184.50	217.54
37	86.20	105.82	121.89	138.00	154.20	186.77	219.62
38	87.82	107.18	123.62	139.95	156.24	188.57	220.64
39	89.40	108.46	125.26	141.86	158.27	190.58	222.18
40	90.98	109.68	126.83	143.71	160.36	192.82	224.27
41	92.70	110.96	128.47	145.67	162.55	195.36	226.93
42	94.02	112.27	130.17	147.70	164.90	198.23	230.14
43	94.94	113.42	131.56	149.31	166.70	200.39	232.63
44	96.05	114.81	133.22	151.24	168.86	203.01	235.64
45	97.37	116.47	135.16	153.46	171.38	206.06	239.20
46	98.98	118.40	137.45	156.08	174.31	209.59	243.29
47	100.89	120.74	140.16	159.18	177.76	213.68	247.95
48	101.79	122.04	141.77	161.05	179.82	215.93	250.08
49	103.21	123.95	144.10	163.68	182.71	219.04	253.11
50	103.91	125.02	145.46	165.26	184.42	220.76	254.47
51	105.90	127.67	148.68	168.92	188.42	225.07	258.65
52	106.65	128.92	150.29	170.78	190.36	226.89	259.86
53	109.10	132.10	154.08	175.09	195.12	232.20	265.31
54	111.13	134.76	157.31	178.76	199.14	236.64	269.82
55	114.24	138.71	162.01	184.13	205.06	243.40	276.99
56	117.11	142.40	166.38	189.12	210.59	249.72	283.80
57	119.78	145.78	170.43	193.75	215.74	255.66	290.23
58	123.72	150.69	176.26	200.44	223.23	264.68	300.58
59	128.52	156.83	183.68	209.06	232.98	276.41	313.98
60	135.35	165.61	194.28	221.40	246.90	293.18	333.12
61	141.67	173.83	204.31	233.09	260.18	309.27	351.58
62	151.33	186.24	219.29	250.50	279.87	333.06	378.88
63	161.63	202.89	239.15	273.34	305.51	363.71	413.73
64	168.03	217.51	256.52	293.32	327.91	390.43	444.09
65	176.85	237.80	280.43	320.67	358.51	426.91	485.65
66	194.57	263.83	310.99	363.90	406.76	484.35	551.13
67	206.20	279.05	328.54	387.25	432.70	529.07	602.20
68	230.22	308.23	360.85	424.20	473.62	585.62	670.35
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	100.10	117.26	134.66	152.36	170.29	206.96	244.72
36	101.05	118.72	136.56	154.55	172.72	209.57	247.09
37	102.06	120.20	138.46	156.75	175.15	212.15	249.46
38	103.01	121.74	140.41	158.97	177.47	214.19	250.62
39	103.92	123.19	142.28	161.13	179.78	216.47	252.37
40	104.81	124.58	144.06	163.24	182.15	219.02	254.74
41	105.82	126.04	145.93	165.46	184.64	221.90	257.76
42	106.29	126.91	147.15	166.97	186.41	224.08	260.16
43	107.39	128.29	148.82	168.90	188.57	226.67	263.14
44	108.71	129.95	150.79	171.18	191.13	229.79	266.72
45	109.74	131.27	152.33	172.96	193.15	232.24	269.59
46	111.62	133.53	155.01	176.03	196.58	236.37	274.38
47	113.29	135.58	157.39	178.74	199.61	239.94	278.43
48	114.58	137.38	159.59	181.30	202.42	243.08	281.52
49	114.61	137.64	160.01	181.77	202.90	243.23	281.07
50	116.28	139.90	162.78	184.94	206.37	247.04	284.77
51	118.02	142.29	165.69	188.26	209.98	250.83	288.25
52	117.85	142.45	166.06	188.70	210.33	250.70	287.13
53	119.94	145.22	169.40	192.49	214.51	255.28	291.68
54	123.01	149.17	174.13	197.87	220.43	261.95	298.66
55	125.81	152.76	178.42	202.78	225.83	268.05	305.04
56	129.87	157.91	184.51	209.73	233.53	276.94	314.72
57	133.09	161.97	189.36	215.28	239.71	284.07	322.48
58	136.74	166.55	194.81	221.54	246.73	292.55	332.22
59	142.98	174.48	204.36	232.60	259.21	307.53	349.33
60	149.69	183.16	214.87	244.86	273.06	324.25	368.42
61	156.88	192.50	226.24	258.12	288.12	342.48	389.33
62	167.58	206.24	242.84	277.40	309.93	368.83	419.56
63	177.67	224.68	264.83	302.70	338.31	402.76	458.15
64	183.81	241.19	284.44	325.24	363.60	432.93	492.43
65	192.36	261.08	307.89	353.39	395.09	470.48	535.20
66	210.29	285.15	336.12	396.47	443.16	534.11	607.75
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	112.07	131.29	150.77	170.58	190.66	231.71	274.00
36	113.14	132.92	152.89	173.04	193.38	234.64	276.65
37	114.26	134.57	155.02	175.50	196.10	237.52	279.31
38	115.33	136.30	157.21	177.98	198.69	239.81	280.60
39	116.36	137.93	159.30	180.41	201.28	242.37	282.56
40	117.35	139.49	161.29	182.76	203.94	245.22	285.21
41	118.48	141.11	163.38	185.25	206.72	248.44	288.60
42	118.04	140.94	163.42	185.43	207.02	248.86	288.93
43	119.32	142.55	165.35	187.66	209.52	251.86	292.37
44	119.80	143.20	166.16	188.63	210.62	253.21	293.90
45	121.04	144.78	168.01	190.76	213.04	256.15	297.35
46	122.62	146.69	170.28	193.37	215.95	259.66	301.41
47	124.56	149.07	173.05	196.52	219.47	263.82	306.13
48	126.21	151.33	175.79	199.71	222.97	267.75	310.10
49	126.61	152.05	176.77	200.80	224.14	268.70	310.51
50	128.03	154.04	179.23	203.63	227.23	272.00	313.54
51	130.14	156.90	182.71	207.59	231.55	276.60	317.85
52	131.01	158.36	184.61	209.79	233.83	278.71	319.21
53	132.82	160.81	187.58	213.16	237.53	282.68	322.99
54	134.89	163.58	190.95	216.98	241.73	287.25	327.51
55	138.10	167.68	195.85	222.59	247.89	294.24	334.85
56	142.63	173.43	202.64	230.34	256.48	304.15	345.65
57	146.40	178.17	208.30	236.81	263.68	312.48	354.73
58	151.39	184.39	215.68	245.28	273.16	323.89	367.81
59	156.60	191.10	223.83	254.75	283.90	336.82	382.59
60	164.03	200.70	235.46	268.32	299.23	355.31	403.72
61	173.05	212.33	249.55	284.71	317.80	377.76	429.44
62	184.68	227.48	267.86	305.98	341.86	406.83	462.79
63	191.21	245.10	288.91	330.21	369.07	439.38	499.80
64	198.36	264.86	312.36	357.17	399.29	475.42	540.77
65	206.84	280.74	331.08	386.11	431.68	514.04	584.76
66	225.19	305.36	359.93	424.56	474.57	580.56	660.60
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.59
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	127.88	149.80	172.03	194.64	217.55	264.39	312.64
36	129.09	151.66	174.46	197.44	220.66	267.72	315.67
37	130.38	153.55	176.88	200.24	223.76	271.02	318.69
38	131.10	154.94	178.71	202.32	225.86	272.61	318.97
39	131.77	156.20	180.40	204.31	227.95	274.48	319.99
40	132.40	157.37	181.97	206.19	230.08	276.66	321.78
41	132.15	157.40	182.23	206.63	230.58	277.11	321.90
42	131.33	156.81	181.81	206.30	230.32	276.87	321.45
43	131.78	157.42	182.61	207.25	231.38	278.14	322.88
44	132.46	158.34	183.72	208.57	232.89	279.98	324.98
45	133.95	160.22	185.93	211.11	235.76	283.47	329.06
46	134.72	161.16	187.08	212.45	237.26	285.28	331.14
47	136.40	163.24	189.49	215.20	240.32	288.89	335.22
48	139.01	166.67	193.62	219.95	245.58	294.90	341.54
49	139.22	167.18	194.36	220.78	246.45	295.44	341.41
50	140.40	168.93	196.55	223.30	249.19	298.28	343.84
51	142.26	171.51	199.73	226.93	253.11	302.36	347.46
52	144.84	175.07	204.09	231.92	258.51	308.12	352.89
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	147.47	178.83	208.76	237.22	264.27	314.04	358.06
55	150.39	182.60	213.28	242.40	269.95	320.43	364.65
56	155.39	188.95	220.77	250.95	279.43	331.36	376.58
57	159.71	194.37	227.24	258.34	287.65	340.88	386.97
58	165.23	201.25	235.39	267.70	298.13	353.49	401.43
59	171.92	209.80	245.72	279.67	311.67	369.77	420.02
60	180.17	220.45	258.62	294.71	328.66	390.26	443.43
61	189.21	232.17	272.86	311.31	347.49	413.05	469.55
62	201.09	247.48	291.40	332.88	371.91	442.60	503.48
63	209.36	266.89	314.59	359.57	401.88	478.43	544.23
64	216.13	287.06	338.54	387.10	432.75	515.26	586.08
65	224.22	304.33	358.90	416.65	465.82	554.70	631.01
66	242.74	329.14	387.97	457.63	511.53	623.68	709.67
67	252.74	342.02	402.67	474.64	530.35	656.45	747.18
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,199.01
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,295.91
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,399.83
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.071
75%	1.074
100%	1.076

Cash Benefit 40%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.076
75%	1.079
100%	1.081

Cash Benefit 50%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.195
75%	1.198
100%	1.200

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	43.52	49.97	58.34	65.21	82.39	97.42
36	34.09	44.06	50.68	59.18	66.14	83.43	98.36
37	34.43	44.61	51.38	60.02	67.07	84.45	99.31
38	34.75	45.18	52.11	60.87	67.95	85.27	99.77
39	35.06	45.72	52.80	61.70	68.84	86.18	100.47
40	35.36	46.23	53.46	62.50	69.75	87.19	101.41
41	35.70	46.77	54.15	63.36	70.70	88.33	102.61
42	36.03	47.32	54.87	64.24	71.72	89.63	104.06
43	36.58	48.07	55.76	65.30	72.90	91.11	105.76
44	37.21	48.93	56.77	66.50	74.25	92.81	107.72
45	37.93	49.91	57.92	67.85	75.77	94.72	109.95
46	38.77	51.02	59.22	69.39	77.50	96.88	112.45
47	39.74	52.32	60.73	71.16	79.47	99.32	115.25
48	41.01	54.09	62.83	73.65	82.23	102.66	118.90
49	42.31	55.89	64.98	76.16	85.01	105.95	122.44
50	43.61	57.72	67.16	78.72	87.85	109.33	126.02
51	44.98	59.65	69.47	81.44	90.83	112.81	129.63
52	46.42	61.72	71.95	84.36	94.03	116.53	133.46
53	47.78	63.64	74.23	87.03	96.99	119.99	137.10
54	49.28	65.74	76.74	89.97	100.23	123.83	141.19
55	50.98	68.09	79.53	93.26	103.86	128.17	145.86
56	52.93	70.80	82.72	97.02	108.03	133.19	151.36
57	55.20	73.90	86.39	101.34	112.84	139.03	157.83
58	57.39	76.89	89.94	105.53	117.53	144.88	164.53
59	60.01	80.55	94.35	110.80	123.48	152.30	173.00
60	63.20	85.06	99.79	117.34	130.85	161.54	183.55
61	67.04	90.49	106.35	125.19	139.74	172.69	196.32
62	71.61	96.94	114.15	134.54	150.32	185.98	211.56
63	77.89	105.61	124.49	146.81	164.09	203.09	231.02
64	84.56	114.76	135.34	159.68	178.51	220.98	251.35
65	92.44	125.47	147.96	174.57	195.17	241.63	274.87
66	105.80	143.46	169.10	199.46	222.96	276.01	314.07
67	116.88	158.17	186.22	219.50	245.26	303.58	345.54
68	133.50	178.74	209.25	245.99	274.65	340.73	390.03
69	150.44	200.22	233.63	274.13	305.81	379.50	435.28
70	168.15	223.16	259.89	304.57	339.48	420.86	482.55
71	187.03	248.00	288.59	329.69	375.48	461.02	533.17
72	207.48	268.47	313.17	353.74	403.52	497.49	588.42
73	227.31	295.72	344.87	389.12	444.32	546.61	646.60
74	249.32	322.78	376.23	424.12	484.88	595.74	713.52
75	274.22	369.07	430.34	485.14	553.51	677.79	791.46
76	302.67	414.47	483.01	544.11	621.09	759.63	882.84
77	335.41	446.54	520.01	585.33	668.88	817.68	990.00
78	373.10	487.68	567.94	647.14	729.65	890.07	1,115.24
79	416.45	530.23	634.80	730.15	816.29	960.90	1,261.01
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,431.46
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,630.88
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,864.82
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	2,136.33
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,451.91
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,819.32
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	3,247.77
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,748.21

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	80.33	98.75	113.40	128.30	143.40	174.28	206.08
36	81.53	99.97	115.00	130.15	145.45	176.48	208.08
37	82.45	101.22	116.60	132.00	147.50	178.65	210.08
38	84.00	102.52	118.24	133.87	149.44	180.37	211.05
39	85.52	103.74	119.82	135.69	151.39	182.29	212.52
40	87.02	104.91	121.31	137.46	153.39	184.44	214.52
41	88.67	106.14	122.89	139.33	155.49	186.86	217.06
42	89.94	107.38	124.51	141.28	157.73	189.61	220.14
43	90.79	108.46	125.81	142.79	159.42	191.63	222.46
44	91.83	109.77	127.36	144.59	161.44	194.09	225.28
45	93.07	111.32	129.18	146.68	163.80	196.95	228.63
46	94.58	113.14	131.34	149.15	166.56	200.28	232.48
47	96.38	115.34	133.90	152.06	169.81	204.13	236.87
48	97.71	117.16	136.10	154.61	172.63	207.29	240.08
49	99.01	118.90	138.23	157.02	175.28	210.12	242.81
50	100.20	120.55	140.27	159.36	177.83	212.87	245.38
51	102.07	123.06	143.30	162.82	181.61	216.94	249.30
52	103.36	124.94	145.65	165.51	184.48	219.88	251.84
53	105.71	127.99	149.30	169.65	189.06	224.99	257.07
54	108.33	131.37	153.35	174.26	194.13	230.69	263.03
55	111.35	135.20	157.91	179.47	199.87	237.24	269.98
56	114.86	139.66	163.18	185.49	206.54	244.92	278.34
57	117.43	142.92	167.09	189.96	211.51	250.65	284.54
58	121.28	147.71	172.78	196.49	218.82	259.46	294.65
59	126.81	154.75	181.25	206.29	229.90	272.75	309.82
60	133.56	163.41	191.71	218.46	243.63	289.30	328.71
61	140.72	172.67	202.93	231.52	258.43	307.19	349.22
62	150.31	184.99	217.82	248.82	278.00	330.83	376.34
63	160.55	201.53	237.55	271.51	303.46	361.26	410.95
64	168.03	217.51	256.52	293.32	327.91	390.43	444.09
65	176.85	237.80	280.43	320.67	358.51	426.91	485.65
66	194.57	263.83	310.99	363.90	406.76	484.35	551.13
67	206.20	279.05	328.54	387.25	432.70	529.07	602.20
68	230.22	308.23	360.85	424.20	473.62	585.62	670.35
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	96.75	113.34	130.15	147.26	164.59	200.03	236.53
36	97.66	114.74	131.99	149.38	166.94	202.55	238.82
37	98.64	116.17	133.82	151.50	169.29	205.04	241.11
38	99.56	117.66	135.71	153.64	171.52	207.02	242.23
39	100.44	119.07	137.52	155.74	173.76	209.22	243.92
40	101.30	120.41	139.23	157.77	176.05	211.69	246.21
41	102.28	121.82	141.04	159.92	178.45	214.47	249.13
42	102.71	122.64	142.19	161.35	180.14	216.54	251.40
43	103.76	123.96	143.78	163.19	182.19	219.01	254.24
44	105.02	125.54	145.66	165.36	184.64	221.98	257.65
45	105.98	126.76	147.10	167.02	186.53	224.27	260.34
46	107.77	128.93	149.66	169.96	189.80	228.22	264.91
47	109.34	130.86	151.91	172.51	192.66	231.59	268.73
48	111.09	133.20	154.73	175.78	196.26	235.67	272.95
49	111.01	133.31	154.99	176.06	196.52	235.59	272.24
50	113.19	136.18	158.45	180.02	200.89	240.47	277.19
51	114.83	138.44	161.21	183.17	204.31	244.06	280.46
52	115.21	139.26	162.35	184.48	205.63	245.09	280.71
53	117.23	141.94	165.57	188.14	209.66	249.51	285.08
54	120.21	145.78	170.17	193.37	215.42	255.99	291.88
55	123.64	150.12	175.34	199.28	221.93	263.43	299.78
56	127.62	155.18	181.31	206.10	229.48	272.14	309.27
57	130.74	159.12	186.02	211.48	235.48	279.06	316.79
58	135.11	164.57	192.49	218.90	243.79	289.06	328.26
59	141.28	172.41	201.93	229.83	256.13	303.87	345.17
60	147.90	180.96	212.30	241.92	269.79	320.36	364.01
61	155.93	191.33	224.87	256.55	286.37	340.40	386.97
62	166.56	204.99	241.36	275.72	308.05	366.59	417.02
63	176.59	223.31	263.23	300.86	336.26	400.32	455.38
64	183.81	241.19	284.44	325.24	363.60	432.93	492.43
65	192.36	261.08	307.89	353.39	395.09	470.48	535.20
66	210.29	285.15	336.12	396.47	443.16	534.11	607.75
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	109.68	128.48	147.55	166.94	186.59	226.76	268.14
36	110.72	130.08	149.63	169.34	189.25	229.62	270.74
37	111.82	131.70	151.71	171.75	191.91	232.45	273.34
38	112.86	133.39	153.85	174.18	194.45	234.69	274.60
39	113.87	134.98	155.90	176.55	196.98	237.19	276.52
40	114.84	136.51	157.84	178.86	199.58	239.98	279.12
41	115.95	138.10	159.89	181.29	202.31	243.13	282.43
42	115.49	137.89	159.88	181.42	202.54	243.47	282.67
43	116.73	139.45	161.76	183.58	204.96	246.38	286.02
44	117.16	140.05	162.50	184.47	205.98	247.63	287.43
45	118.35	141.56	164.28	186.52	208.30	250.46	290.74
46	119.87	143.40	166.46	189.03	211.11	253.84	294.65
47	121.74	145.70	169.13	192.08	214.50	257.85	299.21
48	123.31	147.84	171.74	195.11	217.84	261.58	302.96
49	124.21	149.17	173.42	196.99	219.89	263.61	304.62
50	125.56	151.07	175.77	199.69	222.84	266.75	307.49
51	127.59	153.83	179.13	203.52	227.01	271.17	311.62
52	129.04	155.97	181.83	206.62	230.31	274.51	314.40
53	130.79	158.35	184.71	209.89	233.90	278.35	318.04
54	132.80	161.04	187.98	213.61	237.97	282.78	322.42
55	136.65	165.92	193.80	220.26	245.29	291.16	331.34
56	141.13	171.61	200.51	227.92	253.78	300.95	342.01
57	144.83	176.27	206.07	234.28	260.86	309.14	350.93
58	149.77	182.41	213.36	242.64	270.22	320.41	363.86
59	155.75	190.06	222.61	253.37	282.36	334.99	380.52
60	163.13	199.61	234.17	266.85	297.59	353.37	401.51
61	172.10	211.17	248.18	283.15	316.06	375.69	427.08
62	183.66	226.24	266.38	304.30	339.98	404.59	460.25
63	191.21	245.10	288.91	330.21	369.07	439.38	499.80
64	198.36	264.86	312.36	357.17	399.29	475.42	540.77
65	206.84	280.74	331.08	386.11	431.68	514.04	584.76
66	225.19	305.36	359.93	424.56	474.57	580.56	660.60
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.59
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	126.44	148.12	170.10	192.45	215.11	261.42	309.12
36	127.64	149.96	172.50	195.22	218.18	264.72	312.12
37	128.91	151.83	174.89	197.99	221.25	267.97	315.11
38	129.62	153.19	176.69	200.04	223.32	269.53	315.37
39	130.28	154.43	178.36	201.99	225.37	271.37	316.37
40	130.89	155.58	179.90	203.85	227.47	273.52	318.12
41	130.63	155.59	180.14	204.25	227.93	273.92	318.20
42	129.79	154.98	179.69	203.90	227.64	273.64	317.70
43	130.22	155.57	180.45	204.80	228.65	274.86	319.07
44	130.88	156.45	181.53	206.08	230.10	276.64	321.09
45	132.34	158.29	183.69	208.57	232.92	280.06	325.10
46	133.07	159.19	184.79	209.84	234.35	281.78	327.09
47	134.70	161.21	187.14	212.53	237.34	285.31	331.07
48	137.26	164.58	191.19	217.19	242.50	291.20	337.25
49	138.02	165.74	192.69	218.88	244.32	292.90	338.47
50	139.16	167.44	194.82	221.33	246.99	295.66	340.81
51	140.98	169.98	197.94	224.89	250.84	299.65	344.34
52	143.52	173.48	202.24	229.81	256.16	305.32	349.68
53	145.02	175.58	204.81	232.73	259.35	308.64	352.65
54	146.77	177.99	207.77	236.09	263.02	312.55	356.36
55	149.67	181.73	212.26	241.24	268.66	318.89	362.90
56	154.64	188.04	219.71	249.74	278.08	329.76	374.76
57	158.93	193.42	226.12	257.07	286.24	339.21	385.08
58	164.42	200.26	234.23	266.38	296.66	351.75	399.45
59	171.07	208.76	244.51	278.29	310.13	367.94	417.94
60	179.27	219.35	257.33	293.24	327.02	388.32	441.22
61	189.21	232.17	272.86	311.31	347.49	413.05	469.55
62	201.09	247.48	291.40	332.88	371.91	442.60	503.48
63	209.36	266.89	314.59	359.57	401.88	478.43	544.23
64	216.13	287.06	338.54	387.10	432.75	515.26	586.08
65	224.22	304.33	358.90	416.65	465.82	554.70	631.01
66	242.74	329.14	387.97	457.63	511.53	623.68	709.67
67	252.74	342.02	402.67	474.64	530.35	656.45	747.18
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,199.01
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,295.91
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,399.83
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	83.07	102.11	117.27	132.68	148.29	180.22	213.11
36	84.31	103.38	118.92	134.59	150.41	182.49	215.17
37	85.26	104.67	120.57	136.50	152.53	184.74	217.24
38	86.86	106.01	122.27	138.43	154.54	186.52	218.24
39	88.43	107.28	123.90	140.32	156.55	188.51	219.77
40	89.99	108.49	125.45	142.15	158.62	190.73	221.83
41	91.70	109.75	127.07	144.09	160.79	193.23	224.46
42	93.00	111.05	128.75	146.10	163.11	196.07	227.64
43	93.90	112.18	130.12	147.68	164.88	198.20	230.09
44	95.52	114.18	132.49	150.40	167.94	201.90	234.35
45	96.83	115.82	134.41	152.61	170.43	204.92	237.88
46	98.43	117.74	136.68	155.22	173.34	208.43	241.94
47	100.32	120.07	139.38	158.29	176.77	212.49	246.57
48	103.53	124.13	144.20	163.82	182.90	219.63	254.37
49	106.21	127.55	148.29	168.44	188.02	225.40	260.47
50	109.48	131.72	153.26	174.12	194.30	232.58	268.10
51	112.28	135.37	157.63	179.10	199.77	238.63	274.23
52	115.87	140.06	163.27	185.54	206.81	246.49	282.31
53	117.91	142.76	166.53	189.23	210.87	250.95	286.73
54	121.61	147.47	172.15	195.62	217.93	258.97	295.27
55	125.08	151.88	177.40	201.61	224.53	266.51	303.29
56	129.87	157.91	184.51	209.73	233.53	276.94	314.72
57	133.87	162.93	190.48	216.55	241.12	285.74	324.38
58	138.37	168.53	197.13	224.18	249.66	296.03	336.17
59	144.69	176.56	206.80	235.37	262.30	311.19	353.48
60	152.38	186.45	218.73	249.25	277.97	330.07	375.04
61	160.69	197.17	231.73	264.37	295.10	350.78	398.77
62	171.64	211.24	248.72	284.12	317.44	377.77	429.73
63	182.24	228.76	269.65	308.20	344.46	410.08	466.48
64	192.04	248.59	293.17	335.22	374.75	446.21	507.54
65	200.91	270.15	318.59	364.30	407.29	485.00	551.72
66	221.23	299.98	353.59	413.75	462.48	550.70	626.63
67	234.65	317.54	373.85	440.66	492.38	602.05	685.26
68	262.41	351.34	411.32	483.53	539.86	667.52	764.11
69	288.97	384.59	448.76	526.54	587.41	728.95	836.09
70	318.19	422.28	491.78	576.33	642.39	796.39	913.13
71	345.89	458.63	533.70	609.72	694.40	852.59	986.03
72	371.98	481.33	561.47	634.21	723.46	891.93	1,054.95
73	399.62	519.89	606.29	684.10	781.13	960.97	1,136.76
74	429.88	556.55	648.70	731.27	836.03	1,027.17	1,230.25
75	462.25	622.14	725.42	817.80	933.05	1,142.56	1,334.16
76	496.79	680.30	792.80	893.09	1,019.44	1,246.83	1,449.07
77	535.56	713.01	830.32	934.62	1,068.03	1,305.62	1,580.76
78	609.83	797.11	928.30	1,057.75	1,192.62	1,454.82	1,822.86
79	664.36	845.88	1,012.70	1,164.81	1,302.23	1,532.93	2,011.69
80	725.35	927.80	1,113.93	1,283.72	1,437.15	1,695.05	2,227.35
81	798.87	1,025.40	1,234.01	1,424.69	1,597.45	1,889.18	2,488.88
82	880.98	1,133.39	1,366.52	1,580.41	1,775.01	2,106.48	2,785.85
83	981.93	1,264.99	1,527.37	1,769.10	1,990.15	2,370.26	3,147.88
84	1,104.63	1,423.75	1,720.79	1,995.71	2,248.55	2,687.93	3,585.94
85	1,246.14	1,605.50	1,941.51	2,254.18	2,543.52	3,052.16	4,091.56
86	1,409.97	1,814.21	2,194.14	2,549.78	2,881.11	3,470.87	4,676.83
87	1,600.07	2,054.30	2,483.69	2,888.24	3,267.95	3,952.84	5,355.29

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	64.08	82.57	94.82	110.69	123.72	156.32	184.85
36	64.92	83.90	96.51	112.70	125.95	158.87	187.32
37	66.17	85.73	98.75	115.36	128.90	162.32	190.87
38	67.27	87.46	100.87	117.84	131.55	165.07	193.14
39	68.25	88.99	102.78	120.10	133.99	167.74	195.56
40	69.57	90.96	105.18	122.97	137.22	171.54	199.52
41	70.47	92.33	106.90	125.06	139.56	174.37	202.56
42	71.52	93.93	108.91	127.52	142.37	177.92	206.57
43	73.74	96.91	112.41	131.64	146.97	183.67	213.22
44	76.04	99.99	116.01	135.89	151.74	189.66	220.13
45	78.46	103.23	119.80	140.35	156.74	195.93	227.44
46	81.55	107.32	124.58	145.97	163.02	203.78	236.55
47	84.84	111.68	129.65	151.92	169.66	212.03	246.03
48	89.15	117.57	136.58	160.10	178.75	220.87	255.80
49	93.44	123.43	143.50	168.20	187.75	227.95	263.42
50	98.33	130.14	151.42	176.08	196.50	235.21	271.13
51	103.01	136.61	159.08	182.15	203.17	242.70	278.90
52	108.08	142.45	166.06	188.70	210.33	250.70	287.13
53	113.08	146.86	171.31	194.67	216.93	258.16	294.97
54	118.21	151.71	177.10	201.24	224.19	266.41	303.75
55	124.13	156.27	182.52	207.44	231.02	274.21	312.06
56	130.52	162.48	189.84	215.80	240.28	284.94	323.82
57	137.79	167.69	196.05	222.88	248.17	294.10	333.86
58	143.25	174.48	204.09	232.09	258.48	306.48	348.04
59	149.79	182.79	214.09	243.67	271.56	322.18	365.96
60	157.76	193.03	226.45	258.05	287.78	341.72	388.28
61	166.39	204.17	239.96	273.76	305.58	363.24	412.92
62	177.73	218.74	257.55	294.21	328.71	391.18	444.99
63	188.90	232.85	274.46	313.70	350.62	417.41	474.81
64	201.48	248.59	293.17	335.22	374.75	446.21	507.54
65	216.38	268.53	316.68	362.12	404.85	482.09	548.42
66	241.37	303.35	357.57	408.76	456.91	544.06	619.08
67	258.84	330.37	388.96	444.33	496.49	591.10	672.80
68	290.90	371.03	434.37	494.88	552.54	659.33	754.73
69	318.34	415.63	484.97	551.49	615.24	734.37	842.30
70	345.38	458.37	533.81	612.73	682.97	814.40	933.78
71	370.98	491.91	572.42	653.96	744.78	901.40	1,031.73
72	395.72	512.04	597.30	674.68	769.62	948.84	1,122.26
73	422.25	549.34	640.63	722.84	825.36	1,015.40	1,201.14
74	450.11	582.74	679.22	765.68	875.38	1,075.51	1,288.15
75	480.06	646.10	753.36	849.30	968.99	1,186.57	1,385.56
76	509.70	697.96	813.39	916.28	1,045.92	1,279.21	1,486.70
77	543.08	723.01	841.98	947.73	1,083.02	1,323.94	1,602.94
78	601.50	786.22	915.62	1,043.30	1,176.33	1,434.95	1,797.96
79	644.56	820.67	982.52	1,130.10	1,263.42	1,487.24	1,951.74
80	692.80	886.16	1,063.94	1,226.11	1,372.67	1,618.99	2,127.40
81	751.66	964.80	1,161.08	1,340.49	1,503.04	1,777.53	2,341.79
82	818.63	1,053.18	1,269.81	1,468.56	1,649.40	1,957.40	2,588.69
83	912.75	1,175.87	1,419.78	1,644.48	1,849.96	2,203.29	2,926.13
84	1,026.81	1,323.44	1,599.55	1,855.11	2,090.13	2,498.56	3,333.30
85	1,158.34	1,492.39	1,804.72	2,095.37	2,364.32	2,837.12	3,803.29
86	1,310.63	1,686.39	2,039.56	2,370.14	2,678.13	3,226.33	4,347.32
87	1,487.34	1,909.57	2,308.70	2,684.75	3,037.70	3,674.34	4,977.99

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	79.03	92.58	106.31	120.28	134.44	163.39	193.20
36	79.78	93.72	107.81	122.01	136.36	165.45	195.07
37	80.08	94.32	108.65	123.00	137.44	166.47	195.75
38	80.83	95.53	110.18	124.74	139.25	168.07	196.66
39	81.55	96.67	111.65	126.44	141.07	169.86	198.03
40	82.25	97.76	113.04	128.09	142.93	171.86	199.89
41	82.53	98.30	113.81	129.04	144.00	173.06	201.03
42	82.78	98.84	114.60	130.04	145.18	174.52	202.62
43	84.05	100.40	116.46	132.18	147.57	177.40	205.93
44	84.97	101.57	117.85	133.78	149.38	179.59	208.45
45	86.61	103.60	120.22	136.50	152.44	183.29	212.77
46	87.98	105.25	122.18	138.74	154.94	186.30	216.26
47	90.18	107.92	125.28	142.28	158.89	191.00	221.64
48	93.06	111.58	129.62	147.25	164.41	197.42	228.65
49	96.01	115.30	134.04	152.26	169.96	203.75	235.45
50	98.96	119.07	138.54	157.39	175.64	210.24	242.35
51	102.07	123.06	143.30	162.82	181.61	216.94	249.30
52	105.34	127.33	148.43	168.67	188.01	224.09	256.65
53	108.42	131.27	153.13	174.00	193.91	230.76	263.66
54	111.83	135.61	158.30	179.88	200.40	238.13	271.51
55	114.96	139.59	163.04	185.30	206.36	244.94	278.75
56	119.36	145.13	169.58	192.76	214.63	254.53	289.25
57	123.70	150.54	176.00	200.09	222.79	264.02	299.71
58	128.60	156.64	183.21	208.36	232.04	275.13	312.44
59	134.47	164.10	192.20	218.75	243.78	289.23	328.53
60	141.62	173.29	203.29	231.66	258.35	306.77	348.57
61	149.28	183.17	215.28	245.60	274.15	325.87	370.45
62	159.45	196.24	231.06	263.95	294.90	350.95	399.22
63	164.36	208.34	245.57	280.68	313.71	373.47	424.83
64	170.00	223.43	263.50	301.30	336.83	401.05	456.18
65	178.77	242.64	286.14	327.22	365.83	435.63	495.56
66	195.17	264.64	311.94	367.95	411.29	494.30	562.45
67	205.62	278.26	327.61	386.16	431.48	534.08	607.90
68	234.08	313.40	366.91	431.32	481.57	597.43	683.88
69	261.41	347.91	405.96	476.33	531.40	659.43	756.36
70	291.65	387.05	450.76	528.25	588.80	729.95	836.95
71	321.27	425.99	495.71	566.32	644.97	791.91	915.84
72	348.13	450.46	525.47	593.54	677.07	834.74	987.30
73	372.70	484.87	565.45	638.02	728.51	896.24	1,060.19
74	396.47	513.29	598.28	674.43	771.05	947.34	1,134.64
75	421.95	567.90	662.18	746.51	851.71	1,042.95	1,217.86
76	450.74	617.23	719.30	810.29	924.94	1,131.24	1,314.73
77	496.06	660.42	769.08	865.68	989.25	1,209.32	1,464.16
78	538.21	703.50	819.28	933.53	1,052.56	1,283.97	1,608.79
79	591.46	753.06	901.57	1,036.99	1,159.33	1,364.72	1,790.94
80	653.50	835.90	1,003.59	1,156.56	1,294.80	1,527.15	2,006.73
81	721.41	925.98	1,114.36	1,286.56	1,442.57	1,706.01	2,247.57
82	804.81	1,035.39	1,248.37	1,443.76	1,621.54	1,924.34	2,544.97
83	896.53	1,154.97	1,394.54	1,615.25	1,817.08	2,164.13	2,874.13
84	1,008.01	1,299.21	1,570.26	1,821.14	2,051.86	2,452.80	3,272.26
85	1,145.95	1,476.42	1,785.41	2,072.94	2,339.02	2,806.76	3,762.59
86	1,296.20	1,667.82	2,017.10	2,344.04	2,648.63	3,190.80	4,299.45
87	1,470.49	1,887.93	2,282.54	2,654.33	3,003.29	3,632.71	4,921.59

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	91.96	107.72	123.71	139.97	156.44	190.12	224.82
36	92.83	109.06	125.45	141.98	158.67	192.52	227.00
37	93.27	109.85	126.53	143.25	160.07	193.88	227.98
38	94.13	111.25	128.32	145.28	162.18	195.74	229.04
39	94.97	112.58	130.03	147.26	164.29	197.83	230.63
40	95.79	113.85	131.65	149.18	166.46	200.16	232.80
41	96.20	114.58	132.66	150.42	167.85	201.73	234.33
42	96.58	115.32	133.70	151.72	169.38	203.61	236.40
43	98.05	117.14	135.88	154.21	172.17	206.96	240.26
44	99.21	118.60	137.61	156.22	174.43	209.71	243.41
45	101.13	120.97	140.38	159.39	178.00	214.03	248.45
46	102.82	123.01	142.79	162.15	181.09	217.74	252.75
47	105.40	126.14	146.43	166.29	185.70	223.23	259.04
48	108.76	130.41	151.49	172.10	192.15	230.74	267.23
49	112.21	134.76	156.66	177.96	198.65	238.14	275.19
50	115.66	139.16	161.91	183.95	205.28	245.72	283.25
51	119.29	143.83	167.48	190.29	212.25	253.55	291.37
52	123.11	148.81	173.48	197.13	219.73	261.90	299.96
53	126.72	153.43	178.97	203.37	226.63	269.70	308.15
54	130.70	158.49	185.01	210.24	234.21	278.32	317.33
55	134.48	163.29	190.73	216.76	241.40	286.54	326.08
56	139.63	169.78	198.38	225.49	251.08	297.75	338.37
57	144.05	175.31	204.96	233.01	259.45	307.46	349.04
58	148.95	181.42	212.20	241.32	268.76	318.67	361.88
59	155.75	190.06	222.61	253.37	282.36	334.99	380.52
60	164.03	200.70	235.46	268.32	299.23	355.31	403.72
61	173.05	212.33	249.55	284.71	317.80	377.76	429.44
62	184.84	227.48	267.86	305.98	341.86	406.83	462.79
63	191.22	242.38	285.70	326.55	364.97	434.49	494.25
64	197.02	258.94	305.38	349.19	390.36	464.80	528.68
65	206.18	279.84	330.01	377.39	421.92	502.42	571.54
66	222.67	301.94	355.90	419.81	469.25	563.97	641.73
67	235.00	318.02	374.41	441.32	493.12	610.38	694.74
68	265.93	356.04	416.83	490.00	547.09	678.72	776.92
69	296.98	395.25	461.20	541.14	603.69	749.15	859.26
70	333.59	442.72	515.59	604.23	673.49	834.95	957.33
71	360.88	478.51	556.83	636.14	724.49	889.54	1,028.76
72	384.14	497.06	579.82	654.94	747.11	921.09	1,089.44
73	406.58	528.95	616.86	696.02	794.74	977.72	1,156.57
74	430.21	556.97	649.20	731.83	836.68	1,027.96	1,231.20
75	458.65	617.29	719.76	811.42	925.78	1,133.64	1,323.76
76	487.20	667.15	777.48	875.83	999.75	1,222.74	1,421.07
77	529.13	704.44	820.35	923.39	1,055.20	1,289.94	1,561.78
78	574.64	751.11	874.72	996.70	1,123.79	1,370.86	1,717.65
79	627.58	799.05	956.63	1,100.32	1,230.13	1,448.06	1,900.31
80	688.69	880.91	1,057.63	1,218.84	1,364.52	1,609.38	2,114.78
81	760.87	976.62	1,175.30	1,356.92	1,521.46	1,799.31	2,370.49
82	842.83	1,084.31	1,307.35	1,511.97	1,698.15	2,015.26	2,665.21
83	939.57	1,210.41	1,461.48	1,692.78	1,904.30	2,268.00	3,012.08
84	1,056.78	1,362.08	1,646.24	1,909.26	2,151.14	2,571.49	3,430.60
85	1,192.16	1,535.95	1,857.40	2,156.53	2,433.33	2,919.94	3,914.31
86	1,348.89	1,735.62	2,099.09	2,439.32	2,756.30	3,320.51	4,474.22
87	1,530.75	1,965.31	2,376.09	2,763.12	3,126.37	3,781.60	5,123.30

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	105.85	124.00	142.39	161.11	180.07	218.84	258.77
36	106.85	125.53	144.40	163.43	182.64	221.60	261.28
37	107.43	126.52	145.74	165.00	184.37	223.31	262.59
38	108.43	128.15	147.80	167.34	186.81	225.46	263.81
39	109.39	129.67	149.77	169.61	189.24	227.87	265.65
40	110.33	131.14	151.64	171.83	191.74	230.55	268.15
41	110.88	132.07	152.91	173.38	193.47	232.52	270.10
42	111.40	133.01	154.22	175.00	195.37	234.85	272.67
43	113.10	135.11	156.72	177.87	198.59	238.72	277.12
44	113.99	136.26	158.10	179.49	200.41	240.94	279.66
45	116.20	138.99	161.29	183.13	204.52	245.90	285.45
46	118.77	142.08	164.94	187.30	209.17	251.51	291.95
47	121.74	145.70	169.13	192.08	214.50	257.85	299.21
48	125.63	150.63	174.98	198.79	221.95	266.52	308.67
49	129.61	155.65	180.96	205.56	229.45	275.07	317.86
50	133.60	160.74	187.02	212.48	237.11	283.83	327.18
51	137.79	166.13	193.46	219.80	245.17	292.87	336.55
52	142.21	171.89	200.38	227.71	253.81	302.52	346.48
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	150.97	183.07	213.71	242.84	270.53	321.48	366.54
55	155.45	188.75	220.46	250.56	279.04	331.21	376.92
56	161.40	196.25	229.31	260.65	290.23	344.17	391.13
57	168.32	204.85	239.49	272.27	303.16	359.27	407.84
58	175.00	213.14	249.31	283.52	315.75	374.39	425.16
59	182.99	223.30	261.54	297.67	331.73	393.57	447.05
60	192.71	235.80	276.63	315.23	351.55	417.45	474.31
61	203.47	249.67	293.43	334.77	373.68	444.19	504.95
62	217.34	267.48	314.95	359.78	401.97	478.36	544.16
63	226.67	287.31	338.67	387.09	432.63	515.05	585.88
64	233.05	306.29	361.22	413.04	461.74	549.79	625.36
65	240.74	326.75	385.33	440.65	492.65	586.64	667.35
66	259.35	351.67	414.52	488.95	546.54	656.86	747.42
67	268.57	363.45	427.90	504.37	563.57	697.57	793.99
68	294.59	394.42	461.76	542.82	606.06	751.87	860.66
69	318.32	423.65	494.34	580.02	647.07	802.98	921.01
70	341.58	453.33	527.94	618.70	689.63	854.94	980.26
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	115.02	141.39	162.37	183.71	205.33	249.54	295.07
36	113.96	139.73	160.74	181.91	203.30	246.67	290.84
37	112.43	138.03	158.99	179.99	201.13	243.61	286.47
38	111.68	136.30	157.21	177.98	198.69	239.81	280.60
39	110.78	134.39	155.21	175.78	196.12	236.15	275.31
40	110.26	132.93	153.71	174.17	194.35	233.69	271.81
41	109.33	130.86	151.51	171.79	191.71	230.39	267.63
42	107.82	128.74	149.27	169.38	189.10	227.31	263.91
43	106.35	127.06	147.38	167.27	186.75	224.48	260.59
44	105.02	125.54	145.66	165.36	184.64	221.98	257.65
45	104.36	124.83	144.86	164.48	183.69	220.86	256.38
46	103.37	123.66	143.56	163.02	182.06	218.91	254.10
47	102.58	122.76	142.51	161.84	180.74	217.26	252.11
48	103.53	124.13	144.20	163.82	182.90	219.63	254.37
49	104.41	125.39	145.77	165.59	184.84	221.58	256.06
50	104.53	125.76	146.33	166.25	185.52	222.07	255.99
51	105.26	126.91	147.78	167.90	187.28	223.72	257.09
52	106.00	128.12	149.36	169.73	189.18	225.49	258.25
53	106.39	128.81	150.26	170.74	190.27	226.43	258.72
54	106.93	129.68	151.38	172.01	191.63	227.71	259.63
55	107.01	129.93	151.76	172.48	192.08	228.00	259.46
56	108.10	131.44	153.58	174.58	194.39	230.51	261.97
57	109.60	133.39	155.95	177.29	197.41	233.94	265.57
58	111.51	135.82	158.86	180.66	201.20	238.56	270.92
59	114.90	140.21	164.22	186.91	208.30	247.12	280.71
60	118.32	144.77	169.84	193.54	215.84	256.29	291.21
61	123.60	151.67	178.25	203.37	227.00	269.83	306.74
62	131.01	161.24	189.85	216.88	242.31	288.36	328.02
63	138.85	174.29	205.45	234.82	262.45	312.45	355.42
64	146.31	189.40	223.36	255.41	285.52	339.97	386.69
65	152.79	205.44	242.28	277.04	309.73	368.83	419.57
66	169.25	229.50	270.52	316.54	353.83	421.32	479.41
67	179.18	242.48	285.49	336.50	376.00	459.75	523.29
68	198.02	265.12	310.38	364.87	407.38	503.71	576.60
69	214.05	284.88	332.41	390.03	435.12	539.96	619.33
70	229.25	304.25	354.33	415.24	462.84	573.80	657.90
71	245.82	325.95	379.29	433.32	493.50	605.93	700.76
72	258.25	334.17	389.81	440.31	502.27	619.24	732.42
73	273.29	355.54	414.63	467.83	534.19	657.18	777.40
74	289.39	374.67	436.70	492.29	562.82	691.49	828.21
75	308.17	414.76	483.61	545.20	622.04	761.70	889.44
76	337.95	462.79	539.32	607.54	693.50	848.18	985.76
77	371.92	495.14	576.61	649.04	741.69	906.68	1,097.75
78	413.71	540.76	629.76	717.58	809.07	986.95	1,236.63
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,398.26
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,587.26
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,808.38
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,067.79
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,368.85
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,718.78
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,126.17
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,601.26
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,156.17

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	78.05	95.94	110.18	124.66	139.33	169.33	200.23
36	79.22	97.13	111.73	126.45	141.32	171.46	202.17
37	79.64	97.77	112.62	127.50	142.47	172.56	202.91
38	81.14	99.02	114.21	129.30	144.35	174.22	203.85
39	82.11	99.61	115.05	130.29	145.37	175.04	204.07
40	83.56	100.74	116.49	132.00	147.29	177.10	205.99
41	84.64	101.31	117.30	133.00	148.42	178.37	207.20
42	85.85	102.50	118.85	134.86	150.56	180.99	210.13
43	86.64	103.50	120.06	136.26	152.13	182.87	212.29
44	88.13	105.35	122.24	138.77	154.95	186.28	216.22
45	89.30	106.82	123.95	140.74	157.17	188.98	219.38
46	91.28	109.19	126.76	143.94	160.75	193.29	224.37
47	93.00	111.30	129.20	146.73	163.86	196.97	228.56
48	94.22	112.97	131.24	149.09	166.46	199.89	231.51
49	94.81	113.86	132.37	150.36	167.84	201.21	232.51
50	95.87	115.35	134.21	152.47	170.15	203.67	234.78
51	96.97	116.91	136.14	154.68	172.53	206.09	236.83
52	98.10	118.57	138.23	157.08	175.08	208.68	239.00
53	98.26	118.97	138.77	157.69	175.73	209.12	238.94
54	99.25	120.35	140.49	159.64	177.85	211.34	240.97
55	100.50	122.03	142.53	161.99	180.40	214.13	243.68
56	101.34	123.23	143.98	163.67	182.24	216.11	245.59
57	103.34	125.77	147.04	167.16	186.13	220.57	250.39
58	106.63	129.87	151.90	172.75	192.39	228.12	259.05
59	111.49	136.06	159.35	181.37	202.12	239.80	272.39
60	116.52	142.58	167.26	190.61	212.57	252.41	286.79
61	123.60	151.67	178.25	203.37	227.00	269.83	306.74
62	131.01	161.24	189.85	216.88	242.31	288.36	328.02
63	138.85	174.29	205.45	234.82	262.45	312.45	355.42
64	146.31	189.40	223.36	255.41	285.52	339.97	386.69
65	152.79	205.44	242.28	277.04	309.73	368.83	419.57
66	169.25	229.50	270.52	316.54	353.83	421.32	479.41
67	179.18	242.48	285.49	336.50	376.00	459.75	523.29
68	198.02	265.12	310.38	364.87	407.38	503.71	576.60
69	214.05	284.88	332.41	390.03	435.12	539.96	619.33
70	229.25	304.25	354.33	415.24	462.84	573.80	657.90
71	245.82	325.95	379.29	433.32	493.50	605.93	700.76
72	258.25	334.17	389.81	440.31	502.27	619.24	732.42
73	273.29	355.54	414.63	467.83	534.19	657.18	777.40
74	289.39	374.67	436.70	492.29	562.82	691.49	828.21
75	308.17	414.76	483.61	545.20	622.04	761.70	889.44
76	337.95	462.79	539.32	607.54	693.50	848.18	985.76
77	371.92	495.14	576.61	649.04	741.69	906.68	1,097.75
78	413.71	540.76	629.76	717.58	809.07	986.95	1,236.63
79	461.78	587.94	703.89	809.62	905.14	1,065.49	1,398.26
80	516.90	661.17	793.81	914.80	1,024.15	1,207.93	1,587.26
81	580.44	745.04	896.61	1,035.16	1,160.68	1,372.65	1,808.38
82	653.91	841.26	1,014.30	1,173.05	1,317.50	1,563.53	2,067.79
83	738.92	951.93	1,149.38	1,331.29	1,497.63	1,783.67	2,368.85
84	837.51	1,079.46	1,304.66	1,513.10	1,704.80	2,037.93	2,718.78
85	952.12	1,226.69	1,483.42	1,722.32	1,943.39	2,332.01	3,126.17
86	1,085.71	1,396.98	1,689.54	1,963.39	2,218.52	2,672.65	3,601.26
87	1,241.79	1,594.31	1,927.55	2,241.52	2,536.21	3,067.74	4,156.17

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	84.44	103.80	119.20	134.86	150.74	183.19	216.62
36	85.70	105.08	120.88	136.80	152.89	185.50	218.72
37	86.67	106.39	122.56	138.75	155.04	187.78	220.82
38	88.29	107.76	124.29	140.71	157.09	189.60	221.84
39	89.89	109.04	125.94	142.63	159.13	191.62	223.39
40	91.48	110.28	127.52	144.49	161.23	193.87	225.49
41	93.21	111.56	129.17	146.46	163.44	196.42	228.16
42	94.54	112.88	130.87	148.51	165.80	199.30	231.39
43	95.46	114.04	132.28	150.13	167.62	201.49	233.90
44	96.58	115.44	133.95	152.07	169.79	204.13	236.94
45	97.91	117.11	135.90	154.31	172.32	207.20	240.52
46	99.52	119.06	138.21	156.95	175.28	210.76	244.64
47	101.45	121.41	140.94	160.07	178.75	214.88	249.34
48	102.37	122.74	142.58	161.98	180.85	217.16	251.51
49	103.81	124.67	144.93	164.64	183.77	220.31	254.59
50	105.15	126.51	147.19	167.23	186.62	223.38	257.50
51	106.54	128.44	149.57	169.94	189.55	226.43	260.20
52	107.97	130.51	152.14	172.89	192.71	229.69	263.07
53	110.46	133.74	156.00	177.27	197.54	235.08	268.60
54	113.23	137.30	160.28	182.13	202.90	241.11	274.91
55	116.41	141.34	165.09	187.63	208.95	248.02	282.25
56	119.36	145.13	169.58	192.76	214.63	254.53	289.25
57	122.13	148.64	173.77	197.55	219.97	260.68	295.92
58	126.16	153.66	179.73	204.40	227.64	269.91	306.51
59	131.92	160.98	188.55	214.60	239.15	283.74	322.29
60	138.93	170.00	199.43	227.26	253.44	300.95	341.95
61	145.47	178.50	209.79	239.35	267.16	317.57	361.01
62	155.39	191.24	225.18	257.23	287.39	342.01	389.05
63	165.97	208.34	245.57	280.68	313.71	373.47	424.83
64	173.75	224.91	265.25	303.29	339.06	403.71	459.20
65	182.87	245.89	289.97	331.58	370.71	441.44	502.16
66	199.90	271.06	319.51	373.87	417.91	497.62	566.23
67	211.89	286.75	337.60	397.93	444.64	543.67	618.81
68	236.66	316.85	370.94	436.06	486.87	602.00	689.11
69	260.43	346.61	404.44	474.54	529.40	656.96	753.51
70	282.62	375.07	436.80	511.89	570.57	707.35	811.04
71	306.73	406.71	473.28	540.69	615.79	756.07	874.40
72	331.70	429.21	500.67	565.54	645.12	795.35	940.72
73	358.37	466.23	543.71	613.48	700.49	861.78	1,019.42
74	384.92	498.34	580.86	654.80	748.61	919.75	1,101.60
75	419.11	564.07	657.71	741.47	845.97	1,035.92	1,209.64
76	456.24	624.76	728.08	820.18	936.22	1,145.05	1,330.78
77	498.37	663.49	772.66	869.71	993.86	1,214.95	1,470.98
78	571.18	746.59	869.46	990.71	1,117.03	1,362.62	1,707.32
79	626.13	797.19	954.41	1,097.77	1,227.28	1,444.70	1,895.91
80	688.28	880.39	1,057.01	1,218.13	1,363.72	1,608.44	2,113.54
81	763.36	979.83	1,179.16	1,361.37	1,526.45	1,805.21	2,378.27
82	847.86	1,090.78	1,315.15	1,520.99	1,708.28	2,027.29	2,681.12
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	100.58	117.82	135.31	153.09	171.11	207.95	245.89
36	101.53	119.28	137.21	155.29	173.55	210.57	248.28
37	102.54	120.77	139.12	157.50	175.99	213.16	250.66
38	103.50	122.32	141.08	159.73	178.31	215.22	251.82
39	104.42	123.78	142.96	161.90	180.64	217.51	253.58
40	105.31	125.18	144.75	164.02	183.02	220.07	255.96
41	106.33	126.64	146.62	166.25	185.52	222.96	259.00
42	106.80	127.52	147.85	167.77	187.31	225.16	261.41
43	107.91	128.91	149.54	169.71	189.48	227.77	264.41
44	108.71	129.95	150.79	171.18	191.13	229.79	266.72
45	109.74	131.27	152.33	172.96	193.15	232.24	269.59
46	111.62	133.53	155.01	176.03	196.58	236.37	274.38
47	113.29	135.58	157.39	178.74	199.61	239.94	278.43
48	115.16	138.08	160.40	182.22	203.45	244.31	282.95
49	115.21	138.36	160.85	182.72	203.96	244.50	282.55
50	116.90	140.65	163.65	185.92	207.47	248.35	286.28
51	118.66	143.06	166.59	189.27	211.12	252.19	289.81
52	119.16	144.04	167.91	190.81	212.68	253.50	290.33
53	121.30	146.86	171.31	194.67	216.93	258.16	294.97
54	124.41	150.86	176.11	200.12	222.94	264.92	302.06
55	127.25	154.51	180.47	205.11	228.42	271.13	308.55
56	131.37	159.74	186.64	212.16	236.23	280.14	318.36
57	134.66	163.88	191.59	217.82	242.53	287.41	326.27
58	139.18	169.52	198.29	225.50	251.13	297.77	338.15
59	145.54	177.60	208.01	236.75	263.84	313.02	355.56
60	152.38	186.45	218.73	249.25	277.97	330.07	375.04
61	160.69	197.17	231.73	264.37	295.10	350.78	398.77
62	170.62	209.99	247.25	282.44	315.56	375.54	427.19
63	180.90	228.76	269.65	308.20	344.46	410.08	466.48
64	188.32	247.11	291.42	333.22	372.52	443.55	504.51
65	197.10	267.52	315.49	362.12	404.85	482.09	548.42
66	215.52	292.24	344.47	406.32	454.17	547.38	622.85
67	225.52	305.19	359.31	423.53	473.24	585.76	666.73
68	250.62	335.55	392.83	461.80	515.60	639.65	732.20
69	274.45	365.26	426.21	500.08	557.90	692.32	794.08
70	298.42	396.04	461.22	540.52	602.48	746.91	856.39
71	319.92	424.21	493.64	563.95	642.27	788.59	912.01
72	343.94	445.05	519.15	586.41	668.93	824.70	975.43
73	369.70	480.97	560.90	632.88	722.65	889.03	1,051.66
74	397.74	514.94	600.21	676.61	773.54	950.39	1,138.29
75	430.74	579.72	675.96	762.04	869.44	1,064.66	1,243.20
76	466.06	638.21	743.75	837.84	956.38	1,169.70	1,359.43
77	504.73	671.97	782.53	880.82	1,006.55	1,230.47	1,489.77
78	570.76	746.04	868.82	989.98	1,116.21	1,361.62	1,706.07
79	628.67	800.44	958.30	1,102.24	1,232.27	1,450.58	1,903.62
80	690.81	883.62	1,060.89	1,222.60	1,368.73	1,614.34	2,121.30
81	765.45	982.51	1,182.39	1,365.10	1,530.63	1,810.16	2,384.78
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	112.55	131.85	151.41	171.31	191.48	232.70	275.17
36	113.62	133.48	153.55	173.78	194.21	235.64	277.83
37	114.75	135.15	155.68	176.25	196.94	238.54	280.50
38	115.82	136.88	157.88	178.74	199.54	240.84	281.80
39	116.85	138.52	159.98	181.18	202.14	243.40	283.77
40	117.85	140.08	161.98	183.54	204.81	246.27	286.43
41	118.99	141.72	164.08	186.04	207.61	249.50	289.83
42	118.55	141.55	164.12	186.24	207.92	249.94	290.18
43	119.84	143.17	166.07	188.48	210.43	252.95	293.65
44	120.32	143.83	166.89	189.46	211.55	254.33	295.20
45	121.58	145.42	168.76	191.61	213.98	257.29	298.67
46	122.62	146.69	170.28	193.37	215.95	259.66	301.41
47	124.56	149.07	173.05	196.52	219.47	263.82	306.13
48	126.21	151.33	175.79	199.71	222.97	267.75	310.10
49	127.21	152.77	177.61	201.75	225.20	269.97	311.98
50	128.65	154.79	180.10	204.61	228.33	273.32	315.06
51	130.78	157.67	183.61	208.61	232.68	277.95	319.41
52	131.67	159.16	185.54	210.84	235.01	280.11	320.81
53	133.50	161.63	188.54	214.24	238.75	284.12	324.63
54	135.59	164.43	191.94	218.11	242.98	288.74	329.21
55	139.55	169.44	197.90	224.92	250.49	297.32	338.35
56	144.13	175.26	204.77	232.77	259.18	307.35	349.29
57	147.96	180.08	210.53	239.34	266.50	315.82	358.52
58	153.02	186.38	218.00	247.92	276.10	327.37	371.77
59	159.16	194.22	227.48	258.90	288.53	342.31	388.83
60	165.82	202.90	238.03	271.25	302.50	359.20	408.13
61	174.95	214.67	252.30	287.84	321.30	381.92	434.16
62	186.71	229.98	270.80	309.34	345.62	411.30	467.88
63	194.40	249.19	293.72	335.72	375.22	446.70	508.13
64	201.69	269.30	317.60	363.16	405.98	483.39	549.83
65	210.35	285.50	336.69	392.66	438.99	522.75	594.67
66	229.05	310.59	366.10	431.84	482.70	590.51	671.92
67	238.66	322.96	380.24	448.19	500.80	619.87	705.55
68	264.20	353.73	414.11	486.81	543.53	674.30	771.87
69	288.19	383.56	447.56	525.13	585.84	727.00	833.85
70	312.16	414.28	482.46	565.41	630.22	781.30	895.82
71	335.39	444.72	517.51	591.23	673.34	826.73	956.12
72	358.91	464.42	541.75	611.93	698.04	860.60	1,017.89
73	381.32	496.09	578.53	652.78	745.36	916.98	1,084.71
74	408.04	528.27	615.74	694.12	793.56	974.99	1,167.75
75	439.67	591.75	689.98	777.85	887.48	1,086.75	1,269.00
76	472.83	647.48	754.55	850.01	970.27	1,186.69	1,379.17
77	515.06	685.72	798.54	898.84	1,027.15	1,255.64	1,520.25
78	574.68	751.16	874.78	996.77	1,123.87	1,370.96	1,717.78
79	631.27	803.75	962.26	1,106.79	1,237.37	1,456.58	1,911.49
80	693.43	886.97	1,064.91	1,227.23	1,373.92	1,620.46	2,129.34
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	127.88	149.80	172.03	194.64	217.55	264.39	312.64
36	129.09	151.66	174.46	197.44	220.66	267.72	315.67
37	130.38	153.55	176.88	200.24	223.76	271.02	318.69
38	131.10	154.94	178.71	202.32	225.86	272.61	318.97
39	131.77	156.20	180.40	204.31	227.95	274.48	319.99
40	132.40	157.37	181.97	206.19	230.08	276.66	321.78
41	132.15	157.40	182.23	206.63	230.58	277.11	321.90
42	131.33	156.81	181.81	206.30	230.32	276.87	321.45
43	131.78	157.42	182.61	207.25	231.38	278.14	322.88
44	132.46	158.34	183.72	208.57	232.89	279.98	324.98
45	133.95	160.22	185.93	211.11	235.76	283.47	329.06
46	134.72	161.16	187.08	212.45	237.26	285.28	331.14
47	136.40	163.24	189.49	215.20	240.32	288.89	335.22
48	139.01	166.67	193.62	219.95	245.58	294.90	341.54
49	139.82	167.90	195.20	221.74	247.51	296.72	342.88
50	141.02	169.67	197.41	224.29	250.28	299.60	345.35
51	142.90	172.28	200.62	227.94	254.25	303.71	349.02
52	144.84	175.07	204.09	231.92	258.51	308.12	352.89
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	148.17	179.68	209.75	238.34	265.52	315.53	359.75
55	151.11	183.48	214.31	243.57	271.25	321.97	366.40
56	156.14	189.86	221.84	252.17	280.78	332.97	378.40
57	160.49	195.32	228.35	259.61	289.06	342.56	388.87
58	166.04	202.24	236.55	269.02	299.60	355.23	403.41
59	172.77	210.83	246.94	281.06	313.22	371.60	422.10
60	181.06	221.54	259.90	296.17	330.29	392.20	445.63
61	191.11	234.50	275.61	314.43	350.98	417.20	474.27
62	203.12	249.98	294.35	336.24	375.67	447.07	508.56
63	211.49	269.61	317.80	363.24	405.98	483.31	549.78
64	218.36	290.02	342.03	391.09	437.21	520.57	592.13
65	225.40	305.93	360.78	418.84	468.26	557.60	634.31
66	244.03	330.90	390.04	460.07	514.26	627.00	713.45
67	254.11	343.88	404.86	477.21	533.23	660.02	751.24
68	280.00	374.88	438.88	515.92	576.03	714.62	818.02
69	303.93	404.50	471.99	553.81	617.83	766.69	879.38
70	327.65	434.84	506.41	593.47	661.50	820.07	940.28
71	350.09	464.21	540.19	617.14	702.84	862.96	998.02
72	372.45	481.94	562.18	635.02	724.38	893.07	1,056.29
73	396.32	515.60	601.28	678.44	774.67	953.03	1,127.36
74	421.75	546.03	636.44	717.45	820.23	1,007.76	1,207.00
75	452.03	608.38	709.37	799.72	912.42	1,117.29	1,304.66
76	483.20	661.68	771.10	868.65	991.55	1,212.71	1,409.42
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	83.98	103.24	118.55	134.13	149.92	182.20	215.45
36	85.24	104.51	120.22	136.06	152.06	184.50	217.54
37	86.20	105.82	121.89	138.00	154.20	186.77	219.62
38	87.82	107.18	123.62	139.95	156.24	188.57	220.64
39	89.40	108.46	125.26	141.86	158.27	190.58	222.18
40	90.98	109.68	126.83	143.71	160.36	192.82	224.27
41	92.70	110.96	128.47	145.67	162.55	195.36	226.93
42	94.02	112.27	130.17	147.70	164.90	198.23	230.14
43	94.94	113.42	131.56	149.31	166.70	200.39	232.63
44	96.05	114.81	133.22	151.24	168.86	203.01	235.64
45	97.37	116.47	135.16	153.46	171.38	206.06	239.20
46	98.98	118.40	137.45	156.08	174.31	209.59	243.29
47	100.89	120.74	140.16	159.18	177.76	213.68	247.95
48	101.79	122.04	141.77	161.05	179.82	215.93	250.08
49	103.21	123.95	144.10	163.68	182.71	219.04	253.11
50	103.91	125.02	145.46	165.26	184.42	220.76	254.47
51	105.90	127.67	148.68	168.92	188.42	225.07	258.65
52	106.65	128.92	150.29	170.78	190.36	226.89	259.86
53	109.10	132.10	154.08	175.09	195.12	232.20	265.31
54	111.13	134.76	157.31	178.76	199.14	236.64	269.82
55	114.24	138.71	162.01	184.13	205.06	243.40	276.99
56	117.11	142.40	166.38	189.12	210.59	249.72	283.80
57	119.78	145.78	170.43	193.75	215.74	255.66	290.23
58	123.72	150.69	176.26	200.44	223.23	264.68	300.58
59	128.52	156.83	183.68	209.06	232.98	276.41	313.98
60	135.35	165.61	194.28	221.40	246.90	293.18	333.12
61	141.67	173.83	204.31	233.09	260.18	309.27	351.58
62	151.33	186.24	219.29	250.50	279.87	333.06	378.88
63	161.63	202.89	239.15	273.34	305.51	363.71	413.73
64	168.03	217.51	256.52	293.32	327.91	390.43	444.09
65	176.85	237.80	280.43	320.67	358.51	426.91	485.65
66	194.57	263.83	310.99	363.90	406.76	484.35	551.13
67	206.20	279.05	328.54	387.25	432.70	529.07	602.20
68	230.22	308.23	360.85	424.20	473.62	585.62	670.35
69	253.29	337.11	393.36	461.54	514.89	638.96	732.87
70	276.69	367.20	427.64	501.16	558.60	692.51	794.02
71	300.20	398.06	463.21	529.19	602.68	739.99	855.80
72	324.59	420.01	489.94	553.42	631.30	778.31	920.56
73	350.64	456.17	531.97	600.24	685.38	843.18	997.42
74	379.30	491.07	572.38	645.24	737.68	906.33	1,085.52
75	412.95	555.78	648.04	730.57	833.53	1,020.68	1,191.85
76	449.48	615.51	717.29	808.03	922.35	1,128.08	1,311.06
77	490.93	653.59	761.13	856.73	979.03	1,196.82	1,449.03
78	562.59	735.36	856.39	975.81	1,100.23	1,342.12	1,681.65
79	621.35	791.11	947.13	1,089.39	1,217.91	1,433.67	1,881.44
80	682.99	873.62	1,048.88	1,208.76	1,353.23	1,596.06	2,097.29
81	757.45	972.23	1,170.02	1,350.82	1,514.62	1,791.22	2,359.83
82	841.24	1,082.26	1,304.88	1,509.11	1,694.94	2,011.45	2,660.17
83	944.45	1,216.70	1,469.08	1,701.58	1,914.19	2,279.79	3,027.74
84	1,062.15	1,368.99	1,654.61	1,918.95	2,162.07	2,584.55	3,448.02
85	1,197.84	1,543.27	1,866.26	2,166.81	2,444.94	2,933.86	3,932.97
86	1,354.89	1,743.34	2,108.43	2,450.18	2,768.57	3,335.29	4,494.14
87	1,537.07	1,973.42	2,385.90	2,774.53	3,139.29	3,797.21	5,144.46

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	100.10	117.26	134.66	152.36	170.29	206.96	244.72
36	101.05	118.72	136.56	154.55	172.72	209.57	247.09
37	102.06	120.20	138.46	156.75	175.15	212.15	249.46
38	103.01	121.74	140.41	158.97	177.47	214.19	250.62
39	103.92	123.19	142.28	161.13	179.78	216.47	252.37
40	104.81	124.58	144.06	163.24	182.15	219.02	254.74
41	105.82	126.04	145.93	165.46	184.64	221.90	257.76
42	106.29	126.91	147.15	166.97	186.41	224.08	260.16
43	107.39	128.29	148.82	168.90	188.57	226.67	263.14
44	108.71	129.95	150.79	171.18	191.13	229.79	266.72
45	109.74	131.27	152.33	172.96	193.15	232.24	269.59
46	111.62	133.53	155.01	176.03	196.58	236.37	274.38
47	113.29	135.58	157.39	178.74	199.61	239.94	278.43
48	114.58	137.38	159.59	181.30	202.42	243.08	281.52
49	114.61	137.64	160.01	181.77	202.90	243.23	281.07
50	116.28	139.90	162.78	184.94	206.37	247.04	284.77
51	118.02	142.29	165.69	188.26	209.98	250.83	288.25
52	117.85	142.45	166.06	188.70	210.33	250.70	287.13
53	119.94	145.22	169.40	192.49	214.51	255.28	291.68
54	123.01	149.17	174.13	197.87	220.43	261.95	298.66
55	125.81	152.76	178.42	202.78	225.83	268.05	305.04
56	129.87	157.91	184.51	209.73	233.53	276.94	314.72
57	133.09	161.97	189.36	215.28	239.71	284.07	322.48
58	136.74	166.55	194.81	221.54	246.73	292.55	332.22
59	142.98	174.48	204.36	232.60	259.21	307.53	349.33
60	149.69	183.16	214.87	244.86	273.06	324.25	368.42
61	156.88	192.50	226.24	258.12	288.12	342.48	389.33
62	167.58	206.24	242.84	277.40	309.93	368.83	419.56
63	177.67	224.68	264.83	302.70	338.31	402.76	458.15
64	183.81	241.19	284.44	325.24	363.60	432.93	492.43
65	192.36	261.08	307.89	353.39	395.09	470.48	535.20
66	210.29	285.15	336.12	396.47	443.16	534.11	607.75
67	221.35	299.54	352.66	415.68	464.48	574.91	654.38
68	245.89	329.22	385.42	453.08	505.87	627.58	718.38
69	269.17	358.24	418.01	490.47	547.17	679.01	778.80
70	292.57	388.28	452.18	529.92	590.66	732.26	839.60
71	315.63	418.51	487.01	556.38	633.65	778.01	899.77
72	339.23	438.95	512.04	578.37	659.76	813.40	962.07
73	364.57	474.29	553.11	624.09	712.61	876.68	1,037.05
74	392.18	507.74	591.81	667.14	762.72	937.10	1,122.37
75	424.63	571.50	666.37	751.23	857.11	1,049.56	1,225.57
76	459.40	629.10	733.13	825.87	942.72	1,152.99	1,340.01
77	501.08	667.10	776.86	874.44	999.26	1,221.55	1,478.98
78	566.56	740.56	862.44	982.70	1,108.00	1,351.61	1,693.53
79	624.02	794.51	951.20	1,094.07	1,223.15	1,439.83	1,889.52
80	685.65	877.03	1,052.97	1,213.47	1,358.51	1,602.29	2,105.47
81	759.70	975.13	1,173.50	1,354.84	1,519.12	1,796.55	2,366.85
82	843.21	1,084.80	1,307.94	1,512.65	1,698.92	2,016.17	2,666.42
83	945.02	1,217.44	1,469.96	1,702.61	1,915.35	2,281.17	3,029.57
84	1,062.84	1,369.88	1,655.68	1,920.20	2,163.47	2,586.23	3,450.26
85	1,198.77	1,544.47	1,867.71	2,168.50	2,446.83	2,936.14	3,936.03
86	1,356.12	1,744.92	2,110.34	2,452.40	2,771.08	3,338.31	4,498.21
87	1,538.67	1,975.47	2,388.38	2,777.40	3,142.54	3,801.15	5,149.79

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	112.07	131.29	150.77	170.58	190.66	231.71	274.00
36	113.14	132.92	152.89	173.04	193.38	234.64	276.65
37	114.26	134.57	155.02	175.50	196.10	237.52	279.31
38	115.33	136.30	157.21	177.98	198.69	239.81	280.60
39	116.36	137.93	159.30	180.41	201.28	242.37	282.56
40	117.35	139.49	161.29	182.76	203.94	245.22	285.21
41	118.48	141.11	163.38	185.25	206.72	248.44	288.60
42	118.04	140.94	163.42	185.43	207.02	248.86	288.93
43	119.32	142.55	165.35	187.66	209.52	251.86	292.37
44	119.80	143.20	166.16	188.63	210.62	253.21	293.90
45	121.04	144.78	168.01	190.76	213.04	256.15	297.35
46	122.62	146.69	170.28	193.37	215.95	259.66	301.41
47	124.56	149.07	173.05	196.52	219.47	263.82	306.13
48	126.21	151.33	175.79	199.71	222.97	267.75	310.10
49	126.61	152.05	176.77	200.80	224.14	268.70	310.51
50	128.03	154.04	179.23	203.63	227.23	272.00	313.54
51	130.14	156.90	182.71	207.59	231.55	276.60	317.85
52	131.01	158.36	184.61	209.79	233.83	278.71	319.21
53	132.82	160.81	187.58	213.16	237.53	282.68	322.99
54	134.89	163.58	190.95	216.98	241.73	287.25	327.51
55	138.10	167.68	195.85	222.59	247.89	294.24	334.85
56	142.63	173.43	202.64	230.34	256.48	304.15	345.65
57	146.40	178.17	208.30	236.81	263.68	312.48	354.73
58	151.39	184.39	215.68	245.28	273.16	323.89	367.81
59	156.60	191.10	223.83	254.75	283.90	336.82	382.59
60	164.03	200.70	235.46	268.32	299.23	355.31	403.72
61	173.05	212.33	249.55	284.71	317.80	377.76	429.44
62	184.68	227.48	267.86	305.98	341.86	406.83	462.79
63	191.21	245.10	288.91	330.21	369.07	439.38	499.80
64	198.36	264.86	312.36	357.17	399.29	475.42	540.77
65	206.84	280.74	331.08	386.11	431.68	514.04	584.76
66	225.19	305.36	359.93	424.56	474.57	580.56	660.60
67	235.93	319.27	375.89	443.07	495.07	612.79	697.49
68	261.11	349.59	409.27	481.12	537.17	666.41	762.84
69	284.72	378.94	442.16	518.81	578.78	718.24	823.81
70	308.31	409.16	476.51	558.43	622.44	771.65	884.76
71	331.12	439.06	510.92	583.69	664.76	816.20	943.94
72	354.19	458.31	534.62	603.88	688.86	849.28	1,004.50
73	378.77	492.76	574.65	648.39	740.36	910.82	1,077.43
74	405.26	524.68	611.55	689.40	788.16	968.35	1,159.81
75	436.64	587.67	685.22	772.49	881.36	1,079.25	1,260.24
76	469.55	642.98	749.31	844.10	963.53	1,178.45	1,369.59
77	511.43	680.89	792.92	892.51	1,019.92	1,246.80	1,509.55
78	570.57	745.79	868.53	989.65	1,115.84	1,361.16	1,705.51
79	626.70	797.92	955.29	1,098.77	1,228.40	1,446.02	1,897.64
80	688.33	880.45	1,057.08	1,218.21	1,363.81	1,608.54	2,113.69
81	761.96	978.03	1,176.99	1,358.87	1,523.64	1,801.89	2,373.89
82	845.19	1,087.35	1,311.01	1,516.20	1,702.91	2,020.91	2,672.68
83	945.59	1,218.18	1,470.85	1,703.64	1,916.51	2,282.55	3,031.40
84	1,063.53	1,370.77	1,656.75	1,921.45	2,164.88	2,587.91	3,452.50
85	1,199.62	1,545.57	1,869.04	2,170.04	2,448.57	2,938.22	3,938.82
86	1,357.17	1,746.27	2,111.98	2,454.30	2,773.22	3,340.89	4,501.69
87	1,539.96	1,977.12	2,390.38	2,779.73	3,145.18	3,804.34	5,154.11

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	127.88	149.80	172.03	194.64	217.55	264.39	312.64
36	129.09	151.66	174.46	197.44	220.66	267.72	315.67
37	130.38	153.55	176.88	200.24	223.76	271.02	318.69
38	131.10	154.94	178.71	202.32	225.86	272.61	318.97
39	131.77	156.20	180.40	204.31	227.95	274.48	319.99
40	132.40	157.37	181.97	206.19	230.08	276.66	321.78
41	132.15	157.40	182.23	206.63	230.58	277.11	321.90
42	131.33	156.81	181.81	206.30	230.32	276.87	321.45
43	131.78	157.42	182.61	207.25	231.38	278.14	322.88
44	132.46	158.34	183.72	208.57	232.89	279.98	324.98
45	133.95	160.22	185.93	211.11	235.76	283.47	329.06
46	134.72	161.16	187.08	212.45	237.26	285.28	331.14
47	136.40	163.24	189.49	215.20	240.32	288.89	335.22
48	139.01	166.67	193.62	219.95	245.58	294.90	341.54
49	139.22	167.18	194.36	220.78	246.45	295.44	341.41
50	140.40	168.93	196.55	223.30	249.19	298.28	343.84
51	142.26	171.51	199.73	226.93	253.11	302.36	347.46
52	144.84	175.07	204.09	231.92	258.51	308.12	352.89
53	146.37	177.22	206.72	234.91	261.77	311.52	355.94
54	147.47	178.83	208.76	237.22	264.27	314.04	358.06
55	150.39	182.60	213.28	242.40	269.95	320.43	364.65
56	155.39	188.95	220.77	250.95	279.43	331.36	376.58
57	159.71	194.37	227.24	258.34	287.65	340.88	386.97
58	165.23	201.25	235.39	267.70	298.13	353.49	401.43
59	171.92	209.80	245.72	279.67	311.67	369.77	420.02
60	180.17	220.45	258.62	294.71	328.66	390.26	443.43
61	189.21	232.17	272.86	311.31	347.49	413.05	469.55
62	201.09	247.48	291.40	332.88	371.91	442.60	503.48
63	209.36	266.89	314.59	359.57	401.88	478.43	544.23
64	216.13	287.06	338.54	387.10	432.75	515.26	586.08
65	224.22	304.33	358.90	416.65	465.82	554.70	631.01
66	242.74	329.14	387.97	457.63	511.53	623.68	709.67
67	252.74	342.02	402.67	474.64	530.35	656.45	747.18
68	278.42	372.77	436.41	513.03	572.80	710.61	813.43
69	302.17	402.16	469.27	550.61	614.26	762.26	874.30
70	325.69	432.23	503.37	589.91	657.54	815.16	934.65
71	347.93	461.35	536.85	613.33	698.50	857.64	991.86
72	370.08	478.87	558.60	630.97	719.76	887.38	1,049.56
73	393.74	512.25	597.38	674.04	769.64	946.84	1,120.04
74	418.96	542.41	632.22	712.70	814.80	1,001.08	1,199.01
75	449.00	604.30	704.61	794.35	906.30	1,109.79	1,295.91
76	479.91	657.18	765.86	862.74	984.81	1,204.46	1,399.83
77	522.01	694.96	809.31	910.97	1,041.00	1,272.58	1,540.76
78	574.61	751.07	874.68	996.66	1,123.74	1,370.80	1,717.58
79	629.39	801.35	959.39	1,103.50	1,233.68	1,452.23	1,905.79
80	691.02	883.89	1,061.21	1,222.96	1,369.14	1,614.82	2,121.93
81	764.23	980.94	1,180.49	1,362.91	1,528.18	1,807.26	2,380.96
82	847.18	1,089.90	1,314.09	1,519.76	1,706.91	2,025.65	2,678.96
83	946.16	1,218.92	1,471.75	1,704.67	1,917.67	2,283.93	3,033.24
84	1,064.22	1,371.66	1,657.83	1,922.69	2,166.28	2,589.59	3,454.74
85	1,200.55	1,546.76	1,870.48	2,171.71	2,450.46	2,940.49	3,941.86
86	1,358.38	1,747.83	2,113.87	2,456.49	2,775.70	3,343.88	4,505.71
87	1,541.53	1,979.14	2,392.81	2,782.56	3,148.38	3,808.21	5,159.36

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	143.21	167.76	192.65	217.97	243.62	296.08	350.11
36	144.56	169.84	195.37	221.11	247.10	299.81	353.50
37	146.00	171.96	198.08	224.24	250.58	303.50	356.89
38	145.88	172.41	198.86	225.14	251.34	303.35	354.95
39	145.69	172.70	199.46	225.89	252.03	303.48	353.80
40	145.43	172.87	199.89	226.50	252.74	303.91	353.47
41	145.31	173.07	200.39	227.21	253.55	304.71	353.96
42	145.64	173.89	201.62	228.78	255.42	307.03	356.47
43	145.26	173.54	201.30	228.46	255.07	306.61	355.93
44	145.13	173.48	201.29	228.51	255.15	306.75	356.05
45	146.86	175.67	203.85	231.46	258.49	310.79	360.78
46	147.36	176.29	204.64	232.39	259.53	312.06	362.23
47	148.80	178.08	206.72	234.76	262.17	315.15	365.70
48	151.22	181.31	210.63	239.28	267.16	320.81	371.55
49	153.62	184.48	214.47	243.62	271.94	326.01	376.73
50	154.01	185.30	215.60	244.94	273.34	327.19	377.16
51	155.66	187.67	218.53	248.30	276.95	330.83	380.18
52	158.01	190.99	222.65	253.01	282.01	336.13	384.97
53	159.92	193.63	225.86	256.66	286.01	340.37	388.90
54	161.45	195.79	228.55	259.70	289.32	343.80	392.00
55	163.41	198.41	231.74	263.38	293.32	348.16	396.20
56	167.40	203.55	237.84	270.35	301.03	356.98	405.68
57	172.23	209.61	245.06	278.60	310.21	367.62	417.32
58	178.25	217.11	253.95	288.80	321.63	381.35	433.07
59	186.39	227.45	266.40	303.21	337.90	400.89	455.37
60	195.40	239.09	280.49	319.63	356.46	423.27	480.93
61	205.37	252.00	296.17	337.90	377.17	448.34	509.67
62	218.36	268.73	316.42	361.46	403.85	480.60	546.70
63	227.74	288.68	340.27	388.92	434.68	517.49	588.66
64	234.18	307.77	362.97	415.03	463.97	552.45	628.38
65	241.93	328.37	387.24	442.83	495.09	589.55	670.65
66	260.66	353.45	416.62	491.42	549.30	660.18	751.20
67	269.97	365.34	430.13	507.00	566.51	701.21	798.13
68	296.18	396.55	464.25	545.75	609.34	755.94	865.32
69	320.09	426.02	497.10	583.26	650.69	807.47	926.15
70	343.58	455.98	531.03	622.32	693.66	859.94	986.00
71	365.28	484.34	563.62	643.90	733.32	900.39	1,041.30
72	386.54	500.17	583.45	659.04	751.78	926.85	1,096.24
73	409.19	532.34	620.81	700.48	799.83	983.99	1,163.98
74	433.02	560.61	653.44	736.61	842.14	1,034.68	1,239.25
75	461.70	621.40	724.56	816.83	931.95	1,141.20	1,332.58
76	490.51	671.69	782.77	881.79	1,006.55	1,231.06	1,430.74
77	532.80	709.34	826.05	929.81	1,062.53	1,298.90	1,572.62
78	578.68	756.40	880.88	1,003.72	1,131.70	1,380.51	1,729.75
79	632.10	804.80	963.51	1,108.24	1,238.98	1,458.48	1,913.98
80	693.71	887.34	1,065.35	1,227.73	1,374.48	1,621.13	2,130.22
81	766.50	983.86	1,184.01	1,366.97	1,532.73	1,812.64	2,388.05
82	849.17	1,092.46	1,317.18	1,523.33	1,710.92	2,030.41	2,685.25
83	946.74	1,219.65	1,472.64	1,705.70	1,918.83	2,285.32	3,035.08
84	1,064.91	1,372.55	1,658.91	1,923.94	2,167.69	2,591.27	3,456.99
85	1,201.40	1,547.85	1,871.80	2,173.25	2,452.20	2,942.57	3,944.65
86	1,359.43	1,749.18	2,115.49	2,458.38	2,777.84	3,346.45	4,509.18
87	1,542.80	1,980.78	2,394.80	2,784.87	3,150.99	3,811.37	5,163.64

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

1.30769231 premium factor for two insureds, or
1.11764706 premium factor for two applications, but one insured, or
1.05555556 premium factor for Two Person Household, or
1.00000000 premium factor for Singles

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.071
75%	1.074
100%	1.076

Cash Benefit 40%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.076
75%	1.079
100%	1.081

Cash Benefit 50%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.195
75%	1.198
100%	1.200

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Supporting Document Schedules

Bypassed - Item:	Certification of Compliance/Readability
Bypass Reason:	not applicable - not a form filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist - Mutual (modern).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LTC Rate Increase Template (LTC09M).pdf Supplementary Info (LTC09M).pdf Attachment 1 - Covered Lives and Claim Counts.pdf Attachment 2A - Nationwide Projection (Marital Status) - LTC09M.pdf Attachment 2B - Nationwide Projection (Inflation Option) - LTC09M.pdf Attachment 2C - Nationwide Projection (Benefit Period) - LTC09M.pdf Attachment 3A - Nationwide Lifetime Experience Projection with Actual to Expected.pdf Attachment 4 - Original Pricing Assumptions (LTC09M).pdf Actuarial Certification (LTC09M).pdf Exhibit 1 - Benefit Summary (LTC09M).pdf Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09M).pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Rate Increase History (LTC09M - VA).pdf Exhibit 5 - Rate Increase Splits (National) - LTC09M.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M).pdf Exhibit 7A - Nationwide Historical Experience (LTC09M).pdf Attachment 5 -Sample Notification Letter (Mutual).pdf Attachment 6 - Distribution.pdf Actuarial Memorandum - LTC09M (VA) - revised.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (LTC09M) - revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Comments:	
Attachment(s):	VA LTC Rate Increase Summary.pdf LTCi Rate Request Summary - Mutual (LTC09M) - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 3)
Comments:	
Attachment(s):	LTC09M Pre Current Rates.pdf LTC09M Post Current Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 4)
Comments:	
Attachment(s):	Exhibit 7A - Nationwide Historical Experience (LTC09M) - EXCEL.xlsx Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M) - EXCEL.xlsx Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M) - EXCEL.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 01/26/2022 Response (Objections 5, 6, 8 and 9)
Comments:	
Attachment(s):	Multi-State LTC Advisory Report - Mutual of Omaha - DRAFT - 11012021 - POTENTIALLY PUBLIC.pdf Multi-State LTC Advisory Report - Mutual of Omaha Response v2.pdf VA LTC09M Projections Sent.pdf VA LTC09M Projections Sent.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 01/26/2022 Response (Objection 10)
Comments:	
Attachment(s):	Attachment 1 - Rate Increase History - EXCEL.pdf Attachment 1 - Rate Increase History - EXCEL.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 05/13/2022 Response
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 LTC Rate Increase - LTC09M*
Project Name/Number: *LTC09M/*

Attachment(s):	LTC09M Attachment J.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibit for 06/24/2022 Response (Objections 2 & 3)
Comments:	
Attachment(s):	Attachment 1 - Morbidity Assumption Description.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibit for 06/24/2022 Response (Objection 3)
Comments:	
Attachment(s):	Attachment 2 - Morbidity AE Table.pdf Attachment 2 - Morbidity AE Table.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09M).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Attachment Exhibit 7A - Nationwide Historical Experience (LTC09M) - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09M) - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 8B - Virginia Lifetime Experience Projection (LTC09M) - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA LTC09M Projections Sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment Attachment 1 - Rate Increase History - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment Attachment 2 - Morbidity AE Table.xlsx is not a PDF document and cannot be reproduced here.

Reset Form

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	not applicable
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	not applicable - not a form filing
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	not applicable - not a form filing
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	not applicable - not a form filing
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	not applicable - not changing benefits
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	not applicable - not a form filing

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	not applicable - not a form filing
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	not applicable - not a form filing
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	not applicable - not a form filing
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	not applicable - not a form filing
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	not applicable - not a form filing
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	not applicable - not a form filing
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	not applicable - not a form filing
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	not applicable - not a form filing
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	not applicable - not a form filing

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	not applicable - not a form filing
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	not applicable - not a form filing
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	not applicable - not a form filing
Variability	14VAC5-101-80	A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language. B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text. C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value. D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.	not applicable - not a form filing

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	Rate/Rule Schedule tab
		(ii) All information required by SERFF.	all information required by SERFF is included
	14 VAC 5-130-70 B	Actuarial Memorandum	included in Supporting Documentation tab
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Actuarial Memorandum - Section 2 (page 1) and Exhibit 1
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Actuarial Memorandum - Sections 2 and 3 (page 1)
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Actuarial Memorandum - Exhibit 9
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Actuarial Memorandum - Section 2 (page 1)
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Actuarial Memorandum - Exhibit 2
	14VAC5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	Actuarial Memorandum - Exhibit 8A (nationwide experience); Exhibit 8B (Virginia experience)

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Actuarial Memorandum - Exhibit 4
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Actuarial Memorandum - Section 3 (page 1)
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	not applicable
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Actuarial Memorandum - Exhibit 8A (nationwide experience)
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	not applicable - filed under post-rate stabilization
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	not applicable
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	Actuarial Memorandum - Exhibit 2

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Actuarial Memorandum - Attachment A
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	Not applicable - forms included in this filing are no longer available for sale.
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	Included in Attachment 5 - Sample Notification Letter
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	Included in Attachment 5 - Sample Notification Letter
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	Included in Attachment 5 - Sample Notification Letter
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	Included in Attachment 5 - Sample Notification Letter

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	Policyholders will receive notification of a premium adjustment at least 75 days prior to the implementation of the increase, as required.
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	Included in Attachment 5 - Sample Notification Letter
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	Included in Attachment 5 - Sample Notification Letter
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	Included in Attachment 5 - Sample Notification Letter
	14VAC5-200-75 D 4	A statement substantially similar to the following: The 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	Included in Attachment 5 - Sample Notification Letter

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	Not Applicable - the policies included in this filing were issued after 10/01/2003.
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	not applicable
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	not applicable
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	not applicable
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	not applicable
	14VAC5-200-150 B 3	Experienced and projected trends;	not applicable
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	not applicable
	14VAC5-200-150 B 5	Expected claim fluctuation;	not applicable
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	not applicable
	14VAC5-200-150 B 7	Renewability features;	not applicable
	14VAC5-200-150 B 8	All appropriate expense factors;	not applicable
	14VAC5-200-150 B 9	Interest;	not applicable
	14VAC5-200-150 B 10	Experimental nature of the coverage;	not applicable
	14VAC5-200-150 B 11	Policy reserves;	not applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Attachment 7 (Form) LTC04I; Attachment 6 (Forms LTC04I7 & LTC09M)
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	not applicable
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	not applicable
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	not applicable
	14VAC5-200-150 D	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, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	not applicable
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	not applicable
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	not applicable - not a life policy

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	not applicable - not a life policy
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	not applicable - not a life policy
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	not applicable - not a life policy
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	not applicable - not a life policy
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	not applicable - not a life policy
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	not applicable - not a life policy
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	not applicable - not a life policy
		c. Any exclusions, reductions and limitations on benefits of long-term care;	not applicable - not a life policy

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	not applicable - not a life policy
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	not applicable - not a life policy
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	not applicable - not a life policy
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	not applicable - not a life policy
		a. Any long-term care benefits paid out during the month;	not applicable - not a life policy
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	not applicable - not a life policy
		c. The amount of long-term care benefits existing or remaining;	not applicable - not a life policy
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	not applicable - not a life policy
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	not applicable - not a life policy
		a. A description of the basis on which the long-term care rates were determined;	not applicable - not a life policy
		b. A description of the basis for the reserves;	not applicable - not a life policy

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	not applicable - not a life policy
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	not applicable - not a life policy
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	not applicable - not a life policy
		f. The estimated average annual premium per policy and the average issue age;	not applicable - not a life policy
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	not applicable - not a life policy
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	not applicable - not a life policy
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	The forms included in this filing were sold after 10/01/2003
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	We will not send notification letters until approval

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	is received from the Commissioner.
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	Attachment A - Actuarial Certification
		a. 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; and	Attachment A - Actuarial Certification
		b. The premium rate filing is in compliance with the provisions of this section;	Attachment A - Actuarial Certification
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	Included in Supporting Documentation tab.
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Actuarial Memorandum - Exhibit 8A
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Actuarial Memorandum - Exhibit 8A
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Actuarial Memorandum - Exhibit 8A
		(3) The projections shall demonstrate compliance with subsection C of this section; and	LTC Rate Increase Template and Supplementary Info
		(4) For exceptional increases,	not applicable - not an exceptional increase
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	not applicable-not an exceptional increase

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	not applicable-not an exceptional increase
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	no adjustments in the projections have been made
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	Actuarial Memorandum - Section 3 (page 1)
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	Attachment A - Actuarial Certification
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	not applicable
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	Actuarial Memorandum - Exhibit 3
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	Attachment A - Actuarial Certification
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	information for review is included in the Supporting Documentation tab
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	We are requesting a series of increases in an effort to mitigate the impact of one large increase.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	not applicable-we are requesting the amount we feel is the justified increase for this block of business
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	not applicable - not an exceptional increase
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	Actuarial Memorandum - Exhibit 8A
		a. The accumulated value of the initial earned premium times 58%;	Actuarial Memorandum - Exhibit 8A
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Actuarial Memorandum - Exhibit 8A
		c. The present value of future projected initial earned premiums times 58%; and	Actuarial Memorandum - Exhibit 8A

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Actuarial Memorandum - Exhibit 8A
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	not applicable - not an exceptional increase
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Actuarial Memorandum - Section 5 (Interest) - page 2
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall 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 commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	We will provide updated projections on an annual basis for the next three years and provided a comparison of actual results to projected values.
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	we understand that we will be required to file lifetime projections every five years

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	not applicable-forms not issued after 09/01/2015
		a. 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; and	not applicable-forms not issued after 09/01/2015
		b. The premium rate filing is in compliance with the provisions of this section;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	not applicable-forms not issued after 09/01/2015
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	not applicable-forms not issued after 09/01/2015
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	not applicable-forms not issued after 09/01/2015
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	not applicable-forms not issued after 09/01/2015

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	not applicable-forms not issued after 09/01/2015
		(4) For exceptional increases:	not applicable-forms not issued after 09/01/2015
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	not applicable-forms not issued after 09/01/2015
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	not applicable-forms not issued after 09/01/2015
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	not applicable-forms not issued after 09/01/2015
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	not applicable-forms not issued after 09/01/2015
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	not applicable-forms not issued after 09/01/2015
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	not applicable-forms not issued after 09/01/2015
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	not applicable-forms not issued after 09/01/2015

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	not applicable-forms not issued after 09/01/2015
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	not applicable-forms not issued after 09/01/2015
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	not applicable-forms not issued after 09/01/2015
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	not applicable-forms not issued after 09/01/2015
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	not applicable-forms not issued after 09/01/2015

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	not applicable-forms not issued after 09/01/2015
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	not applicable-forms not issued after 09/01/2015

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-154 D	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	not applicable-forms not issued after 09/01/2015

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is n/a.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: Jeffrey O. LaFond

Name (please print): Jeffrey O. LaFond Title: Lead Actuarial Analyst

Company Name: Mutual of Omaha Insurance Company

Date: 09/24/2021 Phone No: (402) 351-3799

E-Mail Address: jeff.lafond@mutualofomaha.com

Consolidated, Most Commonly Asked Questions – States' LTC Rate Increase Reviews

Policy Series LTC09M

1. New premium rate schedule, percentage increase for each rating scenario such as issue age, benefit period, elimination period, etc., from the existing and original rates.
   A. Provide rate increase percentages by policy form number and clear mapping of these numbers to any alternative terminology describing policies stated in the actuarial memorandum and other supporting documents. The average rate increase amounts by benefit period, inflation option, spouse discount, cash benefit and issue age are displayed in Exhibit 5 that is attached to the Actuarial Memorandum. These increases will be applied the same to all policy forms included in this filing. Policy Series LTC09M consists of policy forms LTC09M[-AG,-5ML,-10ML].

   B. Provide the cumulative rate change since inception, after the requested rate increase, for each of the rating scenarios. The average cumulative rate change since inception, after the requested increase, is 79.6%, as found in Exhibit 5 discussed above.

2. Rate increase history that reflects the filed increase.
   A. Provide the month, year, and percentage amount of all previous rate revisions. All previous nationwide and state specific rate increases are displayed in Exhibit 4 – Rate Increase History, which is attached to the Actuarial Memorandum. Please note that these forms have not had any previous rate increases.
   B. Provide the SERFF filing numbers associated with all previous rate revisions. As stated above, these forms have not had any previous rate revisions.

3. Actuarial Memorandum justifying the new rate schedule, which includes:
   A. Lifetime loss ratio projection, with earned premiums and incurred claims discounted at the maximum valuation interest rate.
      i. The projection should be by year. The projections mentioned in Sections iii and iv below are displayed by calendar year.
      ii. Provide the count of covered lives and count of claims incurred by year. The historical nationwide and state specific covered lives and claim counts, by incurred year, are displayed in Attachment 1 – Covered Lives and Claim Counts.
      iii. Provide separate experience summaries and projections for significant subsets of policies with substantially different benefit and premium features. Separate projections of costs for significant blocks of paid-up and premium-paying policies should be provided.
      The following projections are included:
      - Attachment 2A – Projection (Marital Status)
      - Attachment 2B – Projection (Inflation Option)
      - Attachment 2C – Projection (Benefit Period)
      iv. Provide a comparison of state versus national mix of business. In addition, a state may request separate state and national data and projections. The company should accompany any state-specific information with commentary on credibility, materiality, and impact on requested rate increase. Exhibit 5 attached to the Actuarial Memorandum displays the nationwide distribution by Issue Age, Inflation Option, Benefit Period and Marital Status. The nationwide lifetime experience projection is displayed in Exhibit 8A attached to the Actuarial Memorandum.

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B. Reasons for the rate increase, including which pricing assumptions were not realized & why. Section 3 of the Actuarial Memorandum describes the reasons for the requested rate increase.
   i. Attribution analysis - present the portion of the rate increase allocated to and impact on the lifetime loss ratio from each change in assumption. Section 3 of the Actuarial Memorandum describes the reasons for the requested rate increase.
   ii. Related to the issue of past losses, explain how the requested rate increase covers a policyholder's own past premium deficiencies and/or subsidizes other policyholders' past claims. The rate increases were developed according to the methodology contained in Model Regulation 641.
   iii. Provide the original loss ratio target to allow for comparison of initially assumed premiums and claims and actual and projected premiums and claims. Attachment 4A displays the nationwide lifetime experience projections that include the original target loss ratio, which included the original pricing durational loss ratios. This exhibit displays the actual loss ratios, expected loss ratios, and actual to expected ratios.
   iv. Provide commentary and analysis on how credibility of experience contributed to the development of the rate increase request. The rate increases were developed according to the methodology contained in Model Regulation 641.

C. Statement that policy design, underwriting, and claims handling practices were considered.
   i. Show how benefit features, e.g., inflation and length of benefit period, and premium features, e.g., limited pay and lifetime pay, impact requested increases. The increase varies by inflation option, benefit period and marital status (the spouse discount is being revised, as stated in Section 9 of the Actuarial Memorandum). The lifetime experience by Marital Status, Inflation Option and Benefit Period are displayed in Attachments 2A, 2B and 2C, respectively.
   ii. Specify whether waived premiums are included in earned premiums and incurred claims, including in the loss ratio target calculation; provide the waived premium amounts and impact on requested increase. Waived premiums are excluded from both the earned premiums and also the incurred claims. As a result, the waived premiums had no impact on the requested rate increase.
   iii. Describe current practices with dates and quantification of the effect of any underwriting changes. Describe how adjustments to experience from policies with less restrictive underwriting are applied to claims expectations associated with policies with more restrictive underwriting. Underwriting practices remained relatively similar to this and currently marketed forms.

D. A demonstration that actual and projected costs exceed anticipated costs and the margin. Attachment 4A displays the nationwide lifetime experience projections that include the original target loss ratio, which included the original pricing durational loss ratios. This exhibit displays the actual loss ratios, expected loss ratios, and actual to expected ratios.

E. The method and assumptions used in determining projected values should be reviewed in light of reported experience and compared to the original pricing assumptions and current assumptions. See Section 5 of the Actuarial Memorandum.
   i. Provide applicable actual-to-expected ratios regarding key assumptions.
   ii. Provide justification for any change in assumptions

F. Combined morbidity experience from different forms with similar benefits, whether from inside or outside the company, where appropriate to result in more credible historical claims as the basis for future claim costs. The morbidity experience of all forms issued under Post-Rate Stabilization Guidelines, forms issued on and after 2004 that provide similar benefits, has been combined to more credible historical experience as a basis to project future claim costs. See Section 5 of the Actuarial Memorandum.

i. Explain the relevance of any data sources and resulting adjustments made relevant to the current filing, particularly regarding the morbidity assumption.
ii. A comparison of the population or industry study to the in-force related to the filing should be performed, if applicable.
iii. Explain how claims cost expectations at older ages and later durations are developed if data is not fully credible at those ages and durations.
iv. Provide the year of the most recent morbidity experience study. The most recent morbidity study was completed in 2019, which included data included in the Milliman 2017 Guidelines.

G. Information (from NAIC Guidance Manual for Rating Aspect of the Long-Term Care Insurance Model Regulation, "Guidance Manual" Q&A): Morbidity, Lapse, Mortality, Interest
   i. Comparison with asset adequacy testing reserve assumptions
      a) Explain the consistency regarding actuarial assumptions between the rate increase filing and the most recent asset adequacy (reserve) testing filing. The assumptions underlying the rate increase request are consistent with the most recent asset adequacy testing.
      b) Additional reserves that the company is holding above NAIC Model Reg 10 formula reserves should be provided, (such as premium deficiency reserves and Actuarial Guideline 51 reserves). No additional reserves are currently being held.
   ii. Assumptions Template in Appendix 6 of the *NAIC Guidance Manual for Rating Aspect of the Long-Term Care Insurance Model Regulation (Guidance Manual)* (for policies issued after 2017, where applicable) This is not applicable as the policies included in this filing were. not issued after 2017.
   iii. Provide actuarial assumptions from original pricing and most recent rate increase filing, and have the original actuarial memorandum available upon request. Attachment 5A – Original Pricing Assumptions displays the assumptions used in the development of the initial premiums for the forms included in this filing.

H. Guidance Manual Checklist items: summaries (including past rate adjustments); average premium; distribution of business, including rate increases by state; underwriting; policy design and margins; actuarial assumptions; experience data; loss ratios; rationale for increase; reserve description See the Actuarial Memorandum with exhibits and attachments to this document.

I. Assert that analysis complies with actuarial standards of practice, including 18 & 41. We assert that this analysis complies with ASOP 18 and 41.

J. Numerical exhibits should be provided in Excel spreadsheets with active formulas maintained, where possible. Numerical exhibits are also provided in Excel spreadsheets with active formulas. The Excel spreadsheets have been included in the Supporting Documentation tab in SERFF.

4. Rate Comparison Statement of renewal premiums with new business premiums, if applicable. The Rate Comparison Statement of renewal premiums in relation to the new business premiums is included in the Actuarial Certification.

5. Policyholder notification letter – should be clear and accurate. Attachment 6 – Policyholder Notification Letter is enclosed for your review. Please note that this attachment represents a recently submitted notification letter from a previous rate increase filing for a different LTCi policy form.

A. Provide a description of options for policyholders in lieu of or to reduce the increase. The notification letter will include options for policyholders to mitigate the impact of the proposed rate increase as well as encourage the policyholder to contact our Customer Service team for additional options.

B. If inflation protection is removed or reduced, is accumulated inflation protection vested? A policyholder has the option to remove or reduce their respective inflation benefit if they have this

benefit. If they remove this benefit, the policyholder can either retain their current daily benefit amount, revert to their initial daily benefit amount, or choose a daily benefit amount between their current daily benefit amount and their initial daily benefit amount by paying the appropriate premium. If they reduce their inflation protection the accumulated inflation protection is vested.

C. Explain the comparison of value between the rate increase and policyholder options. The policyholder will have the option to offset the impact of the increase by decreasing their benefit period, increasing their elimination period, reducing their maximum daily benefit, reducing their inflation option, or accept the nonforfeiture option, which will be offered to all policyholders.

D. Are future rate increases expected if the rate increase is approved in full? If so, how is this communicated to policyholders? As stated in the Actuarial Certification, if the requested increase is implemented as requested, and underlying assumptions, which reflect moderately adverse conditions are realized, no further premium increases are anticipated. We do not communicate this to policyholders as this implies that the premiums would be guaranteed, and, the policy contract states we have the right to change premiums. If Moderately Adverse Experience triggered in the future, we could request an additional rate increase in the future.

E. How are partnership policies addressed? All policyholders are being treated in the same manner.

6. Actuarial certification and rate stabilization information, as described in the Guidance Manual and Contingent benefit upon lapse information, including reserve treatment. The Actuarial Certification, as described in the Guidance Manual, is attached to the Actuarial Memorandum. The Actuarial Certification also includes contingent benefit upon lapse information, including reserve treatment, and rate stabilization information.

Note regarding this document:

Commissioners on the Long-Term Care Insurance (B/E) Task Force requested that the LTC Pricing Subgroup develop a single checklist that reflects significant aspects of LTC rate increase review inquiries from all of the states. In this context, "checklist" means the list of inquiries (often a template) that states typically send at the beginning of reviews of rate increase filings.

This document contains aspects of the NAIC Guidance Manual and checklists developed by several other states. This single checklist is not intended to prevent a state from asking for additional information. The intent is to take a step toward moving away from 50 states having 50 different checklists in order to have a more efficient process nationally to provide the most important information needed to determine an approvable rate increase. To keep the template at a manageable length, it is anticipated that this template will result in states attaining 90 to 100 percent of the information necessary to make a decision about determining approvable rate increases. State and block specifics will generate the other zero to 10 percent of requests.

This consolidated checklist can be presented to the LTC B/E Task Force prior to or at the March 2018 NAIC national meeting. As states apply this checklist, this checklist or an improved version may be considered for future addition to the *Guidance Manual*.

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To assist in the multi-state actuarial review, the following, additional information, would be helpful, where applicable: Items 1, 2, 5, 6, and 8 can be found in the Actuarial Memorandum and the LTC Rate Increase Template.

1. Benefit utilization:
    a. Current, prior rate increase, and original assumptions; including first-projection year through ultimate utilization percentages for 5% compound inflation, lesser inflation, and zero inflation cells;
    b. Explain how benefit utilization assumptions vary by maximum daily benefit;
    c. Provide the cost of care inflation assumption implied in the benefit utilization assumption.

2. Attribution of rate increase
    a. Provide the attribution of rate increase by factor: morbidity, mortality, lapse, investment, other;
    b. For the morbidity factor, break down the attribution by incidence, claim length, benefit utilization, and other.
    c. Provide information on the assumptions that are especially sensitive to small changes in assumptions.

3. Reduced benefit options (RBOs)
    a. Provide the history of RBOs offered and accepted for the block. Not applicable as we have not offered RBO's in lieu of a rate increase.
    b. Provide a reasonability analysis of the value of each significant type of offered RBO. Not applicable as we have not offered RBO's in lieu of a rate increase.

4. Investment returns
    a. Provide original and updated / average investment return assumptions underlying the pricing. Explain how the updated assumption reflects experience. Investment returns are not included in the analysis of the experience and have no impact on the requested rate increase.

5. Expected loss ratio
    a. With respect to the initial rate filing and each subsequent rate increase filing, provide the target loss ratio. Provide separate ratios for lifetime premium periods and non-lifetime premium periods and also for inflation-protected and non-inflation-protected blocks.

6. Shock lapse history
    a. Provide shock lapse data related to prior rate increases on this block.

7. Waiver of premium handling
    a. Explain how policies with premiums waived are handled in the exhibits of premiums and incurred claims, and explain how counting is appropriate (as opposed to double counting or undercounting). This is explained in Section 3.C.ii. of the LTC Rate Increase Template.

8. Actual-to-expected differences
    a. Explain how differences between actual and expected counts or percentages (in the provided exhibits) are reflected or not reflected in assumptions.

9. Impact of COVID-19 on claims. We agree with a recent paper drafted by AHIP which states the following:

The recent short-term impacts of COVID on LTCI experience do not materially impact the expected, long-term experience and lifetime loss ratios of the block, and therefore actuarially justified rate increases should not be delayed or disapproved.

It is important to note that delays in approvals of actuarially justified increases can cause the ultimate rate increase to be higher because the increase is applied to fewer future premiums.

Delaying, or disapproving, actuarially justified rate increases solely due to short-term experience is not consistent with the long-term view that must be taken to reasonably manage LTCI business. The impact of a short-term variance in claims does not materially impact either the lifetime or future expected claims and it would not be prudent for either companies or state regulators to delay rate increases on LTCI blocks where such increases are warranted.

10. Assumption consistency with the most recent asset adequacy testing
    a. Explain the consistency or any significant differences between assumptions underlying the rate increase request and those included in Actuarial Guideline 51 testing. This is explained in Section G of the LTC Rate Increase Template.

Covered Lives

Year	Nationwide	Virginia
2009	863	0
2010	4,794	145
2011	12,963	437
2012	24,899	951
2013	36,254	1,278
2014	37,528	1,244
2015	38,213	1,228
2016	39,011	1,214
2017	40,180	1,199
2018	41,275	1,182
2019	42,309	1,163

Claim Counts

Incurred Year	Nationwide	Virginia
2009	0	0
2010	1	0
2011	9	0
2012	10	0
2013	27	1
2014	38	2
2015	48	0
2016	49	0
2017	86	3
2018	102	0
2019	69	0

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Marital Status (Shared Care)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	189,103	0	0.0%
2010	1,463,738	0	0.0%
2011	3,519,107	0	0.0%
2012	8,497,897	0	0.0%
2013	14,548,368	16,571	0.1%
2014	18,412,141	229,753	1.2%
2015	18,860,066	846,353	4.5%
2016	18,967,279	496,235	2.6%
2017	18,762,466	1,804,546	9.6%
2018	18,470,210	1,789,427	9.7%
2019	18,242,854	1,595,493	8.7%
Total	139,933,229	6,778,377	4.8%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	17,874,264	2,249,716	12.6%
2021	17,372,824	2,958,045	17.0%
2022	16,781,040	3,651,450	21.8%
2023	16,384,120	4,418,007	27.0%
2024	16,041,741	5,279,787	32.9%
2025	15,661,999	6,276,030	40.1%
2026	15,293,759	7,427,480	48.6%
2027	14,912,251	8,752,206	58.7%
2028	14,510,653	10,261,269	70.7%
2029	14,087,303	11,982,109	85.1%
2030	13,632,431	13,943,727	102.3%
2031	13,151,675	16,145,009	122.8%
2032	12,652,793	18,537,020	146.5%
2033	12,126,827	21,065,947	173.7%
2034	11,573,191	23,718,952	204.9%
2035	11,000,209	26,552,167	241.4%
2036	10,406,974	29,550,087	283.9%
2037	9,793,779	32,532,000	332.2%
2038	9,165,334	35,196,518	384.0%
2039	8,527,540	37,423,039	438.8%
2040	7,886,434	39,515,824	501.1%
2041	7,243,349	41,597,904	574.3%
2042	6,602,521	43,281,476	655.5%
2043	5,971,535	44,225,431	740.6%
2044	5,357,712	44,334,060	827.5%
2045	4,768,652	43,832,672	919.2%
2046	4,209,765	43,009,910	1021.7%
2047	3,684,407	41,755,406	1133.3%
2048	3,197,117	39,897,873	1247.9%
2049	2,749,875	37,425,763	1361.0%
2050	2,344,928	34,640,220	1477.2%
2051	1,983,306	31,868,816	1606.9%
2052	1,663,209	29,091,991	1749.1%
2053	1,383,770	26,255,528	1897.4%
2054	1,142,188	23,357,890	2045.0%
2055	935,814	20,547,572	2195.7%
2056	761,742	18,002,613	2363.3%
2057	615,880	15,708,378	2550.6%
2058	495,049	13,641,502	2755.6%
2059	395,484	11,752,147	2971.6%
2060	314,111	10,053,238	3200.5%
2061	248,277	8,587,466	3458.8%
2062	195,252	7,315,438	3746.7%
2063	152,903	6,190,579	4048.7%
2064	119,120	5,177,140	4346.2%
2065	92,229	4,293,437	4655.2%
2066	70,953	3,556,355	5012.3%
2067	54,174	2,938,516	5424.3%
2068	41,075	2,405,937	5857.4%
2069	30,828	1,939,085	6289.9%
2070	22,859	1,539,201	6733.5%
2071	16,731	1,207,285	7215.8%
2072	12,048	933,961	7751.7%
2073	8,525	710,429	8333.5%
2074	5,903	528,984	8961.2%
2075	3,991	384,482	9634.0%
2076	2,627	272,125	10357.2%
Total	335,735,048	1,019,697,200	303.7%

	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	139,933,229	6,778,377	4.8%
Anticipated Experience	335,735,048	1,019,697,200	303.7%
Lifetime Experience	475,668,276	1,026,475,578	215.8%
Past Experience @ 4.0%	163,491,039	7,400,820	4.5%
Anticipated Experience @ 4.0%	219,795,382	415,132,862	188.9%
Lifetime Experience @ 4.0%	383,286,421	422,533,682	110.2%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Marital Status (Married)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	79,845	0	0.0%
2010	1,237,301	0	0.0%
2011	4,427,660	148,600	3.4%
2012	10,239,969	308,964	3.0%
2013	15,725,917	196,521	1.2%
2014	18,662,661	840,311	4.5%
2015	19,294,383	460,405	2.4%
2016	19,339,362	239,179	1.2%
2017	18,871,448	1,151,938	6.1%
2018	18,488,450	1,788,010	9.7%
2019	18,101,801	2,681,197	14.8%
Total	144,468,797	7,815,126	5.4%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	17,675,426	3,735,604	21.1%
2021	17,212,475	4,777,599	27.8%
2022	16,620,028	5,759,798	34.7%
2023	16,149,810	6,823,320	42.3%
2024	15,713,825	7,991,232	50.9%
2025	15,232,401	9,293,297	61.0%
2026	14,761,470	10,742,147	72.8%
2027	14,279,738	12,331,872	86.4%
2028	13,778,301	14,037,393	101.9%
2029	13,256,007	15,874,298	119.8%
2030	12,703,982	17,851,934	140.5%
2031	12,130,630	19,931,166	164.3%
2032	11,534,825	22,009,188	190.8%
2033	10,928,278	23,996,298	219.6%
2034	10,310,289	25,889,261	251.1%
2035	9,681,322	27,758,785	286.7%
2036	9,043,181	29,586,668	327.2%
2037	8,402,719	31,187,182	371.2%
2038	7,761,659	32,315,580	416.3%
2039	7,126,909	33,006,120	463.1%
2040	6,503,493	33,574,759	516.3%
2041	5,889,947	34,101,500	579.0%
2042	5,296,548	34,236,703	646.4%
2043	4,726,292	33,722,878	713.5%
2044	4,183,927	32,667,811	780.8%
2045	3,673,625	31,317,396	852.5%
2046	3,198,704	29,846,335	933.1%
2047	2,761,580	28,178,596	1020.4%
2048	2,364,338	26,175,130	1107.1%
2049	2,006,697	23,939,385	1193.0%
2050	1,688,647	21,662,404	1282.8%
2051	1,409,426	19,485,696	1382.5%
2052	1,167,199	17,399,485	1490.7%
2053	959,609	15,348,783	1599.5%
2054	783,241	13,370,751	1707.1%
2055	634,986	11,545,805	1818.3%
2056	511,779	9,932,575	1940.8%
2057	410,268	8,509,619	2074.2%
2058	327,475	7,239,332	2210.7%
2059	260,206	6,109,364	2347.9%
2060	205,942	5,133,245	2492.6%
2061	162,518	4,315,378	2655.3%
2062	127,959	3,630,850	2837.5%
2063	100,580	3,045,450	3027.9%
2064	78,856	2,542,354	3224.1%
2065	61,640	2,111,287	3425.2%
2066	48,030	1,753,897	3651.7%
2067	37,275	1,456,679	3907.9%
2068	28,805	1,202,944	4176.2%
2069	22,132	983,337	4443.2%
2070	16,857	792,820	4703.2%
2071	12,678	632,842	4991.5%
2072	9,391	498,623	5309.8%
2073	6,847	387,677	5662.2%
2074	4,894	296,217	6052.3%
2075	3,427	221,967	6476.6%
2076	2,312	162,808	7041.5%
Total	303,991,405	822,431,425	270.5%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	144,468,797	7,815,126	5.4%
Anticipated Experience	303,991,405	822,431,425	270.5%
Lifetime Experience	448,460,202	830,246,551	185.1%
Past Experience @ 4.0%	169,374,331	8,643,134	5.1%
Anticipated Experience @ 4.0%	204,352,534	373,556,921	182.8%
Lifetime Experience @ 4.0%	373,726,864	382,200,055	102.3%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Marital Status (Spouse)

	Actual Experience		
	Actual	(discounted to incurred year)	
Year	Earned Premium	Incurred Claims	Loss Ratio
2009	249,526	0	0.0%
2010	2,536,810	0	0.0%
2011	8,112,617	158,887	2.0%
2012	16,715,320	46,471	0.3%
2013	26,549,730	386,786	1.5%
2014	31,465,320	924,754	2.9%
2015	32,097,477	1,466,740	4.6%
2016	32,060,916	1,043,393	3.3%
2017	31,358,175	2,448,521	7.8%
2018	30,890,750	3,188,365	10.3%
2019	30,394,235	3,305,694	10.9%
Total	242,430,875	12,969,612	5.3%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	29,748,852	4,825,395	16.2%
2021	28,964,130	6,258,851	21.6%
2022	27,973,147	7,642,518	27.3%
2023	27,229,803	9,162,716	33.6%
2024	26,599,325	10,860,834	40.8%
2025	25,922,442	12,793,404	49.4%
2026	25,231,779	14,983,834	59.4%
2027	24,524,420	17,448,434	71.1%
2028	23,782,587	20,189,960	84.9%
2029	22,997,375	23,233,893	101.0%
2030	22,173,618	26,595,337	119.9%
2031	21,303,291	30,240,549	142.0%
2032	20,393,693	34,067,940	167.1%
2033	19,455,189	37,988,378	195.3%
2034	18,485,419	41,981,589	227.1%
2035	17,488,090	46,149,897	263.9%
2036	16,465,424	50,422,362	306.2%
2037	15,421,084	54,449,092	353.1%
2038	14,363,169	57,829,284	402.6%
2039	13,301,025	60,469,447	454.6%
2040	12,243,535	62,936,284	514.0%
2041	11,194,407	65,351,760	583.8%
2042	10,160,251	67,056,152	660.0%
2043	9,151,961	67,577,604	738.4%
2044	8,179,501	66,919,816	818.1%
2045	7,252,737	65,499,861	903.1%
2046	6,379,107	63,665,742	998.0%
2047	5,563,853	61,225,443	1100.4%
2048	4,812,771	57,903,605	1203.1%
2049	4,127,323	53,864,330	1305.1%
2050	3,509,120	49,551,328	1412.1%
2051	2,958,695	45,310,163	1531.4%
2052	2,474,146	41,098,749	1661.1%
2053	2,052,951	36,793,454	1792.2%
2054	1,690,098	32,513,114	1923.7%
2055	1,380,753	28,482,125	2062.8%
2056	1,120,202	24,856,464	2218.9%
2057	902,888	21,609,942	2393.4%
2058	723,419	18,660,348	2579.5%
2059	575,962	15,976,421	2773.9%
2060	455,778	13,608,849	2985.9%
2061	358,773	11,575,453	3226.4%
2062	281,025	9,814,285	3492.3%
2063	219,113	8,267,944	3773.4%
2064	169,859	6,886,186	4054.1%
2065	130,808	5,694,515	4353.3%
2066	99,999	4,697,048	4697.1%
2067	75,837	3,858,549	5088.0%
2068	57,061	3,144,002	5509.9%
2069	42,453	2,520,061	5936.1%
2070	31,151	1,993,513	6399.6%
2071	22,458	1,557,677	6935.9%
2072	15,887	1,200,826	7558.5%
2073	11,002	909,964	8271.0%
2074	7,436	674,802	9074.7%
2075	4,872	489,121	10039.7%
2076	3,029	346,255	11429.8%
Total	540,264,081	1,591,685,468	294.6%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	242,430,875	12,969,612	5.3%
Anticipated Experience	540,264,081	1,591,685,468	294.6%
Lifetime Experience	782,694,955	1,604,655,079	205.0%
Past Experience @ 4.0%	284,531,890	14,330,877	5.0%
Anticipated Experience @ 4.0%	357,223,430	675,935,612	189.2%
Lifetime Experience @ 4.0%	641,755,320	690,266,489	107.6%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Marital Status (Single)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	129,855	0	0.0%
2010	1,233,816	83,394	6.8%
2011	3,580,935	81,102	2.3%
2012	8,176,197	235,889	2.9%
2013	13,134,271	318,167	2.4%
2014	16,027,421	826,863	5.2%
2015	16,584,739	1,320,446	8.0%
2016	16,615,179	785,895	4.7%
2017	16,193,873	1,800,802	11.1%
2018	15,840,299	1,930,688	12.2%
2019	15,464,337	2,081,649	13.5%
Total	122,980,923	9,464,893	7.7%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	15,070,698	3,256,367	21.6%
2021	14,661,292	4,072,337	27.8%
2022	14,172,773	4,809,348	33.9%
2023	13,763,304	5,587,583	40.6%
2024	13,411,152	6,429,526	47.9%
2025	13,041,217	7,369,789	56.5%
2026	12,659,928	8,423,985	66.5%
2027	12,272,489	9,593,973	78.2%
2028	11,870,045	10,855,630	91.5%
2029	11,450,458	12,208,141	106.6%
2030	11,012,853	13,655,166	124.0%
2031	10,555,985	15,188,259	143.9%
2032	10,081,238	16,761,002	166.3%
2033	9,591,050	18,297,883	190.8%
2034	9,087,023	19,782,661	217.7%
2035	8,570,737	21,252,709	248.0%
2036	8,041,503	22,705,171	282.3%
2037	7,510,255	24,025,593	319.9%
2038	6,975,794	25,031,445	358.8%
2039	6,443,152	25,699,511	398.9%
2040	5,916,176	26,259,666	443.9%
2041	5,395,659	26,799,280	496.7%
2042	4,885,366	27,060,165	553.9%
2043	4,391,035	26,847,502	611.4%
2044	3,916,989	26,198,851	668.9%
2045	3,467,374	25,274,858	728.9%
2046	3,045,145	24,239,949	796.0%
2047	2,652,327	23,029,436	868.3%
2048	2,291,740	21,551,777	940.4%
2049	1,963,997	19,873,795	1011.9%
2050	1,669,719	18,129,253	1085.8%
2051	1,408,628	16,450,698	1167.9%
2052	1,179,278	14,823,735	1257.0%
2053	980,413	13,212,238	1347.6%
2054	809,552	11,637,643	1437.5%
2055	664,164	10,168,709	1531.1%
2056	541,808	8,863,173	1635.9%
2057	439,619	7,703,452	1752.3%
2058	355,098	6,653,064	1873.6%
2059	285,461	5,699,482	1996.6%
2060	228,411	4,859,352	2127.5%
2061	182,005	4,144,278	2277.0%
2062	144,424	3,530,811	2444.8%
2063	114,135	2,994,269	2623.4%
2064	89,718	2,518,861	2807.5%
2065	70,110	2,106,506	3004.6%
2066	54,407	1,756,969	3229.3%
2067	41,925	1,456,023	3473.0%
2068	32,062	1,196,087	3730.5%
2069	24,283	968,454	3988.2%
2070	18,203	773,069	4246.9%
2071	13,442	609,622	4535.2%
2072	9,761	474,481	4860.8%
2073	6,968	363,746	5219.9%
2074	4,879	273,540	5606.6%
2075	3,324	200,970	6045.4%
2076	2,184	143,994	6592.5%
Total	267,542,738	663,853,835	248.1%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	122,980,923	9,464,893	7.7%
Anticipated Experience	267,542,738	663,853,835	248.1%
Lifetime Experience	390,523,662	673,318,728	172.4%
Past Experience @ 4.0%	144,070,151	10,621,014	7.4%
Anticipated Experience @ 4.0%	177,868,416	297,296,860	167.1%
Lifetime Experience @ 4.0%	321,938,567	307,917,874	95.6%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Inflation Option (No Inflation/FPO)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	76,133	0	0.0%
2010	946,763	83,394	8.8%
2011	2,897,014	97,728	3.4%
2012	6,072,002	10,421	0.2%
2013	10,172,214	482,623	4.7%
2014	13,070,658	1,282,304	9.8%
2015	14,193,674	780,330	5.5%
2016	14,556,511	736,345	5.1%
2017	13,984,395	1,907,341	13.6%
2018	13,632,909	1,144,136	8.4%
2019	13,304,595	2,702,268	20.3%
Total	102,906,868	9,226,889	9.0%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	12,919,027	3,451,727	26.7%
2021	12,481,244	4,284,234	34.3%
2022	12,045,180	5,007,099	41.6%
2023	11,608,661	5,724,162	49.3%
2024	11,171,213	6,435,693	57.6%
2025	10,725,266	7,162,858	66.8%
2026	10,267,845	7,909,628	77.0%
2027	9,801,813	8,668,882	88.4%
2028	9,325,901	9,415,294	101.0%
2029	8,842,080	10,139,136	114.7%
2030	8,353,052	10,854,418	129.9%
2031	7,859,924	11,564,658	147.1%
2032	7,364,633	12,238,949	166.2%
2033	6,869,423	12,835,451	186.8%
2034	6,377,128	13,315,681	208.8%
2035	5,891,892	13,695,588	232.4%
2036	5,416,008	13,995,065	258.4%
2037	4,951,986	14,188,692	286.5%
2038	4,502,234	14,233,362	316.1%
2039	4,069,421	14,062,279	345.6%
2040	3,655,937	13,772,336	376.7%
2041	3,262,126	13,424,129	411.5%
2042	2,889,906	12,961,973	448.5%
2043	2,541,704	12,392,134	487.6%
2044	2,218,775	11,667,102	525.8%
2045	1,922,443	10,820,801	562.9%
2046	1,653,139	9,936,516	601.1%
2047	1,410,615	9,043,640	641.1%
2048	1,194,753	8,173,130	684.1%
2049	1,004,060	7,301,875	727.2%
2050	837,528	6,439,551	768.9%
2051	693,639	5,629,437	811.6%
2052	570,357	4,882,925	856.1%
2053	465,980	4,212,243	904.0%
2054	378,237	3,601,566	952.2%
2055	305,085	3,049,341	999.5%
2056	244,649	2,563,165	1047.7%
2057	195,010	2,141,388	1098.1%
2058	154,602	1,782,813	1153.2%
2059	121,795	1,474,782	1210.9%
2060	95,336	1,211,302	1270.6%
2061	74,135	988,159	1332.9%
2062	57,232	801,496	1400.4%
2063	43,869	646,370	1473.4%
2064	33,356	516,864	1549.5%
2065	25,165	409,402	1626.9%
2066	18,786	321,728	1712.6%
2067	13,876	251,032	1809.1%
2068	10,134	193,867	1913.1%
2069	7,306	147,982	2025.5%
2070	5,177	111,726	2158.0%
2071	3,595	83,259	2316.3%
2072	2,418	61,081	2525.7%
2073	1,585	44,078	2781.8%
2074	992	31,179	3144.2%
2075	580	21,568	3715.6%
2076	307	14,592	4751.9%
Total	196,958,121	350,309,386	177.9%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	102,906,868	9,226,889	9.0%
Anticipated Experience	196,958,121	350,309,386	177.9%
Lifetime Experience	299,864,989	359,536,275	119.9%
Past Experience @ 4.0%	120,108,339	10,333,937	8.6%
Anticipated Experience @ 4.0%	136,558,146	179,827,945	131.7%
Lifetime Experience @ 4.0%	256,666,485	190,161,882	74.1%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Inflation Option (Limited Term Inflation)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	185,630	0	0.0%
2010	1,013,991	0	0.0%
2011	2,634,953	136,947	5.2%
2012	4,882,435	105,606	2.2%
2013	6,642,500	18,780	0.3%
2014	7,480,618	57,239	0.8%
2015	7,475,782	809,425	10.8%
2016	7,401,125	214,685	2.9%
2017	7,274,653	486,125	6.7%
2018	7,164,034	1,217,239	17.0%
2019	7,027,532	1,509,717	21.5%
Total	59,183,253	4,555,764	7.7%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	6,887,531	1,496,559	21.7%
2021	6,744,258	1,945,665	28.8%
2022	6,577,286	2,385,858	36.3%
2023	6,424,892	2,885,052	44.9%
2024	6,275,456	3,459,264	55.1%
2025	6,112,664	4,127,055	67.5%
2026	5,944,732	4,893,793	82.3%
2027	5,769,577	5,757,203	99.8%
2028	5,584,154	6,718,354	120.3%
2029	5,384,930	7,783,652	144.5%
2030	5,176,287	8,868,347	171.3%
2031	4,952,476	9,875,552	199.4%
2032	4,713,398	10,732,318	227.7%
2033	4,467,047	11,520,030	257.9%
2034	4,211,034	12,288,873	291.8%
2035	3,947,309	13,063,347	330.9%
2036	3,677,409	13,741,741	373.7%
2037	3,403,280	14,211,449	417.6%
2038	3,126,728	14,395,856	460.4%
2039	2,851,962	14,353,610	503.3%
2040	2,583,001	14,232,998	551.0%
2041	2,319,816	14,031,249	604.8%
2042	2,065,097	13,608,765	659.0%
2043	1,821,779	12,927,194	709.6%
2044	1,592,032	12,066,039	757.9%
2045	1,377,953	11,122,390	807.2%
2046	1,181,248	10,155,586	859.7%
2047	1,002,708	9,153,910	912.9%
2048	842,941	8,125,655	964.0%
2049	701,687	7,106,703	1012.8%
2050	578,501	6,142,053	1061.7%
2051	472,753	5,269,522	1114.6%
2052	382,952	4,486,267	1171.5%
2053	307,716	3,782,551	1229.2%
2054	245,362	3,156,598	1286.5%
2055	194,209	2,614,170	1346.1%
2056	152,801	2,159,917	1413.5%
2057	119,497	1,779,429	1489.1%
2058	92,961	1,460,264	1570.8%
2059	71,905	1,188,646	1653.1%
2060	55,273	961,708	1739.9%
2061	42,250	777,187	1839.5%
2062	32,094	625,594	1949.2%
2063	24,223	499,596	2062.5%
2064	18,125	394,611	2177.1%
2065	13,419	308,853	2301.5%
2066	9,827	240,306	2445.3%
2067	7,110	185,744	2612.5%
2068	5,082	141,445	2783.1%
2069	3,565	105,947	2971.9%
2070	2,459	78,203	3179.8%
2071	1,650	56,900	3449.4%
2072	1,075	40,887	3804.9%
2073	676	28,971	4288.1%
2074	408	20,157	4938.2%
2075	232	13,724	5924.9%
2076	115	9,098	7933.3%
Total	120,556,914	313,562,410	260.1%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	59,183,253	4,555,764	7.7%
Anticipated Experience	120,556,914	313,562,410	260.1%
Lifetime Experience	179,740,167	318,118,174	177.0%
Past Experience @ 4.0%	70,032,509	5,006,868	7.1%
Anticipated Experience @ 4.0%	81,452,775	152,980,163	187.8%
Lifetime Experience @ 4.0%	151,485,284	157,987,030	104.3%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Inflation Option (3.5% Compound and Below)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	237,093	0	0.0%
2010	1,888,558	0	0.0%
2011	7,510,330	142,680	1.9%
2012	19,075,668	438,124	2.3%
2013	34,314,859	153,011	0.4%
2014	43,462,457	807,104	1.9%
2015	44,774,631	1,865,161	4.2%
2016	44,853,981	1,048,544	2.3%
2017	44,056,501	3,310,302	7.5%
2018	43,352,487	4,648,672	10.7%
2019	42,637,419	3,957,253	9.3%
Total	326,163,984	16,370,852	5.0%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	41,797,964	6,917,616	16.6%
2021	40,842,026	8,971,095	22.0%
2022	39,677,623	10,957,244	27.6%
2023	38,709,198	13,123,888	33.9%
2024	37,841,043	15,530,895	41.0%
2025	36,929,607	18,267,924	49.5%
2026	35,984,928	21,376,721	59.4%
2027	35,000,582	24,872,692	71.1%
2028	33,964,513	28,723,183	84.6%
2029	32,870,679	32,946,079	100.2%
2030	31,709,327	37,626,573	118.7%
2031	30,488,847	42,783,636	140.3%
2032	29,210,029	48,270,470	165.3%
2033	27,871,657	53,808,915	193.1%
2034	26,477,029	59,260,603	223.8%
2035	25,039,759	64,781,949	258.7%
2036	23,559,274	70,425,642	298.9%
2037	22,052,275	75,781,358	343.6%
2038	20,522,973	80,180,702	390.7%
2039	18,985,685	83,301,241	438.8%
2040	17,454,614	85,932,723	492.3%
2041	15,933,981	88,480,508	555.3%
2042	14,438,723	90,176,823	624.5%
2043	12,982,741	90,365,914	696.0%
2044	11,580,349	88,758,187	766.5%
2045	10,246,807	85,931,293	838.6%
2046	8,992,607	82,623,232	918.8%
2047	7,824,375	78,769,073	1006.7%
2048	6,751,682	74,088,295	1097.3%
2049	5,775,701	68,435,875	1184.9%
2050	4,899,119	62,328,296	1272.2%
2051	4,122,255	56,425,170	1368.8%
2052	3,440,596	50,774,339	1475.7%
2053	2,850,773	45,282,007	1588.4%
2054	2,344,678	39,859,277	1700.0%
2055	1,915,132	34,710,918	1812.5%
2056	1,554,860	30,133,279	1938.0%
2057	1,254,983	26,112,469	2080.7%
2058	1,008,208	22,549,396	2236.6%
2059	805,777	19,330,182	2398.9%
2060	640,829	16,460,291	2568.6%
2061	507,572	14,011,396	2760.5%
2062	400,392	11,918,969	2976.8%
2063	314,805	10,094,432	3206.6%
2064	246,412	8,460,654	3433.5%
2065	191,810	7,026,676	3663.4%
2066	148,385	5,817,004	3920.2%
2067	113,963	4,797,200	4209.5%
2068	86,919	3,925,381	4516.1%
2069	65,644	3,166,820	4824.3%
2070	49,010	2,515,938	5133.5%
2071	36,035	1,970,787	5469.1%
2072	26,051	1,522,227	5843.2%
2073	18,487	1,157,087	6258.8%
2074	12,845	862,500	6714.8%
2075	8,707	628,704	7220.3%
2076	5,684	447,368	7870.9%
Total	768,586,527	2,113,759,118	275.0%

	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	326,163,984	16,370,852	5.0%
Anticipated Experience	768,586,527	2,113,759,118	275.0%
Lifetime Experience	1,094,750,511	2,130,129,971	194.6%
Past Experience @ 4.0%	380,313,169	18,031,277	4.7%
Anticipated Experience @ 4.0%	508,143,242	914,276,037	179.9%
Lifetime Experience @ 4.0%	888,456,411	932,307,313	104.9%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Inflation Option (4.0% Compound and Above)

	Actual Experience		
	Actual	(discounted to incurred year)	
Year	Earned Premium	Incurred Claims	Loss Ratio
2009	149,472	0	0.0%
2010	2,622,353	0	0.0%
2011	6,598,024	11,235	0.2%
2012	13,599,279	37,173	0.3%
2013	18,828,714	263,630	1.4%
2014	20,553,810	675,034	3.3%
2015	20,392,578	639,028	3.1%
2016	20,171,119	565,129	2.8%
2017	19,870,412	1,502,038	7.6%
2018	19,540,280	1,686,442	8.6%
2019	19,233,680	1,494,795	7.8%
Total	161,559,720	6,874,503	4.3%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	18,765,541	2,276,779	12.1%
2021	18,146,914	2,959,908	16.3%
2022	17,259,053	3,622,760	21.0%
2023	16,796,756	4,384,036	26.1%
2024	16,485,319	5,276,597	32.0%
2025	16,093,989	6,331,440	39.3%
2026	15,747,676	7,569,685	48.1%
2027	15,408,933	9,014,398	58.5%
2028	15,052,584	10,684,991	71.0%
2029	14,672,594	12,634,194	86.1%
2030	14,257,003	14,904,194	104.5%
2031	13,807,231	17,486,046	126.6%
2032	13,335,323	20,327,466	152.4%
2033	12,847,807	23,355,378	181.8%
2034	12,339,164	26,644,420	215.9%
2035	11,804,176	30,264,544	256.4%
2036	11,242,121	34,137,729	303.7%
2037	10,653,714	37,980,680	356.5%
2038	10,043,908	41,450,357	412.7%
2039	9,418,779	44,678,358	474.4%
2040	8,781,554	48,047,080	547.1%
2041	8,132,087	51,507,834	633.4%
2042	7,475,838	54,374,944	727.3%
2043	6,820,679	56,077,509	822.2%
2044	6,175,143	56,930,078	921.9%
2045	5,546,223	57,272,144	1032.6%
2046	4,940,316	57,199,183	1157.8%
2047	4,363,197	56,324,026	1290.9%
2048	3,819,887	54,219,811	1419.4%
2049	3,314,608	51,336,355	1548.8%
2050	2,850,450	48,163,611	1689.7%
2051	2,429,630	44,903,969	1848.2%
2052	2,053,074	41,418,300	2017.4%
2053	1,720,119	37,532,690	2182.0%
2054	1,429,044	33,523,566	2345.9%
2055	1,177,576	29,696,481	2521.8%
2056	963,150	26,188,497	2719.0%
2057	782,329	22,949,772	2933.5%
2058	631,253	19,913,227	3154.6%
2059	506,053	17,113,089	3381.7%
2060	403,294	14,643,547	3631.0%
2061	319,845	12,514,602	3912.7%
2062	252,616	10,655,652	4218.1%
2063	198,702	9,005,380	4532.1%
2064	155,512	7,534,883	4845.2%
2065	121,058	6,274,478	5183.0%
2066	93,720	5,225,471	5575.6%
2067	72,135	4,338,996	6015.1%
2068	55,183	3,571,648	6472.4%
2069	41,856	2,892,644	6910.9%
2070	31,393	2,312,489	7366.2%
2071	23,240	1,831,081	7879.1%
2072	16,945	1,431,184	8446.2%
2073	12,149	1,100,233	9056.5%
2074	8,542	827,731	9690.2%
2075	5,862	608,479	10379.6%
2076	3,886	436,458	11231.5%
Total	359,906,733	1,305,881,081	362.8%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	161,559,720	6,874,503	4.3%
Anticipated Experience	359,906,733	1,305,881,081	362.8%
Lifetime Experience	521,466,453	1,312,755,584	251.7%
Past Experience @ 4.0%	191,013,395	7,623,762	4.0%
Anticipated Experience @ 4.0%	232,465,294	511,718,147	220.1%
Lifetime Experience @ 4.0%	423,478,689	519,341,909	122.6%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Benfit Period (2 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	101,193	0	0.0%
2010	460,880	83,394	18.1%
2011	1,357,585	80,790	6.0%
2012	2,817,968	5,573	0.2%
2013	4,430,590	54,467	1.2%
2014	5,364,515	15,190	0.3%
2015	5,464,856	160,224	2.9%
2016	5,429,628	272,803	5.0%
2017	5,293,613	655,840	12.4%
2018	5,155,312	566,216	11.0%
2019	5,026,979	507,297	10.1%
Total	40,903,120	2,401,793	5.9%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	4,892,299	977,834	20.0%
2021	4,751,965	1,234,887	26.0%
2022	4,586,741	1,468,982	32.0%
2023	4,448,533	1,712,548	38.5%
2024	4,310,282	1,970,663	45.7%
2025	4,165,360	2,254,101	54.1%
2026	4,014,064	2,564,160	63.9%
2027	3,856,665	2,897,691	75.1%
2028	3,693,829	3,251,332	88.0%
2029	3,525,905	3,624,769	102.8%
2030	3,353,392	4,026,026	120.1%
2031	3,175,756	4,448,271	140.1%
2032	2,994,676	4,868,533	162.6%
2033	2,811,013	5,270,202	187.5%
2034	2,625,119	5,646,790	215.1%
2035	2,439,476	6,014,869	246.6%
2036	2,254,195	6,374,244	282.8%
2037	2,070,402	6,685,740	322.9%
2038	1,889,668	6,909,092	365.6%
2039	1,713,757	7,027,367	410.1%
2040	1,543,756	7,101,859	460.0%
2041	1,379,777	7,159,995	518.9%
2042	1,223,050	7,138,928	583.7%
2043	1,075,139	7,006,390	651.7%
2044	937,459	6,751,918	720.2%
2045	810,578	6,411,482	791.0%
2046	694,616	6,042,823	870.0%
2047	589,767	5,633,368	955.2%
2048	496,517	5,173,676	1042.0%
2049	414,658	4,672,901	1126.9%
2050	343,580	4,160,424	1210.9%
2051	282,414	3,679,676	1302.9%
2052	230,286	3,228,324	1401.9%
2053	186,502	2,801,192	1502.0%
2054	150,201	2,406,801	1602.4%
2055	120,380	2,050,035	1703.0%
2056	96,079	1,744,303	1815.5%
2057	76,380	1,483,216	1941.9%
2058	60,554	1,256,098	2074.3%
2059	47,928	1,063,271	2218.5%
2060	37,887	898,619	2371.8%
2061	29,909	762,711	2550.1%
2062	23,560	647,200	2747.0%
2063	18,528	543,143	2931.5%
2064	14,530	452,420	3113.8%
2065	11,342	374,655	3303.3%
2066	8,795	309,477	3518.9%
2067	6,760	253,290	3747.0%
2068	5,147	203,136	3946.7%
2069	3,867	160,352	4146.8%
2070	2,865	124,294	4338.5%
2071	2,090	94,839	4538.7%
2072	1,497	70,890	4734.6%
2073	1,051	51,667	4916.2%
2074	721	36,780	5098.8%
2075	484	25,512	5271.0%
2076	317	17,238	5442.0%
Total	78,502,070	171,221,002	218.1%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	40,903,120	2,401,793	5.9%
Anticipated Experience	78,502,070	171,221,002	218.1%
Lifetime Experience	119,405,190	173,622,795	145.4%
Past Experience @ 4.0%	48,052,761	2,675,780	5.6%
Anticipated Experience @ 4.0%	53,906,039	80,189,810	148.8%
Lifetime Experience @ 4.0%	101,958,800	82,865,590	81.3%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Benfit Period (3 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	228,344	0	0.0%
2010	2,499,448	0	0.0%
2011	7,969,771	285,421	3.6%
2012	17,615,079	4,848	0.0%
2013	28,988,778	517,519	1.8%
2014	35,523,368	802,503	2.3%
2015	36,624,106	1,814,961	5.0%
2016	36,740,776	1,248,368	3.4%
2017	36,103,520	4,151,291	11.5%
2018	35,440,013	3,569,162	10.1%
2019	34,879,974	4,562,317	13.1%
Total	272,613,178	16,956,390	6.2%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	34,161,826	6,170,754	18.1%
2021	33,295,203	7,930,950	23.8%
2022	32,262,429	9,602,062	29.8%
2023	31,418,705	11,402,026	36.3%
2024	30,625,625	13,376,401	43.7%
2025	29,798,793	15,597,801	52.3%
2026	28,945,050	18,098,857	62.5%
2027	28,048,196	20,888,280	74.5%
2028	27,107,076	23,939,732	88.3%
2029	26,118,425	27,270,363	104.4%
2030	25,074,193	30,924,320	123.3%
2031	23,990,381	34,867,679	145.3%
2032	22,860,127	38,961,510	170.4%
2033	21,692,651	43,037,730	198.4%
2034	20,493,590	47,050,122	229.6%
2035	19,268,324	51,121,402	265.3%
2036	18,016,673	55,229,554	306.5%
2037	16,755,559	59,035,166	352.3%
2038	15,489,108	62,072,293	400.7%
2039	14,228,902	64,199,008	451.2%
2040	12,986,074	66,002,263	508.3%
2041	11,762,062	67,705,255	575.6%
2042	10,568,906	68,651,432	649.6%
2043	9,418,280	68,386,112	726.1%
2044	8,322,666	66,880,137	803.6%
2045	7,294,337	64,549,441	884.9%
2046	6,338,970	61,847,591	975.7%
2047	5,457,672	58,638,345	1074.4%
2048	4,655,208	54,732,558	1175.7%
2049	3,934,334	50,211,905	1276.2%
2050	3,296,917	45,466,974	1379.1%
2051	2,740,394	40,903,346	1492.6%
2052	2,257,757	36,503,626	1616.8%
2053	1,844,609	32,210,570	1746.2%
2054	1,495,658	28,058,295	1876.0%
2055	1,204,904	24,207,107	2009.0%
2056	965,327	20,820,694	2156.9%
2057	768,658	17,842,150	2321.2%
2058	608,741	15,210,688	2498.7%
2059	479,820	12,889,248	2686.3%
2060	376,812	10,882,758	2888.1%
2061	295,181	9,199,044	3116.4%
2062	230,518	7,767,483	3369.6%
2063	179,519	6,534,126	3639.8%
2064	139,379	5,453,205	3912.5%
2065	107,913	4,535,338	4202.8%
2066	83,296	3,772,300	4528.8%
2067	63,958	3,129,030	4892.4%
2068	48,804	2,574,977	5276.1%
2069	36,945	2,083,958	5640.7%
2070	27,723	1,664,087	6002.6%
2071	20,587	1,312,333	6374.7%
2072	15,065	1,020,457	6773.6%
2073	10,836	779,793	7196.3%
2074	7,638	582,774	7630.1%
2075	5,274	424,994	8058.4%
2076	3,558	301,631	8477.1%
Total	597,705,133	1,604,512,032	268.4%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	272,613,178	16,956,390	6.2%
Anticipated Experience	597,705,133	1,604,512,032	268.4%
Lifetime Experience	870,318,311	1,621,468,423	186.3%
Past Experience @ 4.0%	319,038,655	18,682,774	5.9%
Anticipated Experience @ 4.0%	400,983,644	709,432,123	176.9%
Lifetime Experience @ 4.0%	720,022,298	728,114,896	101.1%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Benfit Period (4, 5 and 6 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	195,229	0	0.0%
2010	2,813,878	0	0.0%
2011	7,953,754	312	0.0%
2012	19,288,026	483,194	2.5%
2013	31,428,735	95,566	0.3%
2014	38,209,688	1,491,280	3.9%
2015	39,285,702	1,984,202	5.1%
2016	39,377,667	933,191	2.4%
2017	38,609,182	2,387,133	6.2%
2018	37,976,718	3,380,790	8.9%
2019	37,272,859	4,065,625	10.9%
Total	292,411,440	14,821,293	5.1%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	36,426,761	5,971,966	16.4%
2021	35,449,114	7,703,948	21.7%
2022	34,272,089	9,363,780	27.3%
2023	33,416,032	11,190,074	33.5%
2024	32,685,317	13,232,804	40.5%
2025	31,854,600	15,563,106	48.9%
2026	31,049,976	18,217,054	58.7%
2027	30,239,574	21,214,036	70.2%
2028	29,393,542	24,546,293	83.5%
2029	28,503,779	28,254,564	99.1%
2030	27,558,527	32,355,830	117.4%
2031	26,559,145	36,814,389	138.6%
2032	25,515,836	41,506,872	162.7%
2033	24,427,813	46,309,141	189.6%
2034	23,294,209	51,206,807	219.8%
2035	22,121,299	56,315,827	254.6%
2036	20,911,543	61,595,085	294.6%
2037	19,668,398	66,660,080	338.9%
2038	18,398,452	70,940,082	385.6%
2039	17,114,149	74,337,268	434.4%
2040	15,826,630	77,524,180	489.8%
2041	14,538,998	80,702,069	555.1%
2042	13,261,866	83,086,114	626.5%
2043	12,007,869	83,985,078	699.4%
2044	10,788,004	83,396,015	773.0%
2045	9,613,922	81,842,414	851.3%
2046	8,497,691	79,805,636	939.1%
2047	7,449,605	77,075,599	1034.6%
2048	6,478,687	73,236,225	1130.4%
2049	5,585,433	68,412,509	1224.8%
2050	4,772,407	63,153,696	1323.3%
2051	4,043,026	57,951,077	1433.4%
2052	3,397,673	52,780,473	1553.4%
2053	2,834,347	47,478,257	1675.1%
2054	2,345,620	42,111,963	1795.3%
2055	1,925,697	36,963,960	1919.5%
2056	1,569,870	32,288,451	2056.8%
2057	1,271,850	28,083,218	2208.1%
2058	1,025,072	24,277,354	2368.4%
2059	821,150	20,785,040	2531.2%
2060	653,809	17,660,917	2701.2%
2061	517,953	14,975,766	2891.3%
2062	408,598	12,678,348	3102.9%
2063	321,213	10,677,070	3324.0%
2064	251,284	8,894,012	3539.4%
2065	195,410	7,339,759	3756.1%
2066	151,022	6,041,144	4000.2%
2067	116,018	4,961,567	4276.5%
2068	88,656	4,046,675	4564.5%
2069	67,174	3,256,842	4848.4%
2070	50,330	2,584,285	5134.7%
2071	37,245	2,026,584	5441.2%
2072	27,213	1,568,649	5764.3%
2073	19,608	1,196,625	6102.8%
2074	13,868	895,824	6459.8%
2075	9,580	655,718	6844.8%
2076	6,449	468,420	7263.2%
Total	679,850,998	1,988,166,537	292.4%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	292,411,440	14,821,293	5.1%
Anticipated Experience	679,850,998	1,988,166,537	292.4%
Lifetime Experience	972,262,438	2,002,987,829	206.0%
Past Experience @ 4.0%	342,244,026	16,425,050	4.8%
Anticipated Experience @ 4.0%	445,548,011	838,224,505	188.1%
Lifetime Experience @ 4.0%	787,792,037	854,649,555	108.5%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M - Benfit Period (8 Year and Lifetime)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	123,562	0	0.0%
2010	697,458	0	0.0%
2011	2,359,211	22,066	0.9%
2012	3,908,309	97,708	2.5%
2013	5,110,184	250,492	4.9%
2014	5,469,972	512,708	9.4%
2015	5,462,000	134,557	2.5%
2016	5,434,665	110,341	2.0%
2017	5,179,647	11,542	0.2%
2018	5,117,666	1,180,322	23.1%
2019	5,023,414	528,795	10.5%
Total	43,886,087	2,848,532	6.5%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	4,887,780	971,119	19.9%
2021	4,713,887	1,225,610	26.0%
2022	4,424,562	1,459,187	33.0%
2023	4,241,436	1,719,246	40.5%
2024	4,139,358	2,014,383	48.7%
2025	4,032,592	2,350,335	58.3%
2026	3,928,502	2,729,338	69.5%
2027	3,831,831	3,156,273	82.4%
2028	3,731,070	3,632,482	97.4%
2029	3,623,525	4,167,725	115.0%
2030	3,513,842	4,750,671	135.2%
2031	3,390,027	5,375,569	158.6%
2032	3,262,380	6,027,269	184.8%
2033	3,137,432	6,705,333	213.7%
2034	3,007,951	7,423,604	246.8%
2035	2,873,914	8,193,226	285.1%
2036	2,735,334	8,971,266	328.0%
2037	2,592,600	9,691,372	373.8%
2038	2,446,772	10,303,006	421.1%
2039	2,299,250	10,858,800	472.3%
2040	2,150,456	11,452,299	532.6%
2041	2,000,024	12,045,152	602.3%
2042	1,849,016	12,488,874	675.4%
2043	1,698,773	12,701,877	747.7%
2044	1,550,802	12,778,908	824.0%
2045	1,406,367	12,790,896	909.5%
2046	1,266,588	12,721,205	1004.4%
2047	1,132,744	12,486,630	1102.3%
2048	1,005,756	12,030,596	1196.2%
2049	886,395	11,458,206	1292.7%
2050	775,275	10,866,007	1401.6%
2051	672,803	10,259,969	1525.0%
2052	579,361	9,597,546	1656.6%
2053	495,005	8,838,404	1785.5%
2054	419,652	8,047,075	1917.6%
2055	352,960	7,295,608	2067.0%
2056	294,434	6,601,853	2242.2%
2057	243,642	5,949,445	2441.9%
2058	200,000	5,300,656	2650.3%
2059	162,794	4,673,221	2870.6%
2060	131,380	4,107,019	3126.1%
2061	105,063	3,598,704	3425.3%
2062	83,238	3,127,629	3757.5%
2063	65,304	2,685,919	4112.9%
2064	50,663	2,278,012	4496.4%
2065	38,803	1,918,879	4945.2%
2066	29,256	1,612,270	5510.9%
2067	21,688	1,342,768	6191.3%
2068	15,791	1,105,610	7001.7%
2069	11,249	894,840	7955.1%
2070	7,803	714,076	9151.6%
2071	5,125	564,360	11012.9%
2072	3,113	440,637	14153.0%
2073	1,699	338,081	19894.0%
2074	778	253,800	32610.2%
2075	240	79,993	33376.1%
2076	60	59,683	99732.5%
Total	90,528,142	327,232,521	361.5%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	43,886,087	2,848,532	6.5%
Anticipated Experience	90,528,142	327,232,521	361.5%
Lifetime Experience	134,414,229	330,081,053	245.6%
Past Experience @ 4.0%	52,131,970	3,212,241	6.2%
Anticipated Experience @ 4.0%	58,374,397	132,100,046	226.3%
Lifetime Experience @ 4.0%	110,506,367	135,312,287	122.4%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09M

	Actual Experience			Original Pricing Assumptions			Actual to Expected
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
2009	648,329	0	0.0%	648,329	7,033	1.1%	0.000
2010	6,471,665	83,394	1.3%	6,471,665	73,586	1.1%	1.133
2011	19,640,320	388,589	2.0%	19,697,569	261,470	1.3%	1.491
2012	43,629,383	591,324	1.4%	43,843,864	670,077	1.5%	0.887
2013	69,958,287	918,044	1.3%	70,107,204	1,259,485	1.8%	0.730
2014	84,567,542	2,821,681	3.3%	84,096,372	2,025,802	2.4%	1.385
2015	86,836,665	4,093,944	4.7%	85,615,944	2,970,323	3.5%	1.359
2016	86,982,736	2,564,703	2.9%	84,882,407	4,119,701	4.9%	0.608
2017	85,185,962	7,205,806	8.5%	82,867,283	5,490,563	6.6%	1.277
2018	83,689,709	8,696,489	10.4%	81,036,005	6,997,285	8.6%	1.203
2019	82,203,226	9,664,033	11.8%	79,226,151	8,562,896	10.8%	1.088
Total	649,813,824	37,028,008	5.7%	638,492,793	32,438,219	5.1%	1.122
	Revised Assumptions			Original Pricing Assumptions			Actual to Expected
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
2020	80,368,739	14,075,244	17.5%	77,358,739	10,212,050	13.2%	1.327
2021	78,210,589	18,075,777	23.1%	75,400,776	12,017,282	15.9%	1.450
2022	75,547,230	21,871,978	29.0%	73,348,165	14,045,698	19.1%	1.512
2023	73,526,958	26,000,018	35.4%	71,208,012	16,284,970	22.9%	1.546
2024	71,765,674	30,569,194	42.6%	68,990,926	18,783,520	27.2%	1.565
2025	69,857,412	35,739,661	51.2%	66,702,458	21,605,032	32.4%	1.580
2026	67,946,066	41,583,769	61.2%	64,343,300	24,794,476	38.5%	1.588
2027	65,987,800	48,131,532	72.9%	61,915,682	28,364,907	45.8%	1.592
2028	63,940,308	55,347,062	86.6%	59,423,015	32,251,097	54.3%	1.595
2029	61,789,843	63,298,226	102.4%	56,870,139	36,427,304	64.1%	1.599
2030	59,521,460	72,042,639	121.0%	54,263,286	41,115,094	75.8%	1.597
2031	57,140,121	81,497,918	142.6%	51,604,726	46,499,130	90.1%	1.583
2032	54,661,138	91,363,878	167.1%	48,898,658	52,350,098	107.1%	1.561
2033	52,099,951	101,331,807	194.5%	46,154,412	58,086,885	125.9%	1.545
2034	49,454,566	111,349,270	225.2%	43,385,406	63,566,575	146.5%	1.537
2035	46,739,078	121,682,836	260.3%	40,608,130	69,115,239	170.2%	1.530
2036	43,955,941	132,226,293	300.8%	37,833,488	74,774,995	197.6%	1.522
2037	41,126,812	142,149,811	345.6%	35,076,124	80,226,169	228.7%	1.511
2038	38,265,040	150,322,937	392.8%	32,352,921	85,127,249	263.1%	1.493
2039	35,397,826	156,542,336	442.2%	29,681,707	89,260,428	300.7%	1.471
2040	32,548,969	162,224,228	498.4%	27,080,827	92,767,066	342.6%	1.455
2041	29,722,795	167,782,174	564.5%	24,564,891	95,771,080	389.9%	1.448
2042	26,944,222	171,562,072	636.7%	22,148,331	97,965,681	442.3%	1.440
2043	24,240,454	172,298,376	710.8%	19,845,742	98,870,898	498.2%	1.427
2044	21,637,846	170,043,109	785.9%	17,671,527	98,253,115	556.0%	1.413
2045	19,162,172	165,845,337	865.5%	15,640,228	96,659,228	618.0%	1.400
2046	16,832,560	160,681,954	954.6%	13,756,199	94,537,274	687.2%	1.389
2047	14,662,053	154,110,692	1051.1%	12,021,558	91,737,552	763.1%	1.377
2048	12,665,888	145,454,820	1148.4%	10,438,484	87,953,795	842.6%	1.363
2049	10,847,845	135,034,217	1244.8%	9,007,678	83,141,079	923.0%	1.349
2050	9,212,395	123,917,885	1345.1%	7,727,980	77,961,830	1008.8%	1.333
2051	7,760,064	113,054,470	1456.9%	6,591,609	72,841,255	1105.1%	1.318
2052	6,483,867	102,358,494	1578.7%	5,588,949	67,610,632	1209.7%	1.305
2053	5,376,799	91,561,511	1702.9%	4,711,271	62,111,060	1318.4%	1.292
2054	4,425,154	80,837,136	1826.8%	3,949,631	56,508,370	1430.7%	1.277
2055	3,615,808	70,707,068	1955.5%	3,294,348	51,150,297	1552.7%	1.259
2056	2,935,639	61,622,567	2099.1%	2,734,455	46,205,634	1689.8%	1.242
2057	2,368,773	53,503,721	2258.7%	2,257,996	41,564,635	1840.8%	1.227
2058	1,901,162	46,171,115	2428.6%	1,854,727	36,984,743	1994.1%	1.218
2059	1,517,236	39,518,194	2604.6%	1,515,827	32,549,275	2147.3%	1.213
2060	1,204,361	33,638,583	2793.1%	1,233,020	28,339,370	2298.4%	1.215
2061	951,686	28,609,425	3006.2%	998,871	24,290,104	2431.8%	1.236
2062	748,763	24,281,093	3242.8%	805,281	20,475,984	2542.7%	1.275
2063	586,823	20,490,360	3491.7%	645,987	16,877,142	2612.6%	1.336
2064	457,634	17,118,567	3740.7%	516,447	13,674,720	2647.8%	1.413
2065	354,857	14,201,164	4001.9%	413,112	11,045,140	2673.6%	1.497
2066	273,448	11,760,851	4300.9%	332,257	8,943,937	2691.9%	1.598
2067	209,260	9,707,309	4638.9%	268,713	7,284,658	2710.9%	1.711
2068	159,046	7,947,226	4996.8%	216,983	5,926,531	2731.3%	1.829
2069	119,733	6,409,767	5353.4%	174,382	4,800,144	2752.7%	1.945
2070	89,100	5,097,822	5721.4%	139,735	3,877,143	2774.6%	2.062
2071	65,336	4,006,923	6132.8%	111,979	3,131,304	2796.3%	2.193
2072	47,110	3,107,592	6596.5%	89,466	2,521,935	2818.9%	2.340
2073	33,361	2,371,679	7109.2%	70,611	2,007,189	2842.6%	2.501
2074	23,128	1,773,518	7668.4%	54,798	1,571,147	2867.2%	2.675
2075	15,626	1,296,573	8297.3%	41,823	1,209,687	2892.4%	2.869
2076	10,163	925,234	9103.9%	31,454	917,678	2917.6%	3.120
Total	1,447,513,688	4,096,235,015	283.0%	1,313,967,248	2,514,946,509	191.4%	1.478
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Actual to Expected
Past Experience	649,813,824	37,028,008	5.7%	638,492,793	32,438,219	5.1%	1.122
Anticipated Experience	1,447,513,688	4,096,235,015	283.0%	1,313,967,248	2,514,946,509	191.4%	1.478
Lifetime Experience	2,097,327,513	4,133,263,023	197.1%	1,952,460,041	2,547,384,728	130.5%	1.510
Past Experience @ 4.0%	761,467,411	40,995,845	5.4%	749,168,885	35,999,827	4.8%	1.120
Anticipated Experience @ 4.0%	959,227,328	1,761,432,648	183.6%	883,816,535	1,055,443,768	119.4%	1.538
Lifetime Experience @ 4.0%	1,720,694,739	1,802,428,492	104.8%	1,632,985,420	1,091,443,594	66.8%	1.567

Policy Series LTC09M – Pricing Assumptions

I. Claim Costs

Claims costs were developed from the 2008 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 2000 Annuity Basic table, 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	0.40	0.45	0.50	0.55	0.60	0.65	0.75	0.85	0.95	1.00

III. Voluntary Lapses

The lapse rates for Married couples with inflation coverage are provided in the table below.

Dur	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79
1	10.0%	7.0%	4.5%	3.0%	2.5%	3.5%	3.0%	3.0%
2	7.0%	5.0%	3.5%	2.5%	2.0%	2.5%	2.5%	2.5%
3	3.0%	3.0%	2.0%	2.0%	1.5%	2.0%	2.0%	2.0%
4	2.0%	2.0%	1.5%	1.5%	1.0%	1.5%	1.5%	1.5%
5	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
7	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
8+	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

Lapse rates also varied as follows:

- Single lapse rates are initially slightly higher than Married couples with an ultimate lapse rate of 1.0%.
- Non-inflation lapse rates are slightly higher for some of the early durations, with the same ultimate lapse rate as inflation coverage by policy year 7.
- The Return of Premium option and the limited pay options have lower lapse rates. 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:

	No Inflation	Compound Inflation 5%	Simple Inflation 5%	Compound Inflation 5% - 20 yr
18-39	1%	4%	3%	1%
40-44	1%	9%	4%	1%
45-49	4%	17%	10%	2%
50-54	6%	24%	16%	7%
55-59	17%	29%	24%	26%
60-64	34%	14%	26%	37%
65-69	21%	3%	14%	21%
70-74	12%	1%	2%	4%
75+	4%	1%	1%	1%

By Marital Status	
Married	Single
76%	24%

By Underwriting Class			
Preferred	Select	Class I	Class II
20%	65%	12%	3%

Benefits

Expected Distribution by Number of Policies Sold:

By Elimination Period				
0 day	30 day	60 day	90 day	Other
1%	4%	7%	86%	2%

By Benefit Period				
2 Year	3 Year	5 Year	Lifetime	Other
7%	34%	34%	8%	17%

By Inflation type			
No Inflation	Compound Inflation 5%	Simple Inflation 5%	Compound Inflation 5% - 20 yr
16%	35%	29%	20%

V. Investment Rates

Investment returns on assets are assumed to be 6.0% in all policy years.

VI. Expenses

Acquisition Expenses:

Percent of premium: 27%

Underwriting:

Issue Age	0-44	45-54	55-64	64 - 69	70 -74	75+
Cost Per Placed Case	$122	$122	$122	$138	$229	$229

Per Issue: $58 per policy

Maintenance/Overhead: $44 per policy per year, plus 2.13% of premium
Claims adjudication: $562 per initial claim, $96 per month while on claim

VII. Moderately Adverse Experience

Moderately Adverse Experience is defined as:

a) Morbidity 10% higher than expected

b) Mortality 10% lower than expected

c) Lapses 25 basis points lower than expected

d) Investment Earnings 25 basis points lower than expected

Sensitivity testing of these key pricing assumptions was performed. These results were shared with senior management. The management strategy for this product line is to accept lower returns in the event of adverse experience up to the impact of profitability associated with the moderately adverse condition. Any combination of adverse experience that lowers expected profit by more than any individual factor listed above is subject to extensive review that may or may not result in rate changes.

Attachment A

Actuarial Certification
for
Long-Term Care Policy Series LTC09M

I, Joshua Weber, 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. 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.

The increased premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits.

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.

Joshua Weber, FSA, MAAA
Product Performance Director
Mutual of Omaha Insurance Company
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Omaha, NE 68175

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July 16, 2021

Policy Forms	**LTC09M[-AG, -5ML, -10ML]**
Years of Issue	**2009 - 2016**
Benefits	**One Maximum Lifetime Benefit - Comprehensive**
TQ/NTQ	**TQ Only - MONTHLY Benefits**
Basic Policy Benefits	
Confined Care	Nursing Home Confinement
	Nursing Home Bed Reservation - 1 month/year
	Assisted Living Facility (ALF)
	ALF Bed Reservation - 1month/year
Other Features	Care Coordination - includes Facility Assessment (Patient Advocacy)
	Alternate Care
	Hospice Care (facilities & at home)
	Respite Care - up to 1 month/yr
	International Benefit (up to max lifetime benefit of 12 months)
	Restoration of Benefits (180 days, and able to perform all ADLs) - restored only ONE time
	Waiver of Premium - After EP is met (for HHC/ADC, must continue to receive care at least 8 days/mo)
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 2 X HHC/BHHC Monthly Benefit for life
	Durable Medical Equipment - combined max with Caregiver Training
	Medical Alert System - combined max with Caregiver Training
	Home Modifications - combined max with Caregiver Training
	ALL benefits are monthly
Available Options	
Inflation Options	Compound Inflation Prot. - 3%, 4%, 5%
	Future Purchase Option
	20-Year Comp Inflation - 5%
	Simple Inflation Protection 5%
Spousal Benefits	Spouse Security Benefit
	Spouse Shared Benefit
	Spouse WOP
	Spouse Survivorship
Cash Benefit	Cash Benefit -35%
Return of Premium	Full Return of Premium at Death
	ROP At Death Less Claims
	ROP At Death Before Age 65 Less Claims
Nonforfeiture	Nonforfeiture - Shortened benefit period
	Contingent Nonforfeiture
	Limited Pay Contingent Nonforfeiture
Rate Guarantees	5-year
	Add'l years - NOT AVAILABLE
Benefit Multipliers	2, 3, 4, 5, 6, 8 years or Lifetime
Elimination Periods	0, 30, 60, 90, 180 or 365 days - **calendar** days
	Waiver of Elim Pd for HHC
Payment Options	10-Pay
	20-Pay
	To Age 65
	Single Premium
	Lifetime
	PRD
	List Bill
Daily Benefit Options	
Nursing Home	$1,500 - $15,000 / month (some restrictions for multi-life)
Assisted Living Facility	50%, 75%, or 100% of NH MMB (100% built-in for **MC3** & **MC5**)
Home Health Care	HHC/BHHC - 50%, 75% or 100% of NH MMB (100% built-in for **MC3** & **MC5**)
Issue Ages	18 - 79
Discounts	Preferred: 15%
	Spouse: **35%**
	Married: 15%
	Two Person Households: 10%
	Assoc Group - **5%**
	Multi-life: MGI / SI : 10% (no preferred disc.); Full und: 5%
	Med Supp: 5%
	Producer: 5%
Impaired Rate Classes	Class I = 1.25; Class II = 1.50

Moderately Adverse Trigger

Prior Assumptions (Original Pricing)				Updated Assumptions			
Incurred Year	Earned Premium	Incurred Claims	Loss Ratios	Incurred Year	Earned Premium	Incurred Claims	Loss Ratios
2009	648,329	7,033	1.1%	2009	648,329	0	0.0%
2010	6,471,665	73,586	1.1%	2010	6,471,665	83,394	1.3%
2011	19,697,569	261,470	1.3%	2011	19,640,320	388,589	2.0%
2012	43,843,864	670,077	1.5%	2012	43,629,383	591,324	1.4%
2013	70,107,204	1,259,485	1.8%	2013	69,958,287	918,044	1.3%
2014	84,096,372	2,025,802	2.4%	2014	84,567,542	2,821,681	3.3%
2015	85,615,944	2,970,323	3.5%	2015	86,836,665	4,093,944	4.7%
2016	84,882,407	4,119,701	4.9%	2016	86,982,736	2,564,703	2.9%
2017	82,867,283	5,490,563	6.6%	2017	85,185,962	7,205,806	8.5%
2018	81,036,005	6,997,285	8.6%	2018	83,689,709	8,696,489	10.4%
2019	79,226,151	8,562,896	10.8%	2019	82,203,226	9,664,033	11.8%
2020	77,358,739	10,212,050	13.2%	2020	80,368,739	12,795,676	15.9%
2021	75,400,776	12,017,282	15.9%	2021	78,210,589	16,432,525	21.0%
2022	73,348,165	14,045,698	19.1%	2022	75,547,230	19,883,616	26.3%
2023	71,208,012	16,284,970	22.9%	2023	73,526,958	23,636,380	32.1%
2024	68,990,926	18,783,520	27.2%	2024	71,765,674	27,790,176	38.7%
2025	66,702,458	21,605,032	32.4%	2025	69,857,412	32,490,601	46.5%
2026	64,343,300	24,794,476	38.5%	2026	67,946,066	37,803,426	55.6%
2027	61,915,682	28,364,907	45.8%	2027	65,987,800	43,755,938	66.3%
2028	59,423,015	32,251,097	54.3%	2028	63,940,308	50,315,511	78.7%
2029	56,870,139	36,427,304	64.1%	2029	61,789,843	57,543,842	93.1%
2030	54,263,286	41,115,094	75.8%	2030	59,521,460	65,493,308	110.0%
2031	51,604,726	46,499,130	90.1%	2031	57,140,121	74,089,016	129.7%
2032	48,898,658	52,350,098	107.1%	2032	54,661,138	83,058,071	152.0%
2033	46,154,412	58,086,885	125.9%	2033	52,099,951	92,119,824	176.8%
2034	43,385,406	63,566,575	146.5%	2034	49,454,566	101,226,609	204.7%
2035	40,608,130	69,115,239	170.2%	2035	46,739,078	110,620,760	236.7%
2036	37,833,488	74,774,995	197.6%	2036	43,955,941	120,205,721	273.5%
2037	35,076,124	80,226,169	228.7%	2037	41,126,812	129,227,101	314.2%
2038	32,352,921	85,127,249	263.1%	2038	38,265,040	136,657,215	357.1%
2039	29,681,707	89,260,428	300.7%	2039	35,397,826	142,311,215	402.0%
2040	27,080,827	92,767,066	342.6%	2040	32,548,969	147,476,571	453.1%
2041	24,564,891	95,771,080	389.9%	2041	29,722,795	152,529,249	513.2%
2042	22,148,331	97,965,681	442.3%	2042	26,944,222	155,965,520	578.8%
2043	19,845,742	98,870,898	498.2%	2043	24,240,454	156,634,888	646.2%
2044	17,671,527	98,253,115	556.0%	2044	21,637,846	154,584,645	714.4%
2045	15,640,228	96,659,228	618.0%	2045	19,162,172	150,768,488	786.8%
2046	13,756,199	94,537,274	687.2%	2046	16,832,560	146,074,504	867.8%
2047	12,021,558	91,737,552	763.1%	2047	14,662,053	140,100,629	955.5%
2048	10,438,484	87,953,795	842.6%	2048	12,665,888	132,231,655	1044.0%
2049	9,007,678	83,141,079	923.0%	2049	10,847,845	122,758,379	1131.6%
2050	7,727,980	77,961,830	1008.8%	2050	9,212,395	112,652,623	1222.8%
2051	6,591,609	72,841,255	1105.1%	2051	7,760,064	102,776,791	1324.4%
2052	5,588,949	67,610,632	1209.7%	2052	6,483,867	93,053,177	1435.1%
2053	4,711,271	62,111,060	1318.4%	2053	5,376,799	83,237,737	1548.1%
2054	3,949,631	56,508,370	1430.7%	2054	4,425,154	73,488,306	1660.7%
2055	3,294,348	51,150,297	1552.7%	2055	3,615,808	64,279,153	1777.7%
2056	2,734,455	46,205,634	1689.8%	2056	2,935,639	56,020,515	1908.3%
2057	2,257,996	41,564,635	1840.8%	2057	2,368,773	48,639,746	2053.4%
2058	1,854,727	36,984,743	1994.1%	2058	1,901,162	41,973,741	2207.8%
2059	1,515,827	32,549,275	2147.3%	2059	1,517,236	35,925,631	2367.8%
2060	1,233,020	28,339,370	2298.4%	2060	1,204,361	30,580,530	2539.1%
2061	998,871	24,290,104	2431.8%	2061	951,686	26,008,568	2732.9%
2062	805,281	20,475,984	2542.7%	2062	748,763	22,073,721	2948.0%
2063	645,987	16,877,142	2612.6%	2063	586,823	18,627,600	3174.3%
2064	516,447	13,674,720	2647.8%	2064	457,634	15,562,333	3400.6%
2065	413,112	11,045,140	2673.6%	2065	354,857	12,910,149	3638.1%
2066	332,257	8,943,937	2691.9%	2066	273,448	10,691,683	3909.9%
2067	268,713	7,284,658	2710.9%	2067	209,260	8,824,827	4217.2%
2068	216,983	5,926,531	2731.3%	2068	159,046	7,224,751	4542.6%
2069	174,382	4,800,144	2752.7%	2069	119,733	5,827,061	4866.7%
2070	139,735	3,877,143	2774.6%	2070	89,100	4,634,384	5201.3%
2071	111,979	3,131,304	2796.3%	2071	65,336	3,642,657	5575.3%
2072	89,466	2,521,935	2818.9%	2072	47,110	2,825,083	5996.8%
2073	70,611	2,007,189	2842.6%	2073	33,361	2,156,072	6462.9%
2074	54,798	1,571,147	2867.2%	2074	23,128	1,612,290	6971.3%
2075	41,823	1,209,687	2892.4%	2075	15,626	1,178,703	7543.0%
2076	31,454	917,678	2917.6%	2076	10,163	841,122	8276.3%
Past Experience @ 4.0%	749,168,885	35,999,827	4.8%	Past Experience @ 4.0%	761,467,411	40,995,845	5.4%
Anticipated Experience @ 4.0%	883,816,535	1,055,443,768	119.4%	Anticipated Experience @ 4.0%	959,227,328	1,601,302,407	166.9%
Lifetime Experience @ 4.0%	1,632,985,420	1,091,443,594	66.8%	Lifetime Experience @ 4.0%	1,720,694,739	1,642,298,252	95.4%

Actual to Revised Analysis - Mortality Rates

Duration	Total Lives	Actual Deaths	Revised Expected	Actual to Expected
1	66,120	227	311	73%
2	60,280	359	349	103%
3	56,098	410	394	104%
4	53,205	508	446	114%
5	50,911	515	504	102%
6	49,148	566	571	99%
7	47,584	619	690	90%
8	46,216	753	819	92%
9	44,762	763	953	80%
10	43,358	885	1,042	85%
11	41,829	940	1,075	87%
12	40,192	1036	1,104	94%
13	36,935	1024	1,096	93%
14	30,576	985	999	99%
15	20,673	707	740	96%
16	13,407	500	518	97%
17	7,555	333	316	105%
18	3,622	161	162	99%
19	1,511	81	74	109%
20	160	6	9	70%
Grand Total	**714,142**	**11,378**	**12,173**	**93%**

Policy Series LTC09M

	Implementation Date	Overall Increase
Nationwide	No previous rate increases.	

	Implementation Date	Overall Increase
Virginia	No previous rate increases.	

Policy Series LTC09M

Minimum Increase = 6.0%
Maximum Increase = 145.3%

Issue Age Band	% of PH	Avg Increase
<40	0.7%	92.8 %
40-44	1.2%	95.7 %
45-49	3.4%	96.7 %
50-54	10.4%	95.7 %
55-59	25.3%	92.8 %
60-64	37.0%	81.6 %
65-69	17.7%	62.9 %
70-74	3.5%	45.7 %
75 +	0.8%	31.2 %
Grand Total	100.0%	79.6 %

Rate Increase	% of PH	Avg Increase
0%-24.99%	3.6%	16.9 %
25%-49.99%	9.7%	38.3 %
50%-74.99%	26.3%	61.3 %
75%-99.99%	23.1%	87.1 %
100%-124.99%	34.8%	109.8 %
125%-149.99%	2.6%	132.4 %
Grand Total	100.0%	79.6 %

Inflation Type	% of PH	Avg Increase
None/GPO	17.7%	39.6%
3.0% Compound	56.0%	81.4%
5.0% Compound	19.2%	97.7%
Limited Inflation	7.1%	94.6%
Grand Total	100.0%	79.6 %

Benefit Period	% of PH	Avg Increase
2 Year	7.3%	54.6%
3 Year	49.8%	76.6%
5 Year	39.4%	83.2%
Lifetime	3.6%	98.6%
Grand Total	100.0%	79.6 %

Marital Status	% of PH	Avg Increase
Single	14.6%	47.3%
Married	18.4%	64.0%
Spouse	42.8%	95.7%
Shared Care	24.2%	95.5%
Grand Total	100.0%	79.6 %

Revised Expected Lapse Rates
Actual Lapse Rates
Actual/Revised

No 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
1	20.9%	21.1%	100.9%	13.4%	12.1%	90.3%	8.6%	8.0%	92.6%	7.3%	5.9%	82.0%	5.0%	3.9%	78.1%	6.6%	5.5%	82.6%	9.4%	8.2%	86.5%
2	17.2%	19.0%	110.0%	9.5%	8.9%	93.5%	7.1%	6.0%	84.7%	6.5%	6.0%	92.2%	4.8%	3.8%	79.5%	6.6%	5.5%	82.5%	5.5%	4.0%	72.4%
3	9.1%	8.2%	89.5%	6.2%	8.9%	143.9%	4.7%	4.6%	97.7%	4.3%	3.3%	77.6%	4.1%	4.1%	98.6%	5.9%	4.6%	78.6%	4.1%	4.3%	105.1%
4	8.2%	9.0%	109.5%	4.5%	5.8%	128.6%	4.3%	5.1%	118.7%	4.1%	3.7%	89.9%	3.4%	4.1%	121.1%	4.3%	2.6%	60.4%	3.9%	4.8%	121.4%
5	5.7%	4.8%	84.1%	2.7%	0.0%	0.0%	3.2%	4.5%	139.7%	3.3%	2.2%	67.1%	2.4%	0.9%	38.1%	2.8%	2.4%	87.1%	2.9%	1.6%	54.1%
6	4.7%	8.1%	174.3%	2.4%	2.8%	117.1%	2.4%	1.6%	63.5%	2.5%	1.9%	76.1%	2.4%	3.2%	134.7%	2.5%	2.7%	108.7%	2.3%	0.0%	0.0%
7	4.7%	34.0%	731.2%	2.0%	7.5%	373.2%	2.1%	2.2%	106.2%	1.9%	0.9%	48.6%	2.0%	1.7%	85.6%	2.1%	3.9%	185.2%	1.8%	0.0%	0.0%
8	2.4%	0.0%	0.0%	1.9%	0.0%	0.0%	1.8%	0.0%	0.0%	1.8%	1.2%	66.1%	1.6%	1.2%	78.8%	1.9%	0.0%	0.0%	1.8%	3.8%	204.3%
9	2.4%	25.6%	1061.8%	1.9%	0.0%	0.0%	1.8%	0.0%	0.0%	1.5%	2.1%	145.0%	1.2%	2.1%	174.0%	1.9%	5.6%	302.5%	1.8%	0.0%	0.0%
10+	2.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.7%	0.0%	0.0%	1.2%	0.0%	0.0%	1.2%	0.0%	0.0%	1.9%	11.6%	622.6%	1.8%	0.0%	0.0%

No 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
1	12.2%	12.1%	99.0%	7.6%	7.4%	97.1%	5.1%	5.0%	99.5%	3.9%	3.9%	98.8%	3.9%	3.9%	99.7%	5.7%	5.3%	92.6%	7.9%	6.8%	85.5%
2	10.3%	10.2%	99.2%	5.7%	5.0%	88.0%	3.7%	3.4%	92.5%	3.4%	3.2%	93.7%	3.1%	3.2%	105.4%	4.6%	4.0%	87.0%	5.0%	3.8%	76.8%
3	8.9%	9.6%	108.3%	4.9%	5.0%	102.5%	2.3%	1.7%	74.5%	2.7%	2.4%	90.6%	2.3%	1.7%	75.6%	3.4%	3.1%	91.1%	3.8%	3.1%	80.2%
4	5.7%	5.7%	100.1%	3.5%	3.8%	107.0%	2.0%	1.8%	92.4%	2.0%	1.7%	88.5%	1.8%	1.6%	88.0%	2.2%	1.6%	71.0%	3.1%	3.7%	120.3%
5	4.2%	4.4%	105.2%	2.5%	2.4%	98.0%	1.8%	1.4%	75.9%	1.6%	0.8%	48.2%	1.8%	1.2%	69.0%	1.8%	1.4%	76.1%	2.3%	2.7%	115.6%
6	3.5%	2.5%	71.3%	1.5%	3.5%	235.5%	1.3%	0.3%	23.9%	1.1%	1.5%	135.4%	1.5%	1.2%	83.4%	1.8%	3.0%	165.5%	0.9%	0.0%	0.0%
7	2.8%	4.2%	151.0%	1.4%	3.4%	248.2%	1.3%	0.5%	40.8%	1.1%	1.4%	136.3%	1.0%	0.8%	80.5%	0.9%	0.6%	69.4%	0.9%	0.0%	0.0%
8	1.4%	0.0%	0.0%	1.0%	2.2%	212.1%	1.2%	2.8%	234.5%	1.0%	1.6%	152.8%	1.0%	1.9%	189.4%	0.9%	0.0%	0.0%	0.9%	3.0%	326.2%
9	1.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	1.3%	141.1%	0.9%	3.7%	415.4%	0.9%	9.1%	992.0%
10+	1.0%	14.7%	1528.6%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.7%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%

Revised Expected Lapse Rates
Actual Lapse Rates
Actual/Revised

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
1	13.1%	13.1%	99.9%	6.5%	6.6%	101.7%	5.9%	6.0%	100.9%	5.0%	5.0%	101.2%	4.9%	4.6%	93.2%	7.7%	7.4%	95.6%	6.8%	8.4%	122.7%
2	8.3%	7.8%	93.9%	5.1%	5.0%	98.0%	3.6%	3.3%	92.2%	3.6%	3.4%	93.2%	3.8%	3.4%	89.6%	5.5%	6.0%	109.4%	3.6%	3.7%	101.9%
3	5.5%	5.3%	97.6%	4.3%	4.1%	93.4%	2.8%	2.6%	92.4%	2.5%	2.3%	92.7%	2.8%	2.7%	94.2%	3.4%	4.6%	132.1%	2.7%	3.5%	127.9%
4	5.1%	5.4%	105.0%	3.4%	2.6%	76.5%	2.2%	1.8%	84.6%	2.3%	1.9%	86.2%	2.5%	2.1%	87.3%	2.9%	3.1%	109.8%	2.2%	3.3%	149.3%
5	3.8%	4.5%	118.8%	3.4%	3.3%	94.8%	2.2%	2.4%	109.8%	2.2%	1.8%	79.9%	1.3%	1.7%	132.8%	2.1%	2.4%	116.8%	1.5%	2.4%	164.6%
6	2.9%	4.0%	138.2%	3.0%	3.1%	100.9%	1.5%	1.6%	105.1%	1.9%	1.5%	77.6%	1.3%	2.3%	174.5%	1.8%	2.4%	131.4%	1.2%	2.0%	162.6%
7	2.4%	3.1%	132.5%	2.0%	2.2%	110.2%	1.2%	1.4%	115.8%	1.5%	1.7%	109.9%	1.1%	1.2%	111.0%	1.0%	0.8%	80.8%	0.9%	0.0%	0.0%
8	2.4%	3.3%	138.9%	1.6%	1.6%	99.4%	1.2%	1.8%	156.1%	0.9%	0.7%	79.8%	1.0%	1.2%	113.8%	1.0%	1.0%	103.1%	0.9%	2.9%	321.9%
9	1.0%	1.6%	150.0%	1.1%	1.2%	110.1%	1.0%	1.2%	118.2%	0.7%	0.5%	82.3%	1.0%	1.2%	113.6%	0.9%	0.0%	0.0%	0.9%	3.9%	422.4%
10+	1.0%	2.8%	267.0%	1.1%	1.5%	137.9%	0.9%	0.8%	84.5%	0.7%	0.5%	70.9%	1.0%	1.1%	106.6%	0.9%	1.2%	129.8%	0.9%	0.0%	0.0%

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
1	8.0%	8.1%	101.1%	4.4%	4.5%	102.9%	3.4%	3.5%	100.8%	3.9%	3.9%	100.0%	3.8%	3.8%	101.6%	5.4%	5.4%	99.6%	4.2%	5.2%	122.3%
2	5.4%	5.2%	97.5%	2.8%	2.8%	99.3%	2.0%	2.0%	100.5%	2.0%	2.0%	99.7%	2.5%	2.5%	99.6%	4.5%	4.1%	90.7%	3.2%	3.5%	111.2%
3	4.0%	3.9%	96.7%	2.0%	2.0%	98.1%	1.3%	1.2%	94.1%	1.6%	1.5%	96.9%	1.7%	1.5%	92.3%	2.1%	2.1%	102.6%	2.2%	3.8%	174.3%
4	3.0%	2.6%	86.1%	1.8%	1.7%	94.9%	1.1%	1.1%	92.9%	1.2%	1.1%	91.6%	1.5%	1.3%	88.0%	1.4%	1.2%	83.2%	1.8%	2.4%	130.9%
5	2.7%	2.7%	98.3%	1.0%	1.2%	116.2%	1.1%	1.1%	97.2%	1.2%	1.1%	97.1%	1.4%	1.2%	85.5%	1.4%	1.5%	107.6%	1.7%	3.1%	180.4%
6	2.3%	2.6%	113.2%	0.9%	1.2%	131.6%	0.9%	0.9%	97.2%	0.9%	0.9%	96.7%	1.0%	0.9%	90.9%	1.4%	1.9%	129.0%	1.1%	1.6%	147.5%
7	1.6%	2.5%	151.4%	0.9%	1.0%	112.2%	0.9%	0.9%	103.2%	0.9%	1.0%	108.2%	1.0%	1.5%	143.7%	1.2%	1.9%	159.4%	1.0%	2.0%	204.1%
8	1.1%	1.8%	168.0%	0.7%	0.8%	114.2%	0.7%	0.6%	82.9%	0.7%	0.6%	83.8%	0.9%	1.0%	113.0%	0.9%	1.3%	139.2%	0.8%	0.8%	102.7%
9	0.8%	1.1%	135.6%	0.7%	1.2%	155.1%	0.7%	0.6%	90.6%	0.7%	1.1%	160.2%	0.7%	0.9%	115.7%	0.8%	0.9%	118.1%	0.7%	0.0%	0.0%
10+	0.7%	0.7%	89.6%	0.7%	0.6%	82.6%	0.7%	0.6%	94.3%	0.6%	0.4%	64.5%	0.7%	0.9%	117.0%	0.7%	0.0%	0.0%	0.7%	1.3%	187.2%

Lifetime Experience (Virginia) as of 12/31/2019

Policy Series LTC09M

	Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	Increased Premium	Incurred Claims	Loss Ratios	Original Premium	Increased Premium	Incurred Claims	Loss Ratios
2009	0	0	0	0.0%	0	0	0	0.0%
2010	117,921	0	0	0.0%	171,162	0	0	0.0%
2011	632,547	0	0	0.0%	882,828	0	0	0.0%
2012	1,584,388	0	0	0.0%	2,126,236	0	0	0.0%
2013	2,555,420	0	270,112	10.6%	3,297,456	0	348,547	10.6%
2014	2,841,824	0	3,937	0.1%	3,525,986	0	4,885	0.1%
2015	2,791,838	0	0	0.0%	3,330,737	0	0	0.0%
2016	2,772,526	0	0	0.0%	3,180,477	0	0	0.0%
2017	2,751,294	0	551,763	20.1%	3,034,732	0	608,606	20.1%
2018	2,666,132	0	5,658	0.2%	2,827,689	0	6,001	0.2%
2019	2,644,701	0	139,780	5.3%	2,697,077	0	142,548	5.3%
Total	21,358,590	0	971,250	4.5%	25,074,379	0	1,110,586	4.4%
2020	2,596,756	0	481,624	18.5%	2,546,329	0	472,271	18.5%
2021	2,523,216	0	616,225	24.4%	2,379,055	0	581,018	24.4%
2022	2,430,821	0	742,200	30.5%	2,203,787	0	672,880	30.5%
2023	2,364,702	556,217	879,953	30.1%	2,061,388	484,873	767,084	30.1%
2024	2,307,136	939,619	1,033,797	31.8%	1,933,851	787,593	866,534	31.8%
2025	2,244,364	1,560,169	1,208,755	31.8%	1,808,880	1,257,443	974,216	31.8%
2026	2,182,085	1,571,267	1,406,715	37.5%	1,691,044	1,217,680	1,090,158	37.5%
2027	2,118,447	1,525,443	1,627,927	44.7%	1,578,583	1,136,700	1,213,067	44.7%
2028	2,051,952	1,477,561	1,871,179	53.0%	1,470,225	1,058,674	1,340,701	53.0%
2029	1,982,109	1,427,269	2,141,167	62.8%	1,365,560	983,307	1,475,142	62.8%
2030	1,908,315	1,374,132	2,438,933	74.3%	1,264,154	910,287	1,615,659	74.3%
2031	1,830,814	1,318,325	2,759,132	87.6%	1,166,167	839,729	1,757,475	87.6%
2032	1,750,108	1,260,211	3,089,927	102.6%	1,071,885	771,839	1,892,481	102.6%
2033	1,666,995	1,200,363	3,422,259	119.4%	981,712	706,908	2,015,407	119.4%
2034	1,581,320	1,138,670	3,760,589	138.3%	895,439	644,784	2,129,475	138.3%
2035	1,493,418	1,075,375	4,113,636	160.1%	813,139	585,522	2,239,799	160.1%
2036	1,403,393	1,010,549	4,472,409	185.3%	734,732	529,063	2,341,485	185.3%
2037	1,311,882	944,655	4,803,095	212.9%	660,407	475,543	2,417,897	212.9%
2038	1,219,447	878,094	5,065,999	241.5%	590,264	425,035	2,452,157	241.5%
2039	1,127,028	811,546	5,270,626	271.9%	524,547	377,714	2,453,082	271.9%
2040	1,035,307	745,500	5,466,186	307.0%	463,325	333,629	2,446,251	307.0%
2041	944,394	680,036	5,657,741	348.3%	406,384	292,627	2,434,592	348.3%
2042	855,125	615,755	5,781,691	393.1%	353,818	254,776	2,392,240	393.1%
2043	768,370	553,285	5,790,912	438.2%	305,694	220,123	2,303,899	438.2%
2044	685,011	493,260	5,707,913	484.4%	262,048	188,695	2,183,537	484.4%
2045	605,811	436,230	5,570,198	534.5%	222,837	160,460	2,048,899	534.5%
2046	531,381	382,635	5,401,001	590.9%	187,941	135,332	1,910,252	590.9%
2047	462,177	332,802	5,178,678	651.4%	157,178	113,180	1,761,173	651.4%
2048	398,601	287,023	4,876,036	711.2%	130,343	93,857	1,594,471	711.2%
2049	340,817	245,414	4,519,263	770.9%	107,161	77,164	1,420,967	770.9%
2050	288,925	208,048	4,147,354	834.5%	87,351	62,899	1,253,875	834.5%
2051	242,919	174,920	3,784,664	905.8%	70,617	50,850	1,100,214	905.8%
2052	202,589	145,880	3,424,780	982.8%	56,628	40,777	957,302	982.8%
2053	167,653	120,723	3,056,336	1059.8%	45,060	32,447	821,456	1059.8%
2054	137,682	99,141	2,692,521	1136.9%	35,582	25,621	695,839	1136.9%
2055	112,244	80,825	2,352,872	1218.7%	27,892	20,084	584,675	1218.7%
2056	90,911	65,463	2,048,774	1310.2%	21,722	15,642	489,528	1310.2%
2057	73,181	52,696	1,776,127	1411.0%	16,813	12,107	408,060	1411.0%
2058	58,577	42,180	1,527,850	1516.4%	12,940	9,318	337,518	1516.4%
2059	46,616	33,567	1,303,308	1625.4%	9,902	7,130	276,841	1625.4%
2060	36,895	26,567	1,106,675	1743.9%	7,535	5,426	226,032	1743.9%
2061	29,065	20,929	938,683	1877.6%	5,708	4,110	184,347	1877.6%
2062	22,798	16,416	793,731	2024.1%	4,305	3,100	149,884	2024.1%
2063	17,808	12,823	666,302	2175.2%	3,233	2,328	120,982	2175.2%
2064	13,839	9,965	553,885	2326.9%	2,416	1,740	96,702	2326.9%
2065	10,690	7,698	457,742	2489.3%	1,795	1,292	76,843	2489.3%
2066	8,206	5,909	377,762	2676.5%	1,325	954	60,977	2676.5%
2067	6,255	4,504	310,555	2886.5%	971	699	48,201	2886.5%
2068	4,734	3,409	252,837	3105.2%	706	509	37,733	3105.2%
2069	3,548	2,555	202,751	3322.5%	509	367	29,095	3322.5%
2070	2,627	1,892	160,477	3550.9%	363	261	22,143	3550.9%
2071	1,916	1,380	125,584	3811.0%	254	183	16,662	3811.0%
2072	1,373	989	96,993	4107.1%	175	126	12,373	4107.1%
2073	965	695	73,678	4437.0%	118	85	9,038	4437.0%
2074	664	478	54,810	4796.4%	78	56	6,465	4796.4%
2075	445	320	39,862	5207.5%	50	36	4,521	5207.5%
2076	285	206	28,291	5761.7%	31	22	3,085	5761.7%
Total	46,304,710	25,981,582	137,510,973	190.2%	30,751,959	15,360,706	59,294,660	128.6%
Grand Total	67,663,300	25,981,582	138,482,223	147.9%	55,826,338	15,360,706	60,405,246	84.9%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	32,379,276	13,056,600	45,435,876
Dual Loss Ratio Test Met	60,405,246	>	45,435,876

Historical Experience (Nationwide) as of 12/31/2019

Policy Series LTC09M

Incurred Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Loss Ratios
2009	648,329	0	0	0	0.0%
2010	6,471,665	83,394	0	83,394	1.3%
2011	19,640,320	388,589	0	388,589	2.0%
2012	43,629,383	567,410	23,914	591,324	1.4%
2013	69,958,287	901,512	16,532	918,044	1.3%
2014	84,567,542	2,140,938	680,743	2,821,681	3.3%
2015	86,836,665	3,415,333	678,611	4,093,944	4.7%
2016	86,982,736	1,922,009	642,693	2,564,703	2.9%
2017	85,185,962	4,608,705	2,597,102	7,205,806	8.5%
2018	83,689,709	2,930,640	5,765,849	8,696,489	10.4%
2019	82,203,226	1,016,354	8,647,680	9,664,033	11.8%
Total	649,813,824	17,974,884	19,053,124	37,028,008	5.7%

Mutual of Omaha Insurance Company

P.O. Box 64901
St. Paul, MN 55164-0901

MONTH, YEAR

POLICYHOLDER NAME
ADDRESS
CITY STATE ZIP CODE

RE: Policy/Certificate Number: XX-XXXXXX

Thank you for the opportunity to serve you. It has been our privilege to be your long-term care insurance provider.

As a mutual company, we exist for you, our customer. A big part of that is being good stewards of your trust. This means taking steps to assure that we can continue to offer you the same outstanding service you've come to expect from us, including being able to pay future claims**. Due to factors such as longer open claims and the rising cost of long-term care services, we need to adjust premiums.**

Premium adjustments are never welcome news and we do not take such actions lightly. This adjustment is being applied to every person in your state with the same policy form, issue age, partner status and benefit options. Details specific to your policy and premium adjustment are outlined below.

As a reminder, your policy is guaranteed renewable for life as long as your premiums are paid on time. This means you can continue your policy for as long as you live or until you have exhausted your policy benefits. However, the premium for your policy can change again in the future, but never more than once per year.

Insert Paragraph G – Additional Rate Adjustment for Multiple Year Increase
We know smaller increases are easier to work into your budget. Therefore, we will be implementing these premium adjustments over a period of [X] years to help. You will receive notice of an additional rate increase at least [60] days in advance of the change

The grid needs to display each increase for each insured's future rate increases)

CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	**INCREASE AMOUNT**	***PERCENT INCREASE***	EFFECTIVE DATE
$0,000.00	$0,000.00	**$000.00**	***0%***	00/00/00
$0,000.00	$0,000.00	**$000.00**	***0%***	00/00/00
$0,000.00	$0,000.00	**$000.00**	***0%***	00/00/00

*Premiums shown are subject to rounding errors but are within a dollar of the true premium in most cases.

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.

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. No payment is required 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. Please contact the organization processing your premium payment as you may be required to provide authorization for 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 immediately be 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 – Inflation Protection Benefit/Benefit Multiplier/Maximum Lifetime Benefit/Maximum Monthly Benefit/Elimination Period Change Offer
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. Please note, any adjustments made to the Inflation Protection Benefit may impact your policy's partnership eligibility including loss of Medicaid asset protection. Please consult with your agent or customer service to ensure that you don't lose partnership status.

Insert Paragraph D – No Offer
We know an increase in premium is never welcome 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/partner's policy.

If you wish to keep your policy conditions the same 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, you may:

- Reduce your benefit multiplier or maximum lifetime benefit
- Reduce your maximum daily or monthly benefit amount
- Increase your elimination period
- Adjust your inflation protection benefit (if applicable)

Please contact your agent or the Customer Care Center at <1-800-921-9334> for questions regarding your policy.

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 (the substantial premium increase requirement will not apply). See your policy or contact the Customer Care Center at the phone number above for additional details.

We’re honored you’ve chosen <UW COMPANY> as the company to help you have control over the care you receive and relieve the burden that may fall on family and loved ones. We look forward to serving you for years to come.

With our history of financial strength and our commitment to serving customers, you can be confident we will be there when you need us, just as we have for more than 100 years.

Sincerely,

Signature Block

Nationwide and State Distribution

In-Force by Issue Age Band

Issue Age Band	Nationwide
<20	0.0%
20-24	0.0%
25-29	0.1%
30-34	0.2%
35-39	0.6%
40-44	1.7%
45-49	4.3%
50-54	11.9%
55-59	25.8%
60-64	34.6%
65-69	16.3%
70-74	3.6%
75-80	0.8%

In-force by Inflation Option

Issue Age Band	Nationwide
3% Compound	47.3%
3.5% Compound	0.1%
4% Compound	3.4%
4.5% Compound	0.0%
5% 2 Years	0.1%
5% 20 Years	8.4%
5% 3 Years	0.1%
5% 4 Years	0.0%
5% Compound	21.8%
No Inflation	18.7%

In-force by Benefit Period

Issue Age Band	Nationwide
1 Years	0.0%
2 Years	8.8%
3 Years	47.8%
4 Years	15.4%
5 Years	21.6%
6 Years	2.2%
8 Years	1.2%
Lifetime	3.1%

In-force by Marital Status

Issue Age Band	Nationwide
Married	18.8%
Shared Care	25.8%
Single	15.1%
Spouse	40.3%

Mutual of Omaha Insurance Company

3300 Mutual of Omaha Plaza, Omaha, NE 68175

ACTUARIAL JUSTIFICATION OF PREMIUM RATES

Policy Series LTC09M

Virginia

1. PURPOSE OF FILING

This is a rate increase filing for the above captioned Long-Term Care policy forms. 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. A list of policy forms are displayed in Exhibit 1. 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.

These forms are individual, guaranteed renewable policies with issue age premiums. These policies were fully underwritten and sold by agents and brokers. The issue age limits, years of issue, and underwriting classes are also displayed in Exhibit 1.

The proposed rate increase applies to in-force policies only as these forms are no longer being marketed.

The number of policyholders and the annualized inforce premium, as of December 31, 2019, 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, as shown below:

As stated in the original pricing Actuarial Memorandum, a loss ratio would increase by 10% if one of the following occurred:

a) Morbidity 10% higher than expected
b) Mortality 10% lower than expected
c) Lapses 25 basis points lower than expected
d) Investment Earnings 25 basis points lower than expected

Sensitivity testing of these key pricing assumptions was performed. These results were shared with senior management. The management strategy for this product line is to accept lower returns in the event of adverse experience up to the impact of profitability associated with the moderately adverse condition. Any combination of adverse experience that lowers expected profit by more than any individual factor listed above is subject to extensive review that may or may not result in rate changes.

It was determined that a rate increase was necessary due to higher anticipated future and lifetime loss ratios. The higher anticipated lifetime loss ratios are a result of a combination of insureds keeping their policies longer and longer claim continuance affecting higher inflation and longer benefit periods. The Moderately Adverse Conditions that triggered are a combination of adverse experience increasing the anticipated lifetime loss ratio more than 10%.

Justification for the Moderately Adverse Conditions that triggered, displayed above, is displayed in Exhibit 3.

4. RATE INCREASE HISTORY

The nationwide and State rate increase history for these forms is displayed in Exhibit 4.

5. PROJECTION ASSUMPTIONS

The updated assumptions, which are consistent with the assumptions used for pricing our forms currently available for sale, are summarized below:

Interest

A 4.0% 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. The statutory prescribed interest rate of 3.5% is used in the pricing of our current product.

Distribution

Actual demographics and policy distributions are included in Exhibit 5.

Lapse Rates

The company reviews its persistency assumptions on a yearly basis to monitor 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 6A contains our actual experience and revised assumptions.

Mortality

Mortality rates are derived using the 2012 AIM Basic table with gender distinct rates adjusted for experience with selection factors grading from 30% to 100% over 12 years. Generational mortality improvement of Scale G2 are assumed but is something that we will continue to monitor closely as we gain more experience to ensure that it remains an appropriate assumption.

Exhibit 6B contains our actual experience and revised assumptions. Mutual of Omaha's LTCi business is used in this analysis.

Morbidity

The Milliman 2017 Guidelines now serves as the morbidity basis. Milliman claim costs are created from data contributed by LTC insurance companies that agreed to provide claim datasets. The datasets consisted of more than 49 million life years of exposure and over $50 billion of incurred claims. In 2019, Mutual of Omaha performed a comprehensive claim study on the policy forms mentioned in this filing. Below are our key findings.

> Overall, Mutual of Omaha's claim costs align with Milliman claim costs. Some adjustments were made to the Milliman Guidelines based off of the actual to expected analysis. We will continue to reflect our experience as we gain credibility. Generational morbidity improvement of 1% per year and future morbidity improvement of 1% per year for 20 years are assumed but is something that we will continue to monitor closely as we gain more experience to ensure that it remains an appropriate assumption.

Rate increase

The proposed rate increase amounts, as noted in Section 9, assume a February 1, 2023, effective date for all policies.

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 @ 4.0%. 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:

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 December 31, 2019, is shown in Exhibit 7A.

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 nationwide lifetime experience, which has been projected using the assumptions described in Section 5 along with a 10% claims PAD for moderately adverse experience, is shown in Exhibit 8A and demonstrates that the Dual Loss Ratio Test has been satisfied.

9. SUMMARY OF PROPOSED RATE INCREASE

The total revised Virginia increase for LTCi policy series LTC09M will range from 6.00% to 96.59%, with an overall average increase of 72.00%. The proposed rate increase will vary by benefit period, inflation option, spouse discount, cash benefit, and Issue Age. The revised Virginia rate increase will be implemented over a three-year period, as summarized below:

2023

The proposed rate increase for 2023 will range from 0.00% to 28.00%, with an average increase of 25.66%.

2024

The proposed rate increase for 2024 will range from 6.00% to 17.45%, with an average increase of 13.08%.

2025

The proposed rate increase for 2025 will range from 0.0% to 30.77%, with an average increase of 21.05%.

The target implementation date of the 2023 premium increase is February 1, 2023, and each subsequent rate increase will be implemented 12 months after the initial rate increase.

These premiums were set by the following process:

- Calculate the premium necessary to achieve the allowed lifetime loss ratio based on Model Regulation 641, using the updated assumptions previously outlined.
- Analyze the determine the rate increases necessary at a policy level with changes being implemented for benefit period, inflation options, marital status discounts and cash benefit charges to match the lifetime loss ratio determined in the step above.
- Calculate 138% of the current premium in each future year of a rate increase. (This limits the annual impact to an individual policyholder to 38%.)
- 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 5 for a summary of the requested increases by various splits.

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, which will be offered to all policyholders.

In addition, policyholders will be encouraged to contact our Customer Service Department to find the best option to maintain affordable coverage.

Joshua Weber, FSA, MAAA
Product Director and Actuary
Mutual of Omaha Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

Phone: (402) 351-3038
E-Mail: joshua.weber@mutualofomaha.com

September 12, 2022

Attachments:

Attachment A – Actuarial Certification

Exhibit 1 – Benefit Summary
Exhibit 2 – Policies In-Force, Annualized Premium and Average Annual Premium
Exhibit 3 – Moderately Adverse Trigger Justification
Exhibit 4 – Rate Increase History
Exhibit 5 – Rate Increase Splits
Exhibit 6A – Actual to Revised (Lapse Rates)
Exhibit 6B – Actual to Revised (Mortality)
Exhibit 7A – Nationwide Historical Experience
Exhibit 8A – Nationwide Lifetime Experience Projection
Exhibit 8B – Virginia Lifetime Experience Projection
Exhibit 9 – Side by Side Comparison

Policies In-Force as of 12/31/2019, Annualized Premium and Average Annual Premium

Policy Series LTC09M

				Average Annual Premium		
Year of Increase	State	In-Force	Annualized Premium	Before Increase	Overall Increase Amount	After Increase
2022	National	35,620	84,539,188	2,373	28.44%	3,048
	Virginia	1,163	2,650,071	2,279	0.00%	2,279
2023	National			3,048	14.81%	3,500
	Virginia			2,279	25.66%	2,863
2024	National			3,500	20.78%	4,227
	Virginia			2,863	13.08%	3,238
2025	National			4,227	0.00%	4,227
	Virginia			3,238	21.05%	3,919

Lifetime Experience (Nationwide) as of 12/31/2019

Policy Series LTC09M

	Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	Increased Premium	Incurred Claims	Loss Ratios	Original Premium	Increased Premium	Incurred Claims	Loss Ratios
2009	648,329	0	0	0.0%	978,690	0	0	0.0%
2010	6,471,665	0	83,394	1.3%	9,393,615	0	121,046	1.3%
2011	19,640,320	0	388,589	2.0%	27,411,446	0	542,343	2.0%
2012	43,629,383	0	591,324	1.4%	58,550,299	0	793,552	1.4%
2013	69,958,287	0	918,044	1.3%	90,272,583	0	1,184,624	1.3%
2014	84,567,542	0	2,821,681	3.3%	104,926,956	0	3,500,993	3.3%
2015	86,836,665	0	4,093,944	4.7%	103,598,427	0	4,884,183	4.7%
2016	86,982,736	0	2,564,703	2.9%	99,781,437	0	2,942,075	2.9%
2017	85,185,962	0	7,205,806	8.5%	93,961,811	0	7,948,148	8.5%
2018	83,689,709	0	8,696,489	10.4%	88,760,975	0	9,223,462	10.4%
2019	82,203,226	0	9,664,033	11.8%	83,831,171	0	9,855,419	11.8%
Total	649,813,824	0	37,028,008	5.7%	761,467,411	0	40,995,845	5.4%
2020	80,368,739	0	14,075,244	17.5%	78,808,033	0	13,801,912	17.5%
2021	78,210,589	0	18,075,777	23.1%	73,742,108	0	17,043,037	23.1%
2022	75,547,230	0	21,871,978	29.0%	68,491,266	0	19,829,178	29.0%
2023	73,526,958	17,294,766	26,000,018	28.6%	64,095,850	15,076,412	22,665,065	28.6%
2024	71,765,674	29,227,743	30,569,194	30.3%	60,154,309	24,498,825	25,623,235	30.3%
2025	69,857,412	48,561,379	35,739,661	30.2%	56,302,688	39,138,813	28,804,946	30.2%
2026	67,946,066	48,926,335	41,583,769	35.6%	52,655,969	37,916,302	32,226,055	35.6%
2027	65,987,800	47,516,234	48,131,532	42.4%	49,171,516	35,407,231	35,865,727	42.4%
2028	63,940,308	46,041,884	55,347,062	50.3%	45,813,275	32,989,042	39,656,208	50.3%
2029	61,789,843	44,493,386	63,298,226	59.6%	42,569,678	30,653,406	43,608,868	59.6%
2030	59,521,460	42,859,978	72,042,639	70.4%	39,429,703	28,392,385	47,724,298	70.4%
2031	57,140,121	41,145,232	81,497,918	82.9%	36,396,343	26,208,135	51,911,444	82.9%
2032	54,661,138	39,360,176	91,363,878	97.2%	33,478,187	24,106,840	55,957,433	97.2%
2033	52,099,951	37,515,927	101,331,807	113.1%	30,682,252	22,093,555	59,675,450	113.1%
2034	49,454,566	35,611,048	111,349,270	130.9%	28,004,187	20,165,145	63,052,739	130.9%
2035	46,739,078	33,655,691	121,682,836	151.4%	25,448,570	18,324,906	66,254,070	151.4%
2036	43,955,941	31,651,621	132,226,293	174.9%	23,012,695	16,570,891	69,225,759	174.9%
2037	41,126,812	29,614,432	142,149,811	200.9%	20,703,397	14,908,020	71,558,767	200.9%
2038	38,265,040	27,553,739	150,322,937	228.4%	18,521,894	13,337,172	72,762,645	228.4%
2039	35,397,826	25,489,127	156,542,336	257.1%	16,475,040	11,863,282	72,858,746	257.1%
2040	32,548,969	23,437,733	162,224,228	289.8%	14,566,452	10,488,953	72,599,271	289.8%
2041	29,722,795	21,402,673	167,782,174	328.2%	12,790,068	9,209,821	72,198,641	328.2%
2042	26,944,222	19,401,889	171,562,072	370.2%	11,148,476	8,027,751	70,985,746	370.2%
2043	24,240,454	17,454,970	172,298,376	413.2%	9,644,002	6,944,415	68,548,461	413.2%
2044	21,637,846	15,580,894	170,043,109	456.9%	8,277,462	5,960,402	65,049,240	456.9%
2045	19,162,172	13,798,221	165,845,337	503.2%	7,048,465	5,075,431	61,003,270	503.2%
2046	16,832,560	12,120,723	160,681,954	555.0%	5,953,422	4,286,917	56,830,779	555.0%
2047	14,662,053	10,557,793	154,110,692	611.1%	4,986,295	3,590,511	52,410,215	611.1%
2048	12,665,888	9,120,403	145,454,820	667.6%	4,141,765	2,982,386	47,563,954	667.6%
2049	10,847,845	7,811,274	135,034,217	723.7%	3,410,829	2,456,056	42,458,077	723.7%
2050	9,212,395	6,633,625	123,917,885	782.0%	2,785,196	2,005,553	37,464,259	782.0%
2051	7,760,064	5,587,837	113,054,470	847.0%	2,255,876	1,624,402	32,865,296	847.0%
2052	6,483,867	4,668,877	102,358,494	917.8%	1,812,385	1,305,055	28,611,483	917.8%
2053	5,376,799	3,871,704	91,561,511	990.0%	1,445,130	1,040,604	24,609,120	990.0%
2054	4,425,154	3,186,447	80,837,136	1062.0%	1,143,611	823,487	20,891,071	1062.0%
2055	3,615,808	2,603,657	70,707,068	1136.9%	898,508	646,994	17,570,304	1136.9%
2056	2,935,639	2,113,883	61,622,567	1220.4%	701,432	505,085	14,723,901	1220.4%
2057	2,368,773	1,705,697	53,503,721	1313.1%	544,218	391,879	12,292,317	1313.1%
2058	1,901,162	1,368,982	46,171,115	1411.9%	419,987	302,422	10,199,686	1411.9%
2059	1,517,236	1,092,525	39,518,194	1514.2%	322,282	232,068	8,394,217	1514.2%
2060	1,204,361	867,232	33,638,583	1623.8%	245,984	177,127	6,870,486	1623.8%
2061	951,686	685,287	28,609,425	1747.7%	186,900	134,583	5,618,567	1747.7%
2062	748,763	539,167	24,281,093	1885.3%	141,393	101,814	4,585,126	1885.3%
2063	586,823	422,557	20,490,360	2030.0%	106,551	76,725	3,720,483	2030.0%
2064	457,634	329,531	17,118,567	2174.7%	79,898	57,532	2,988,710	2174.7%
2065	354,857	255,524	14,201,164	2326.6%	59,571	42,896	2,384,004	2326.6%
2066	273,448	196,904	11,760,851	2500.4%	44,139	31,784	1,898,403	2500.4%
2067	209,260	150,683	9,707,309	2696.9%	32,479	23,387	1,506,660	2696.9%
2068	159,046	114,525	7,947,226	2905.0%	23,736	17,092	1,186,038	2905.0%
2069	119,733	86,217	6,409,767	3112.3%	17,182	12,372	919,797	3112.3%
2070	89,100	64,159	5,097,822	3326.3%	12,294	8,853	703,398	3326.3%
2071	65,336	47,047	4,006,923	3565.4%	8,668	6,242	531,611	3565.4%
2072	47,110	33,923	3,107,592	3835.0%	6,010	4,328	396,437	3835.0%
2073	33,361	24,022	2,371,679	4133.1%	4,092	2,947	290,919	4133.1%
2074	23,128	16,654	1,773,518	4458.2%	2,728	1,964	209,179	4458.2%
2075	15,626	11,252	1,296,573	4823.8%	1,772	1,276	147,044	4823.8%
2076	10,163	7,318	925,234	5292.7%	1,108	798	100,895	5292.7%
Total	1,447,513,688	813,890,507	4,096,235,015	181.1%	959,227,328	480,252,271	1,761,432,648	122.4%
Grand Total	2,097,327,513	813,890,507	4,133,263,023	142.0%	1,720,694,739	480,252,271	1,802,428,492	81.9%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	998,002,949	408,214,431	1,406,217,379
Dual Loss Ratio Test Met	1,802,428,492	>	1,406,217,379

There is a need to increase premiums on certain policy series to reflect that future claims are expected to be significantly higher than originally expected. Claims are significantly higher due to insureds both keeping their policies longer and staying on claim longer than expected when the policy was originally priced.

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

Company Name and NAIC Number: Mutual of Omaha Insurance Company (71412)

SERFF Tracking Number: MUTA-133092595

Revised Rates

Average Annual Premium Per Member: 2,279

Average Requested Percentage Rate Change Per Member: 72.0%

Range of Requested Rate Changes: 6.0% - 96.6%

Number of Virginia Policyholders Affected: 1,163

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
LTC09M-AG, LTC09M-5ML, LTC09M-10ML		2009-2016	Please refer to Exhibit 4, attached to the Actuarial Memorandum.	Please refer to the Actuarial Memorandum.

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

This document is prepared by the carrier to help explain the requested rate change and 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 at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	39.56	45.43	51.40	57.45	69.82	82.56
36	34.09	40.05	46.07	52.14	58.27	70.70	83.36
37	34.43	40.55	46.71	52.88	59.09	71.57	84.16
38	34.75	41.07	47.37	53.63	59.87	72.26	84.55
39	35.06	41.56	48.00	54.36	60.65	73.03	85.14
40	35.36	42.03	48.60	55.07	61.45	73.89	85.94
41	35.70	42.52	49.23	55.82	62.29	74.86	86.96
42	36.03	43.02	49.88	56.60	63.19	75.96	88.19
43	36.58	43.70	50.69	57.53	64.23	77.21	89.63
44	37.21	44.48	51.61	58.59	65.42	78.65	91.29
45	37.93	45.37	52.65	59.78	66.76	80.27	93.18
46	38.77	46.38	53.84	61.14	68.28	82.10	95.30
47	39.74	47.56	55.21	62.70	70.02	84.17	97.67
48	41.01	49.17	57.12	64.89	72.45	87.00	100.76
49	42.31	50.81	59.07	67.10	74.90	89.79	103.76
50	43.61	52.47	61.05	69.36	77.40	92.65	106.80
51	44.98	54.23	63.15	71.75	80.03	95.60	109.86
52	46.42	56.11	65.41	74.33	82.85	98.75	113.10
53	47.78	57.85	67.48	76.68	85.45	101.69	116.19
54	49.28	59.76	69.76	79.27	88.31	104.94	119.65
55	50.98	61.90	72.30	82.17	91.51	108.62	123.61
56	52.93	64.36	75.20	85.48	95.18	112.87	128.27
57	55.20	67.18	78.54	89.29	99.42	117.82	133.75
58	57.39	69.90	81.76	92.98	103.55	122.78	139.43
59	60.01	73.23	85.77	97.62	108.79	129.07	146.61
60	63.20	77.33	90.72	103.38	115.29	136.90	155.55
61	67.04	82.26	96.68	110.30	123.12	146.35	166.37
62	71.61	88.13	103.77	118.54	132.44	157.61	179.29
63	77.89	96.01	113.17	129.35	144.57	172.11	195.78
64	84.56	104.33	123.04	140.69	157.28	187.27	213.01
65	92.44	114.06	134.51	153.81	171.96	204.77	232.94
66	105.80	130.42	153.73	175.74	196.44	233.91	266.16
67	116.88	143.79	169.29	193.39	216.09	257.27	292.83
68	133.50	162.49	190.23	216.73	241.98	288.75	330.53
69	150.44	182.02	212.39	241.52	269.44	321.61	368.88
70	168.15	202.87	236.26	268.34	299.10	356.66	408.94
71	187.03	225.45	262.35	297.73	331.60	394.76	451.84
72	207.48	250.23	291.17	330.29	367.60	436.76	498.66
73	227.31	276.25	322.66	366.54	407.89	482.99	547.97
74	249.32	305.64	358.55	408.07	454.19	536.23	604.68
75	274.22	339.18	399.74	455.91	507.67	598.00	670.73
76	302.67	377.63	447.08	511.02	569.46	669.82	748.17
77	335.41	421.78	501.46	574.44	640.74	753.24	838.98
78	373.10	472.38	563.73	647.14	722.61	849.74	945.12
79	416.45	530.23	634.80	730.15	816.29	960.90	1,068.65
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,213.10
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,382.10
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,580.36
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	1,810.45
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,077.89
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,389.25
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	2,752.35
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,176.45

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML).

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MC3M	0MC4M									
Issue Age	Simple Inflation 5%	Compound Inflation -- Lifetime with Buy-Up Option **to age 85**					Compound Inflation -- Lifetime with Buy-Up Option **to age 65**				
		5%	4.5%	4%	3.5%	3%	5%	4.5%	4%	3.5%	3%
18-35	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
36	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
37	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
38	1.82	2.96	2.66	2.35	2.10	1.85	2.96	2.66	2.34	2.09	1.84
39	1.82	2.93	2.65	2.35	2.10	1.85	2.93	2.65	2.34	2.09	1.84
40	1.82	2.90	2.64	2.35	2.10	1.85	2.90	2.64	2.34	2.09	1.84
41	1.82	2.87	2.61	2.35	2.10	1.85	2.87	2.61	2.34	2.09	1.84
42	1.82	2.85	2.57	2.32	2.09	1.85	2.85	2.57	2.31	2.08	1.84
43	1.81	2.80	2.54	2.31	2.08	1.84	2.80	2.54	2.30	2.07	1.83
44	1.81	2.75	2.51	2.28	2.06	1.83	2.75	2.51	2.27	2.06	1.82
45	1.80	2.73	2.49	2.26	2.04	1.82	2.73	2.49	2.25	2.04	1.81
46	1.79	2.68	2.45	2.23	2.03	1.81	2.68	2.45	2.23	2.03	1.80
47	1.78	2.64	2.42	2.21	2.01	1.80	2.64	2.42	2.21	2.01	1.79
48	1.78	2.60	2.39	2.17	1.98	1.76	2.60	2.39	2.17	1.97	1.75
49	1.77	2.56	2.33	2.12	1.92	1.73	2.56	2.32	2.11	1.91	1.72
50	1.77	2.49	2.28	2.08	1.89	1.70	2.49	2.27	2.07	1.88	1.68
51	1.76	2.44	2.24	2.05	1.86	1.67	2.44	2.23	2.04	1.85	1.66
52	1.76	2.40	2.20	2.00	1.81	1.64	2.40	2.20	1.99	1.79	1.62
53	1.74	2.36	2.16	1.97	1.79	1.63	2.36	2.16	1.96	1.77	1.61
54	1.74	2.31	2.12	1.94	1.78	1.62	2.31	2.11	1.93	1.76	1.59
55	1.73	2.26	2.09	1.93	1.76	1.61	2.26	2.08	1.91	1.74	1.58
56	1.73	2.23	2.08	1.92	1.75	1.59	2.23	2.07	1.90	1.73	1.56
57	1.71	2.20	2.05	1.89	1.72	1.56	2.20	2.04	1.87	1.70	1.53
58	1.70	2.19	2.04	1.88	1.71	1.55	2.19	2.03	1.86	1.68	1.52
59	1.70	2.19	2.03	1.87	1.71	1.55	2.19	2.02	1.84	1.68	1.51
60	1.70	2.18	2.02	1.85	1.70	1.55	2.18	2.01	1.83	1.67	1.51
61	1.69	2.16	2.01	1.84	1.69	1.53	2.16	1.99	1.82	1.65	1.49
62	1.69	2.15	2.00	1.84	1.68	1.53	2.15	1.98	1.82	1.65	1.49
63	1.68	2.12	1.98	1.83	1.68	1.53	2.12	1.96	1.80	1.65	1.49
64	1.68	2.08	1.96	1.82	1.67	1.52	2.08	1.94	1.79	1.63	1.47
65	1.67	2.03	1.92	1.80	1.66	1.52	2.03	1.91	1.77	1.62	1.47
66	1.66	1.99	1.89	1.78	1.65	1.50	1.99	1.88	1.75	1.61	1.46
67	1.65	1.93	1.85	1.75	1.62	1.49	1.93	1.84	1.73	1.59	1.45
68	1.63	1.86	1.78	1.71	1.59	1.47	1.86	1.77	1.69	1.56	1.43
69	1.62	1.80	1.73	1.66	1.56	1.46	1.80	1.72	1.64	1.53	1.42
70	1.61	1.72	1.67	1.62	1.53	1.43	1.72	1.66	1.60	1.50	1.40
71	1.59	1.66	1.62	1.57	1.49	1.41	1.66	1.61	1.55	1.47	1.38
72	1.57	1.61	1.57	1.52	1.46	1.40	1.61	1.56	1.50	1.44	1.37
73	1.55	1.57	1.54	1.49	1.44	1.39	1.57	1.53	1.48	1.42	1.36
74	1.53	1.54	1.51	1.47	1.43	1.37	1.54	1.50	1.46	1.41	1.35
75	1.50	1.51	1.49	1.45	1.41	1.36	1.51	1.48	1.44	1.39	1.34
76	1.47	1.48	1.47	1.44	1.40	1.35	1.48	1.46	1.43	1.38	1.33
77	1.44	1.45	1.43	1.42	1.38	1.34	1.45	1.43	1.41	1.37	1.32
78	1.42	1.43	1.41	1.40	1.36	1.33	1.43	1.41	1.39	1.35	1.31
79	1.39	1.40	1.39	1.38	1.35	1.31	1.40	1.39	1.37	1.34	1.30
80	1.37	1.38	1.37	1.36	1.34	1.30	1.38	1.37	1.35	1.33	1.29
81	1.35	1.36	1.35	1.33	1.33	1.29	1.36	1.35	1.33	1.32	1.28
82	1.33	1.34	1.33	1.31	1.30	1.28	1.34	1.33	1.31	1.30	1.27
83	1.31	1.32	1.31	1.29	1.28	1.26	1.32	1.31	1.29	1.28	1.26
84	1.30	1.31	1.30	1.28	1.27	1.25	1.31	1.30	1.28	1.27	1.25
85	1.29	1.30	1.29	1.27	1.26	1.24	1.30	1.29	1.27	1.26	1.24
86	1.28	1.29	1.28	1.26	1.25	1.23	1.29	1.28	1.26	1.25	1.23
87	1.27	1.28	1.27	1.25	1.24	1.22	1.28	1.27	1.25	1.24	1.22

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MF0M					0MC5M	0MC7M			0MC9M	0MC8M
Issue	Compound Inflation Protection -- Lifetime					5% Compound Inflation for 20	Compound Inflation (at 5%) with Maximum Increase Cap			Graded Compound Inflation	
Age	5%	4.5%	4%	3.5%	3%	Years	2X	3X	4X	5%/3%/0%	3%/0%
18-35	2.99	2.64	2.29	2.02	1.76	1.84	1.65	1.92	2.21	2.52	1.71
36	2.99	2.64	2.29	2.02	1.76	1.84	1.65	1.92	2.21	2.46	1.71
37	2.99	2.64	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.40	1.70
38	2.96	2.63	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.34	1.70
39	2.93	2.62	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.28	1.69
40	2.90	2.61	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.23	1.69
41	2.87	2.58	2.29	2.02	1.76	1.82	1.63	1.90	2.19	2.17	1.68
42	2.85	2.54	2.26	2.01	1.76	1.81	1.62	1.89	2.18	2.11	1.68
43	2.80	2.51	2.25	2.00	1.75	1.81	1.62	1.89	2.18	2.05	1.67
44	2.75	2.48	2.22	1.99	1.74	1.79	1.61	1.88	2.16	1.99	1.67
45	2.73	2.46	2.20	1.97	1.73	1.79	1.61	1.88	2.16	1.94	1.66
46	2.68	2.42	2.18	1.96	1.72	1.79	1.60	1.87	2.16	1.88	1.66
47	2.64	2.39	2.16	1.94	1.71	1.79	1.60	1.87	2.16	1.82	1.65
48	2.60	2.36	2.12	1.91	1.68	1.79	1.60	1.87	2.16	1.78	1.62
49	2.56	2.30	2.07	1.85	1.65	1.79	1.60	1.87	2.16	1.74	1.58
50	2.49	2.25	2.03	1.83	1.62	1.79	1.60	1.87	2.16	1.69	1.55
51	2.44	2.21	2.00	1.80	1.60	1.79	1.60	1.87	2.16	1.65	1.52
52	2.40	2.18	1.96	1.75	1.57	1.79	1.60	1.87	2.16	1.61	1.49
53	2.36	2.14	1.93	1.73	1.56	1.79	1.60	1.87	2.16	1.57	1.45
54	2.31	2.10	1.90	1.72	1.55	1.79	1.60	1.87	2.16	1.53	1.42
55	2.26	2.07	1.89	1.71	1.54	1.78	1.59	1.86	2.15	1.48	1.39
56	2.23	2.06	1.88	1.70	1.53	1.78	1.59	1.86	2.15	1.44	1.35
57	2.20	2.03	1.85	1.67	1.50	1.76	1.58	1.84	2.15	1.40	1.32
58	2.19	2.02	1.84	1.66	1.49	1.76	1.58	1.83	2.15	1.37	1.31
59	2.19	2.01	1.83	1.66	1.49	1.76	1.58	1.83	2.15	1.35	1.31
60	2.18	2.00	1.82	1.65	1.49	1.76	1.58	1.83	2.15	1.32	1.30
61	2.16	1.99	1.81	1.64	1.48	1.75	1.57	1.82	2.14	1.30	1.30
62	2.15	1.98	1.81	1.64	1.48	1.75	1.57	1.82	2.14	1.29	1.29
63	2.12	1.96	1.80	1.64	1.48	1.71	1.53	1.78	2.11	1.28	1.28
64	2.08	1.94	1.79	1.63	1.47	1.68	1.51	1.75	2.07	1.28	1.28
65	2.03	1.91	1.77	1.62	1.47	1.66	1.50	1.73	2.02	1.27	1.27
66	1.99	1.88	1.75	1.61	1.46	1.64	1.49	1.70	1.98	1.27	1.27
67	1.93	1.84	1.73	1.59	1.45	1.62	1.47	1.68	1.92	1.26	1.26
68	1.86	1.77	1.69	1.56	1.43	1.61	1.47	1.67	1.85	1.23	1.23
69	1.80	1.72	1.64	1.53	1.42	1.61	1.47	1.67	1.79	1.20	1.20
70	1.72	1.66	1.60	1.50	1.40	1.61	1.46	1.67	1.71	1.16	1.16
71	1.66	1.61	1.55	1.47	1.38	1.61	1.46	1.64	1.66	1.13	1.13
72	1.61	1.56	1.50	1.44	1.37	1.59	1.45	1.60	1.61	1.09	1.09
73	1.57	1.53	1.48	1.42	1.36	1.56	1.43	1.56	1.57	1.06	1.06
74	1.54	1.50	1.46	1.41	1.35	1.53	1.41	1.53	1.54	1.03	1.03
75	1.51	1.48	1.44	1.39	1.34	1.50	1.38	1.50	1.51	1.00	1.00
76	1.48	1.46	1.43	1.38	1.33	1.47	1.36	1.47	1.48	1.00	1.00
77	1.45	1.43	1.41	1.37	1.32	1.44	1.35	1.44	1.45	1.00	1.00
78	1.43	1.41	1.39	1.35	1.31	1.42	1.33	1.42	1.43	1.00	1.00
79	1.40	1.39	1.37	1.34	1.30	1.39	1.31	1.39	1.40	1.00	1.00
80	1.38	1.37	1.35	1.33	1.29	1.37	1.30	1.37	1.38	1.00	1.00
81	1.36	1.35	1.33	1.32	1.28	1.35	1.28	1.35	1.36	1.00	1.00
82	1.34	1.33	1.31	1.30	1.27	1.33	1.27	1.33	1.34	1.00	1.00
83	1.32	1.31	1.29	1.28	1.26	1.31	1.25	1.31	1.32	1.00	1.00
84	1.31	1.30	1.28	1.27	1.25	1.30	1.24	1.30	1.31	1.00	1.00
85	1.30	1.29	1.27	1.26	1.24	1.29	1.24	1.29	1.30	1.00	1.00
86	1.29	1.28	1.26	1.25	1.23	1.28	1.23	1.28	1.29	1.00	1.00
87	1.28	1.27	1.25	1.24	1.22	1.27	1.22	1.27	1.28	1.00	1.00

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Compa

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0MG1M

Factor	1.005

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.010
75%	1.013
100%	1.015

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.015
75%	1.018
100%	1.020

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.127
75%	1.130
100%	1.132

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit

Form:	LTC09M						
	Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue	Benefit Period						
Age	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
18-35	33.77	39.56	45.43	51.40	57.45	69.82	82.56
36	34.09	40.05	46.07	52.14	58.27	70.70	83.36
37	34.43	40.55	46.71	52.88	59.09	71.57	84.16
38	34.75	41.07	47.37	53.63	59.87	72.26	84.55
39	35.06	41.56	48.00	54.36	60.65	73.03	85.14
40	35.36	42.03	48.60	55.07	61.45	73.89	85.94
41	35.70	42.52	49.23	55.82	62.29	74.86	86.96
42	36.03	43.02	49.88	56.60	63.19	75.96	88.19
43	36.58	43.70	50.69	57.53	64.23	77.21	89.63
44	37.21	44.48	51.61	58.59	65.42	78.65	91.29
45	37.93	45.37	52.65	59.78	66.76	80.27	93.18
46	38.77	46.38	53.84	61.14	68.28	82.10	95.30
47	39.74	47.56	55.21	62.70	70.02	84.17	97.67
48	41.01	49.17	57.12	64.89	72.45	87.00	100.76
49	42.31	50.81	59.07	67.10	74.90	89.79	103.76
50	43.61	52.47	61.05	69.36	77.40	92.65	106.80
51	44.98	54.23	63.15	71.75	80.03	95.60	109.86
52	46.42	56.11	65.41	74.33	82.85	98.75	113.10
53	47.78	57.85	67.48	76.68	85.45	101.69	116.19
54	49.28	59.76	69.76	79.27	88.31	104.94	119.65
55	50.98	61.90	72.30	82.17	91.51	108.62	123.61
56	52.93	64.36	75.20	85.48	95.18	112.87	128.27
57	55.20	67.18	78.54	89.29	99.42	117.82	133.75
58	57.39	69.90	81.76	92.98	103.55	122.78	139.43
59	60.01	73.23	85.77	97.62	108.79	129.07	146.61
60	63.20	77.33	90.72	103.38	115.29	136.90	155.55
61	67.04	82.26	96.68	110.30	123.12	146.35	166.37
62	71.61	88.13	103.77	118.54	132.44	157.61	179.29
63	77.89	96.01	113.17	129.35	144.57	172.11	195.78
64	84.56	104.33	123.04	140.69	157.28	187.27	213.01
65	92.44	114.06	134.51	153.81	171.96	204.77	232.94
66	105.80	130.42	153.73	175.74	196.44	233.91	266.16
67	116.88	143.79	169.29	193.39	216.09	257.27	292.83
68	133.50	162.49	190.23	216.73	241.98	288.75	330.53
69	150.44	182.02	212.39	241.52	269.44	321.61	368.88
70	168.15	202.87	236.26	268.34	299.10	356.66	408.94
71	187.03	225.45	262.35	297.73	331.60	394.76	451.84
72	207.48	250.23	291.17	330.29	367.60	436.76	498.66
73	227.31	276.25	322.66	366.54	407.89	482.99	547.97
74	249.32	305.64	358.55	408.07	454.19	536.23	604.68
75	274.22	339.18	399.74	455.91	507.67	598.00	670.73
76	302.67	377.63	447.08	511.02	569.46	669.82	748.17
77	335.41	421.78	501.46	574.44	640.74	753.24	838.98
78	373.10	472.38	563.73	647.14	722.61	849.74	945.12
79	416.45	530.23	634.80	730.15	816.29	960.90	1,068.65
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,213.10
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,382.10
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,580.36
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	1,810.45
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,077.89
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,389.25
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	2,752.35
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,176.45

Premiums for 80+ are only for coverage increases.
Rates for benefit periods not shown in the table are interpolated.

Premium Allowances:
35% Spouse Allowance for two insureds, or
15% Married Allowance for one married insured, or
10% Two Person Household Allowance

Group Rates: Policy forms LTC09M [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09M-5ML). Multiple poilcy owner / producer - 5%.

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Rider 0MA0M: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

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

Class	Factor	Class	Factor
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.

Modal Loads	Factor
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 Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0NB6M	0NB3M									
	Simple	Compound Inflation -- Lifetime with Buy-Up Option **to**					Compound Inflation -- Lifetime with Buy-Up Option **to**				
Issue	Inflation	**age 85**					**age 65**				
Age	5%	5%	4.5%	4%	3.5%	3%	5%	4.5%	4%	3.5%	3%
18-35	1.91	3.88	3.31	2.78	2.36	1.97	3.88	3.31	2.77	2.35	1.96
36	1.91	3.88	3.31	2.77	2.36	1.97	3.88	3.31	2.77	2.35	1.96
37	1.91	3.88	3.31	2.77	2.35	1.96	3.88	3.31	2.77	2.35	1.96
38	1.94	3.90	3.35	2.81	2.38	1.98	3.90	3.35	2.80	2.37	1.97
39	1.96	3.93	3.39	2.85	2.41	2.01	3.93	3.38	2.84	2.40	2.00
40	1.99	3.95	3.43	2.89	2.44	2.03	3.95	3.42	2.88	2.43	2.02
41	2.02	3.97	3.43	2.93	2.47	2.05	3.97	3.43	2.92	2.47	2.05
42	2.04	4.00	3.43	2.92	2.49	2.07	4.00	3.43	2.92	2.48	2.06
43	2.06	3.99	3.44	2.95	2.51	2.09	3.99	3.44	2.95	2.50	2.08
44	2.08	3.98	3.44	2.95	2.53	2.10	3.98	3.44	2.94	2.52	2.09
45	2.10	4.01	3.46	2.97	2.53	2.12	4.01	3.46	2.96	2.52	2.11
46	2.11	3.99	3.46	2.98	2.55	2.12	3.99	3.46	2.97	2.54	2.11
47	2.13	3.99	3.46	2.99	2.55	2.13	3.99	3.45	2.98	2.54	2.12
48	2.17	3.97	3.46	2.97	2.55	2.14	3.97	3.45	2.97	2.54	2.13
49	2.20	3.95	3.42	2.94	2.52	2.14	3.95	3.41	2.93	2.51	2.12
50	2.24	3.88	3.38	2.93	2.53	2.14	3.88	3.37	2.92	2.51	2.12
51	2.27	3.84	3.35	2.93	2.53	2.15	3.84	3.35	2.91	2.51	2.13
52	2.31	3.82	3.35	2.91	2.49	2.14	3.82	3.34	2.89	2.47	2.12
53	2.29	3.74	3.28	2.85	2.46	2.13	3.74	3.27	2.84	2.44	2.10
54	2.29	3.65	3.21	2.80	2.45	2.12	3.65	3.20	2.78	2.42	2.09
55	2.28	3.56	3.16	2.79	2.43	2.10	3.56	3.15	2.77	2.41	2.07
56	2.29	3.50	3.13	2.77	2.41	2.09	3.50	3.11	2.75	2.38	2.06
57	2.26	3.44	3.08	2.72	2.37	2.06	3.44	3.06	2.69	2.34	2.02
58	2.22	3.32	2.98	2.64	2.32	2.01	3.32	2.97	2.62	2.28	1.98
59	2.19	3.22	2.89	2.57	2.26	1.98	3.22	2.88	2.55	2.23	1.94
60	2.16	3.11	2.80	2.49	2.21	1.95	3.11	2.79	2.46	2.18	1.91
61	2.12	2.99	2.71	2.41	2.16	1.90	2.99	2.70	2.39	2.12	1.86
62	2.09	2.88	2.62	2.36	2.11	1.88	2.88	2.60	2.34	2.08	1.84
63	2.03	2.78	2.54	2.30	2.06	1.84	2.78	2.52	2.27	2.03	1.80
64	1.98	2.68	2.47	2.24	2.01	1.77	2.68	2.45	2.21	1.97	1.74
65	1.92	2.56	2.37	2.16	1.94	1.73	2.56	2.36	2.14	1.91	1.69
66	1.87	2.46	2.28	2.09	1.89	1.68	2.46	2.27	2.07	1.86	1.64
67	1.81	2.34	2.19	2.02	1.82	1.62	2.34	2.18	2.00	1.79	1.59
68	1.77	2.23	2.08	1.95	1.77	1.58	2.23	2.07	1.93	1.74	1.55
69	1.74	2.14	2.00	1.88	1.71	1.56	2.14	1.99	1.86	1.69	1.53
70	1.72	2.02	1.91	1.81	1.66	1.52	2.02	1.90	1.79	1.64	1.49
71	1.68	1.93	1.84	1.73	1.61	1.48	1.93	1.83	1.72	1.59	1.46
72	1.64	1.85	1.76	1.66	1.56	1.45	1.85	1.75	1.65	1.54	1.43
73	1.62	1.81	1.73	1.63	1.54	1.44	1.81	1.72	1.62	1.52	1.42
74	1.60	1.77	1.70	1.61	1.52	1.43	1.77	1.69	1.60	1.51	1.41
75	1.57	1.74	1.66	1.59	1.50	1.42	1.74	1.66	1.58	1.49	1.40
76	1.54	1.70	1.64	1.58	1.49	1.40	1.70	1.64	1.57	1.48	1.39
77	1.50	1.67	1.61	1.56	1.48	1.39	1.67	1.61	1.55	1.47	1.38
78	1.47	1.60	1.55	1.51	1.44	1.37	1.60	1.55	1.50	1.43	1.36
79	1.43	1.53	1.49	1.46	1.41	1.35	1.53	1.49	1.45	1.40	1.34
80	1.39	1.46	1.44	1.41	1.38	1.32	1.46	1.44	1.40	1.37	1.31
81	1.36	1.40	1.38	1.36	1.35	1.30	1.40	1.38	1.36	1.34	1.29
82	1.33	1.34	1.33	1.31	1.31	1.28	1.34	1.33	1.31	1.30	1.27
83	1.31	1.32	1.31	1.29	1.29	1.27	1.32	1.31	1.29	1.28	1.26
84	1.30	1.31	1.30	1.28	1.28	1.26	1.31	1.30	1.28	1.27	1.25
85	1.29	1.30	1.29	1.27	1.27	1.25	1.30	1.29	1.27	1.26	1.24
86	1.28	1.29	1.28	1.26	1.26	1.24	1.29	1.28	1.26	1.25	1.23
87	1.27	1.28	1.27	1.25	1.25	1.23	1.28	1.27	1.25	1.24	1.22

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company
Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0NB2M					0NB4M	0NB5M			0NB9M	0NB8M
Issue	Compound Inflation Protection -- Lifetime					5% Compound Inflation for 20	Compound Inflation (at 5%) with Maximum Increase Cap			Graded Compound Inflation	
Age	5%	4.5%	4%	3.5%	3%	Years	2X	3X	4X	5%/3%/0%	3%/0%
18-35	3.88	3.26	2.69	2.25	1.85	1.84	1.65	1.93	2.21	2.52	1.71
36	3.88	3.26	2.69	2.25	1.85	1.84	1.65	1.93	2.21	2.46	1.71
37	3.88	3.26	2.69	2.25	1.85	1.83	1.64	1.92	2.20	2.40	1.70
38	3.90	3.30	2.73	2.28	1.87	1.85	1.64	1.94	2.20	2.34	1.70
39	3.93	3.34	2.77	2.31	1.90	1.86	1.64	1.95	2.20	2.28	1.69
40	3.95	3.38	2.81	2.34	1.92	1.88	1.64	1.97	2.20	2.23	1.69
41	3.97	3.39	2.85	2.38	1.95	1.88	1.63	1.97	2.19	2.17	1.68
42	4.00	3.39	2.85	2.40	1.97	1.89	1.62	1.98	2.22	2.11	1.68
43	3.99	3.40	2.88	2.42	1.99	1.90	1.62	2.00	2.31	2.05	1.67
44	3.98	3.40	2.88	2.44	2.00	1.90	1.61	2.00	2.39	1.99	1.67
45	4.01	3.42	2.90	2.44	2.02	1.91	1.61	2.01	2.49	2.00	1.66
46	3.99	3.42	2.91	2.46	2.03	1.93	1.60	2.04	2.57	1.99	1.66
47	3.99	3.42	2.92	2.47	2.04	1.94	1.60	2.11	2.66	1.99	1.65
48	3.97	3.42	2.91	2.47	2.05	1.99	1.60	2.19	2.74	1.98	1.62
49	3.95	3.38	2.88	2.44	2.05	2.03	1.66	2.27	2.82	1.97	1.58
50	3.88	3.34	2.87	2.45	2.05	2.08	1.69	2.31	2.87	1.93	1.57
51	3.84	3.32	2.87	2.45	2.07	2.12	1.73	2.37	2.93	1.91	1.59
52	3.82	3.32	2.85	2.42	2.06	2.17	1.79	2.45	3.01	1.90	1.58
53	3.74	3.25	2.80	2.39	2.05	2.20	1.81	2.48	3.02	1.86	1.57
54	3.65	3.18	2.75	2.38	2.04	2.23	1.83	2.50	3.02	1.81	1.56
55	3.56	3.13	2.74	2.37	2.03	2.25	1.85	2.52	3.02	1.76	1.55
56	3.50	3.10	2.72	2.35	2.02	2.28	1.88	2.56	3.04	1.72	1.54
57	3.44	3.05	2.67	2.31	1.99	2.29	1.91	2.59	3.06	1.68	1.51
58	3.32	2.96	2.60	2.26	1.95	2.27	1.91	2.57	3.00	1.60	1.47
59	3.22	2.87	2.53	2.21	1.92	2.26	1.92	2.57	2.95	1.52	1.44
60	3.11	2.78	2.45	2.16	1.89	2.25	1.93	2.55	2.90	1.45	1.41
61	2.99	2.69	2.38	2.11	1.85	2.22	1.92	2.52	2.83	1.38	1.38
62	2.88	2.60	2.33	2.07	1.83	2.21	1.91	2.49	2.77	1.36	1.36
63	2.78	2.52	2.27	2.02	1.79	2.14	1.90	2.45	2.69	1.32	1.32
64	2.68	2.45	2.21	1.97	1.73	2.08	1.88	2.40	2.61	1.28	1.28
65	2.56	2.36	2.14	1.91	1.69	2.04	1.85	2.33	2.50	1.27	1.27
66	2.46	2.27	2.07	1.86	1.64	1.99	1.83	2.28	2.42	1.27	1.27
67	2.34	2.18	2.00	1.79	1.59	1.95	1.79	2.20	2.32	1.26	1.26
68	2.23	2.07	1.93	1.74	1.55	1.90	1.75	2.12	2.21	1.23	1.23
69	2.14	1.99	1.86	1.69	1.53	1.87	1.72	2.05	2.13	1.20	1.20
70	2.02	1.90	1.79	1.64	1.49	1.84	1.66	1.95	2.01	1.16	1.16
71	1.93	1.83	1.72	1.59	1.46	1.80	1.63	1.89	1.92	1.13	1.13
72	1.85	1.75	1.65	1.54	1.43	1.75	1.59	1.84	1.85	1.09	1.09
73	1.81	1.72	1.62	1.52	1.42	1.72	1.59	1.81	1.81	1.06	1.06
74	1.77	1.69	1.60	1.51	1.41	1.68	1.59	1.76	1.77	1.03	1.03
75	1.74	1.66	1.58	1.49	1.40	1.65	1.59	1.73	1.74	1.00	1.00
76	1.70	1.64	1.57	1.48	1.39	1.62	1.58	1.70	1.70	1.00	1.00
77	1.67	1.61	1.55	1.47	1.38	1.58	1.58	1.67	1.67	1.00	1.00
78	1.60	1.55	1.50	1.43	1.36	1.53	1.54	1.61	1.60	1.00	1.00
79	1.53	1.49	1.45	1.40	1.34	1.47	1.50	1.54	1.53	1.00	1.00
80	1.46	1.44	1.40	1.37	1.31	1.42	1.46	1.46	1.46	1.00	1.00
81	1.40	1.38	1.36	1.34	1.29	1.38	1.40	1.40	1.40	1.00	1.00
82	1.34	1.33	1.31	1.30	1.27	1.33	1.34	1.34	1.34	1.00	1.00
83	1.32	1.31	1.29	1.28	1.26	1.31	1.32	1.32	1.32	1.00	1.00
84	1.31	1.30	1.28	1.27	1.25	1.30	1.31	1.31	1.31	1.00	1.00
85	1.30	1.29	1.27	1.26	1.24	1.29	1.30	1.30	1.30	1.00	1.00
86	1.29	1.28	1.26	1.25	1.23	1.28	1.29	1.29	1.29	1.00	1.00
87	1.28	1.27	1.25	1.24	1.22	1.27	1.28	1.28	1.28	1.00	1.00

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue	Shortened Benefit Period					Premium	on Death	on Death
Age	Option	Single Premium	10 Pay	20 Pay	Pay to 65	on Death	less Claims	Before Age 65
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Rider:	0ME2M					
	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
Issue	Initial Premium Percent					
Age	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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Mutual of Omaha Insurance Company

Policy Forms: LTC09M [-AG, -5ML, -10ML]

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Rider: 0MA4M

Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit

Rider: 0MC1M

Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

Future Purchase Option

Rider: 0NB7M

Factor	1.05

Rate Guarantee*

Years	Factor
5 Years	1.05
6 Years	1.06
7 Years	1.09
8 Years	1.11
9 Years	1.13
10 Years	1.15

Built-In 5 Year Rate Guarantee

Factor	1.015
Additional Years	Factor
1 Years *	1.022
2 Years *	1.057
3 Years *	1.081
4 Years *	1.101
5 Years *	1.123

Spouse Security Benefit

Rider: 0MA5M

Factor	1.60

Spouse Waiver of Premium Benefit

Rider: 0MA7M

Factor	1.02

Additional Benefit for Injury

Riders: 0MA2M, 0MA3M

Factor	1.01

Cash Benefit 35%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.010
75%	1.013
100%	1.015

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.015
75%	1.018
100%	1.020

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.127
75%	1.130
100%	1.132

Spouse Survivorship Benefit

Rider: 0MA8M

Years	Factor
7 Years	1.16
8 Years	1.14
10 Years	1.12

* Factor is removed after option has expired.

National Association of Insurance Commissioners

TO: NAIC LTCI (EX) Task Force Members

FROM: Multistate Actuarial Long-Term Care Insurance (LTCI) Rate Review Team

DATE: November 5, 2021 - **DRAFT**

RE: Mutual of Omaha – "Legacy" LTC50, et al and "Modern" – LTC04G, LTC04G-AMBA, LTC04I, LTC04I7, LTC06UI, LTC09U, LTC09M – Draft of *Initial* Advisory Report

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Executive Summary

The Multistate Actuarial LTCI Rate Review Team (MSA Team) recommends the following rate increases, by form/series to be approved for Mutual of Omaha and affiliate United of Omaha (the company or companies). The range of increases requested by the company, the average of the requests, and the MSA Team recommended average rate increase by filing are presented.

Category	Category	Company	Range of Request	Average Increase: Requested	Average Increase: MSA Recommendation
Modern	LTC04G	Mutual of Omaha	0% - 249.7%	168.6%	98%
Modern	LTC04G-AMBA	Mutual of Omaha	0% - 148.6%	65.1%	62%
Modern	LTC04I	Mutual of Omaha	0% - 198.7%	121.7%	74%
Modern	LTC04I7	Mutual of Omaha	1.7% - 201.6%	117.0%	98%
Modern	LTC06UI	United of Omaha	6.7% - 155.4%	118.8%	53%
Modern	LTC09U	United of Omaha	9.0% - 152.3%	91.7%	79%
Modern	LTC09M	Mutual of Omaha	6.0% - 145.3%	79.6%	72%
Legacy	LT50, et al	Mutual of Omaha	30 - 69%	53.3%	30%

This is the first rate increase filing for four of the forms; for others, there have been between one and five rate increase filings. Higher rate increases are recommended for states that did not grant full approval of prior rate increase requests for relevant forms.

Analysis by the MSA Team resulted in each recommended rate increase being between those resulting from the actuarially justified Minnesota and Texas approaches, with the weighting described later in the report. The goal, in light of how the two approaches address past rate increases and past losses, was to balance between ensuring fairness to policyholders and preventing further financial distress for the company.

The recommended rate increases are lower than increases that would have resulted from the lifetime loss ratio approach.

Background

The MSA Team was formed to assist the Task Force in developing a consistent national approach for reviewing LTCI rates that results in actuarially appropriate increases being granted by the states in a timely manner, and eliminates cross-state rate subsidization.

The members are: Fred Andersen (MN), Paul Lombardo (CT), Barbara Snyder (TX), and Tomasz Serbinowski (UT). Starting in the first half of 2020, the MSA Team accepted rate increase filings as part of a pilot program.

This advisory report is related to the rate increase request filed by Mutual of Omaha and affiliate United of Omaha for the blocks of business the company refers to as "Legacy" and "Modern." The MSA Team's actuarial analysis is provided below. The intention is that states can rely on this analysis and feel comfortable accepting the advisory report recommendation when taking action on the upcoming filings of the companies that will be made to the states. In some cases, the companies may have already initiated a filing in certain states prior to the distribution of this report but consistent with this rate increase effort by the company.

As this is a state-approved product, each state will ultimately be responsible for approving, partially approving, or disapproving the rate increase. A goal of the Task Force is for as much consistency as possible to occur between states in the rate increase approvals.

Company's Request

The companies requested rate increases averaging and ranging by cell as demonstrated below:

Category	Form Name	Average Increase Requested	Range of Request
Modern	LTC04G	168.6%	0% - 249.7%
Modern	LTC04G-AMBA	65.1%	0% - 148.6%
Modern	LTC04I	121.7%	0% - 198.7%
Modern	LTC04I7	117.0%	1.7% - 201.6%
Modern	LTC06UI	118.8%	6.7% - 155.4%
Modern	LTC09U	91.7%	9.0% - 152.3%
Modern	LTC09M	79.6%	6.0% - 145.3%
Legacy	LT50, et al (non-lifetime BPs)	30.0%	30.0%
Legacy	LT50, et al (lifetime BP)	69.0%	69.0%

The actual rate increase request varies by benefit period, issue age, level of inflation, marital status and election of cash benefit rider. The company's request contains a phase-in schedule capped at 38% for any annual phase of the increase.

Workstream-related Review Aspects

Actuarial Review

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At the direction of the LTCI Multistate Rate Review (EX) Subgroup, the MSA Team applied the Minnesota and Texas approaches to calculate the recommended, approvable rate increases. Aspects of the Minnesota approach that result in lower rate increases than those resulting from loss ratio-based approaches contained in many states' laws and rules include:

- Reduction in rate increases at later policy durations to address shrinking block issues;
- Elimination of rate increases related to inappropriate recovery of past losses;

Minnesota also has additional unique aspects: consideration of adverse investment expectations related to decline in market interest rates, adjustments to projected claim costs to ensure impact of uncertainty is adequately borne by the company, and a cost-sharing formula applied in typical circumstances.

Even though these additional aspects are outside the pure loss-ratio requirements, they fall in line with legal provisions that rates shall be fair, reasonable, and not misleading.

The Minnesota approach and Texas approach results for the average approvable rate increase by form are as follows:

Category	Form Name	Prior Cumul rate increases	Average Increase Requested	Average MN Indication	Average TX Indication	Policyholders (thousands)
Modern	LTC04G	22.1%	168.6%	107%	64%	4
Modern	LTC04G-AMBA		65.1%	65%	48%	7
Modern	LTC04I	18.7%	121.7%	86%	28%	12
Modern	LTC04I7		117.0%	94%	114%	3
Modern	LTC06UI	42.1%	118.8%	52%	58%	9
Modern	LTC09U		91.7%	81%	70%	25
Modern	LTC09M		79.6%	74%	62%	36
Legacy	LT50, et al (non- lifetime BPs)	48.4%	30.0%	24%	8%	15
Legacy	LT50, et al (lifetime BP)	179.5%	69.0%	40%	18%	14
	Weighted average		**84.7%**	**66.2%**	**49.2%**	**125**

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The MSA Team's recommendation, in consideration of the Minnesota and Texas approaches, is to approve the following average by form.

Form Name	Average Increase Requested	Average MSA Recom
LTC04G	168.6%	98%
LTC04G-AMBA	65.1%	62%
LTC04I	121.7%	74%
LTC04I7	117.0%	98%
LTC06UI	118.8%	53%
LTC09U	91.7%	79%
LTC09M	79.6%	72%
LT50, et al (non- lifetime BPs)	30.0%	21%
LT50, et al (lifetime BP)	69.0%	36%
Weighted average	**84.7%**	**63.4%**

These increases would be implemented on a by-cell basis by applying factors (varying by form) to the company-requested rate increases by benefit period, issue age, level of inflation, marital status, and election of cash benefit rider cell. For example, for the LTC04G block, a factor of 0.58 (equal to .98 / 1.686, rounded) would be applied to the company-requested rate increases by cell.

Higher rate increases are recommended for states where past cumulative rate increases below the prevailing current rate level have been approved.

The MSA Team reviewed support for the assumptions, experience, and projections provided by the company and performed validation steps to review the company-provided information for reasonableness. Details regarding the actuarial review are provided in Appendix 1. Also, the initial submission and subsequent correspondence between the company and MSA Team are available on SERFF. There is a separate SERFF tracking number for each Form, but the individual SERFF submissions were coordinated so similar materials are available in each of the SERFF reference numbers. The SERFF tracking numbers can be mapped to each form as follows.

Category	Form name	SERFF Tracking #
Modern	LTC04G	MUTA-132623001
Modern	LTC04G-AMBA	MUTA-132623423
Modern	LTC04I	MUTA-132622901
Modern	LTC04I7	MUTA-132623434
Modern	LTC06UI	MUTA-132623429
Modern	LTC09U	MUTA-132622810
Modern	LTC09M	MUTA-132618675
Legacy	LT50, et al, limited BP	MUTA-132718404
Legacy	LT50, et al, life BP	MUTA-132718404

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Please note, it may be necessary for United of Omaha to file increases in each state without combining with Mutual of Omaha filings. For the MSA review, the company was directed to use their Mutual of Omaha instance in SERFF. United of Omaha filings in particular states will not have a SERFF Tracking # that starts with "MUTA."

Consideration of Differences in Histories of States' Rate Increase Approvals

Because there are anywhere from zero to several past rate increases for this group of forms, as noted in the table below, it is likely that rate increase history will vary by state for any form with a prior rate increase. Differences by state will be more likely for the "Legacy" block and less common for the "Modern" block as the company has worked with states in the past to be at rate levels consistent with their past requests.

Category	Form Name	Past # of Rate Increases	Years of Past Rate Increases	Past Rate Increase %
Modern	LTC04G	1	2013	22.1%
Modern	LTC04G-AMBA	0	n/a	n/a
Modern	LTC04I	1	2013	18.7%
Modern	LTC04I7	0	n/a	n/a
Modern	LTC06UI	2	2013/2015	19.8%/18.6%
Modern	LTC09U	0	n/a	n/a
Modern	LTC09M	0	n/a	n/a
Legacy	LT50, et al (non-lifetime BPs)	2	2003/2011	29%/15%
Legacy	LT50, et al (lifetime BP)	5	2003/2011 and 2012/2015/2016	29%/30% and 11.5%/30%/15%

The MSA Team's recommendation is based on a goal of rates per benefit unit being equal between states going forward.

An explanation of recommended rate increases and how they vary by state is provided in Appendix 2.

Non-actuarial Considerations

Non-actuarial considerations, including, flexibility regarding phase-in of rate increases, waiting periods between rate increases should be coordinated with phase-in periods, and other issues are being discussed at the Task Force and Multistate Rate Review Subgroup.

Mutual of Omaha prefers to limit rate increases to 38% per year and suggested their own phase in periods as noted with each form.

Even with future claims potentially being reduced due to COVID-19-related behavioral impact, Mutual of Omaha and United of Omaha will continue to experience substantial losses on these blocks. However, no solvency-based adjustments of the Minnesota or Texas methods were included.

Regarding coordination of rate and reserving reviews, the company states, in their response to Section G of the LTC Rate Increase Template (common questions asked for completeness and accuracy testing of submissions for rate

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review by the MSA Team) submitted in SERFF, that assumptions underlying the rate increase request (other than interest rate, which involve prescribed aspects) are consistent with assumptions underlying the asset adequacy testing. In addition, the company provided an Actuarial Certification that the increased premium schedules submitted are not greater than new business premium rate schedules (except for differences attributable to differences in benefits).

Reduced Benefit Options – Review for Reasonableness

Policyholders facing a rate increase will be offered the following applicable options in lieu of a rate increase:

1) decrease in benefit period:
2) increase the elimination period;
3) reducing the maximum daily benefit;
4) reduce their inflation option;
5) accept nonforfeiture (offered to all policyholders regardless of past cumulative increases).

No special RBOs were added to the rate schedule. Several categories of rate vs benefit were tested under the MN review approach and there are no concerns about the value of the RBOs listed being unreasonable.

Financial Impact for Company

The requested rate increase associated with recent adverse development would result in around $2.05 billion of reduced losses for this block, according to the nationwide lifetime experience projection exhibits in the company filings.

Mix of Business

From the company's actuarial memorandum and exhibits:

Enrollees:	Total enrollees as of date of filing: 123,991 Inflation protection: 33,830 (compound 5% inflation), 42,011 (compound 3% inflation), 10,574 (limited inflation), 37,576 (GPO or no inflation) Benefit period: 21,405 (lifetime benefits), 102,586 (limited benefit).
Product types:	Most policies are expense reimbursement only The newest forms LTC06UI, LTC09U, LTC09M have a rider that allows cash benefits
Average issue age:	60
Annualized premium:	$271 million; $2,359 average per policyholder

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Appendix 1

Drivers of Rate Increase Request - Summary

The primary drivers summarized in Section 3 of the actuarial memorandum were policyholder persistency and claims being longer than expected, affecting policies with longer benefit periods and inflation more than others. The company assumptions are best estimate based on their own experience with morbidity specific experience tied to Milliman Claim Cost updates through 2017. The MSA team determined assumptions were reasonable and in line with industry averages.

Details Regarding Minnesota Approach

For the Minnesota approach analysis, the following key information is gathered for cells tested:

- Makeup cumulative rate increase: (the increase from original rates needed going forward to get the block to the financial position contemplated at original pricing)
    - This increase is equal to the increase that would result from a pure loss ratio approach.
- If-knew cumulative rate increase: (the increase from original rates needed if the company could go back to the past and reprice the product given information it knows now)
- Proportion of original policyholders remaining in force, based on company original and updated assumptions:
- Blended if-knew / makeup rate cumulative rate increase since issue:
    - = Portion Remaining * Makeup% + (1 – Portion Remaining) * If-knew, adjusted for rounding
- Company cost share based on Minnesota formula (see Appendix 3):
- Recommended cumulative rate increase since issue:
    - = (1 – Company Cost Share) * Blended if-knew/make-up
- Actuarial recommended rate increase from current rates:
    - = (1 + cumulative rate increase) / (1 + cumulative past rate increases) – 1
- Final actuarial recommended rate increase from current rates:
    - Minimum of: calculated approval rate and company request

The Minnesota calculation is shown for the average cell for a sample form as follows.

Form	Make-up	If-knew	% of Insureds Remaining	Blended	Cost Share	MN Cumulative	Past Increases	Final MN Approach
LTC04I	213%	48%	68%	158%	24%	120%	19%	86%

Note that the Minnesota approach includes reflection of declining interest rates which tends to lead to adverse investment returns compared to expectations in original pricing. Also, where applicable, company morbidity assumptions are adjusted downward due to lack of credible support at extremely high ages, COVID-19 uncertainty,

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and general lack of complete support for aspects of morbidity assumptions, including uncertainty regarding future benefit utilization.

Details regarding Texas approach

PPV calculations:

Mutual/United of Omaha Form Name	TX PPV
LTC04G	64%
LTC04G-AMBA	48%
LTC04I	28%
LTC04I7	114%
LTC06UI	58%
LTC09U	70%
LTC09M	62%
LT50, et al lim BP	8%
LT50, et al, life BP	18%

The Texas approach considers increases to fund prospective premium deficiencies for active, premium paying policyholders based on actuarially supported changes in assumptions since the latter of the original pricing or the most recent rate increase pricing. Note that a potential adjustment to allow for some recognition of current versus original pricing assumptions for filings that received a prior rate increase was contemplated and would likely have resulted in higher Texas approach rate increases than noted above.

Coordination of Minnesota and Texas Approaches

For forms without previous rate increases, the Minnesota approach and Texas approach approvable rate increases were similar. For forms with previous rate increases, the approaches have significant differences in approvable rate increases.

One aspect of the differences is the concept of separate treatment of development since the last rate increase versus consideration of overall development since issuance of the block. A highlight of this difference is in comparing the LTC04I block with the LTC04I7 block.

The blocks have similar product features and original premiums, but the LTC04I block had a prior certified rate increase of 18.7%, and the LTC04I7 block has no prior rate increase.

With the Texas approach, the LTC04I7 block qualifies for a 114% rate increase, whereas the LTC04I block only qualifies for a 28% rate increase. With the Minnesota approach, rate increases for the blocks would be approved such that the resulting rates for the two blocks would be similar (but considering the timing differences of any past rate increase). A potential "Texas adjustment" to allow for some recognition of current versus original pricing assumptions for filings that received a prior rate increase was contemplated and would likely have resulted in higher Texas approach rate increases than noted above. With the 11-month length of the review to-date and a preference

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of the consensus of the MSA Team to treat, in the circumstances pertinent to the companies' filings, similar blocks in a similar manner (in terms of economics including consideration of timing and amount of past increases), the MSA Team decided to end the review instead of pursuing additional data that would aid in the Texas adjustment. For each filing, the MSA team decided to weight the Minnesota recommended rate increases with a factor of 0.8 and the unadjusted Texas rate increases with a factor of 0.2.

Filing Correspondence Summary

- Template information request for multi-state rate increase filings, based on the list adopted by the NAIC Health Actuarial Task Force on March 23, 2018

- Rate increase history that reflects the filed increase.

- Actuarial Memorandum justifying the new rate schedule, which includes:
    - Lifetime loss ratio projection, with earned premiums and incurred claims discounted at the maximum valuation interest rate.
    - Reasons for the rate increase, including which pricing assumptions were not realized & why.
    - Statement that policy design, underwriting, and claims handling practices were considered.
    - A demonstration that actual and projected costs exceed anticipated costs and the margin.
    - The method and assumptions used in determining projected values should be reviewed in light of reported experience and compared to the original pricing assumptions and current assumptions.
    - Combined morbidity experience from different forms with similar benefits, whether from inside or outside the company, where appropriate to result in more credible historical claims as the basis for future claim costs.
    - Information (from NAIC Guidance Manual for Rating Aspect of the Long-Term Care Insurance Model Regulation, "Guidance Manual" Q&A): Morbidity, Lapse, Mortality, Interest
        - Comparison with asset adequacy testing reserve assumptions
        - Provide actuarial assumptions from original pricing and most recent rate increase filing, and have the original actuarial memorandum available upon request.
    - Guidance Manual Checklist items: summaries (including past rate adjustments); average premium; distribution of business, including rate increases by state; underwriting; policy design and margins; actuarial assumptions; experience data; loss ratios; rationale for increase; reserve description
    - Assert that analysis complies with Actuarial Standards of Practice, including No. 18 & No. 41.
    - Numerical exhibits should be provided in Excel spreadsheets with active formulas maintained, where possible.

- Rate Comparison Statement of renewal premiums with new business premiums, if applicable.

- Policyholder notification letter – should be clear and accurate.
    - Provide a description of options for policyholders in lieu of or to reduce the increase.
    - If inflation protection is removed or reduced, is accumulated inflation protection vested?
    - Explain the comparison of value between the rate increase and policyholder options.
    - Are future rate increases expected if the rate increase is approved in full? If so, how is this communicated to policyholders?
- How are partnership policies addressed?

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- Supplementary information, based on a list developed by the MSA Team following review of initial pilot program filings:

    - Information on benefit utilization
    - Attribution of rate increase by factor
    - Reduced benefit option history and reasonability analysis
    - Investment returns
    - Expected loss ratio
    - Shock lapse history
    - Waiver of premium handling
    - Actual-to-expected differences
    - Assumption consistency with Actuarial Guideline 51 asset adequacy testing

- Following initial review of the filing, additional information was requested by the MSA Team related to:
    - Cost of care inflation assumptions
    - Consistency between rate increase and gross premium valuation assumptions
    - Fairness of rates between richness of policies, including consideration of benefit period and inflation protection.
    - New premium rate schedules were requested – company did not originally include these as the previous schedules vary by state in some cases and they weren't sure whether to provide this at this stage or wait until filing state by state.
    - Information was requested to assist in properly calculating the TX Prospective Present Value Approach.
    - Additional information was requested to verify that experience and expectations are worse since the most recent, certified rate increase request (for applicable files).
    - Otherwise, the materials provided for documentation were complete and the review resumed.

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Appendix 2

Rate Increases by State if a Reduced Benefit Option is not Selected

For applicable forms, for a state that did not approve the full, prior rate increase(s) for a block, the recommended increase to achieve uniformity would be adjusted up to the extent the full, prior rate increase was not approved.

Appendix 3

Potential Cost-Sharing Formula for Typical Circumstance

Cumulative rate increase since issue date is haircut by:

- No haircut for the first 15%
- 10% for the portion of cumulative rate increase between 15% and 50%
- 25% for the portion of cumulative rate increase between 50% and 100%
- 35% for the portion of cumulative rate increase between 100% and 150%
- 50% for the portion of cumulative rate increase in excess of 150%.

Example: if the Texas approach or pre-cost sharing Minnesota approach results in a cumulative 210% rate increase since issue:

- Break 210% into the following components: 15%, 35%, 50%, 50%, 60%
- Post haircut approval is 100% of 15% + 90% of 35% + 75% of 50% + 65% of 50% + 50% of 60%
- = 15% + 32% + 38% + 33% + 30%
- = 147%

Legal justification for the cost-sharing formula is that the company should have had more information about the possibility of triple-digit rate increases than the consumer had.

Adjustments to the formula may be desired when a company's solvency position is dependent on a certain level of rate increase approval. That is not the case with this company or filing.

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On November 5, 2021, the Multistate Actuarial LTCI Rate Review Team (MSA Team) sent Mutual of Omaha the draft of the Initial Advisory Report for Mutual of Omaha – "Legacy" LTC50, et al and "Modern" – LTC04G, LTC04G-AMBA, LTC04I, LTC04I7, LTC06UI, LTC09U, LTC09M ("Report"). This Report recommended rate increase amounts, by form/series to be approved for Mutual of Omaha and affiliate United of Omaha (the Company or Companies). The Company would like to provide the following comments into the record concerning this Report.

We have twice asked for some direction from the Multistate Actuarial LTCI Rate Review Team (MSA Team) about this process and are still awaiting instructions. But with the pending recommendation, the Company feels this is an appropriate time to make some comments on the Report and process. We ask for the Long-Term Care Insurance (EX) Task Force to consider these comments.

As found in the Report, the following table highlights the Company's prior rate increases, Average Increase Requested, the Average Texas (TX) Indication, the Average Minnesota (MN) Indication, the Average MSA Team recommendation provided on November 5, 2021, and the preliminary Average MSA Team recommendation provided on September 1, 2021. Per the Report, the TX Method was weighted by 20% and the MN method was weighted by 80% to develop the Average 11/5 MSA Team recommendation.

TABLE 1

Category	Form Name	Prior Cumul rate increases	Average Increase Requested	Average TX Indication	Average MN Indication	Average MSA Team 11/5 Recom	Average MSA Team 9/1 Prelim Recom
Modern	LTC04G	22.1%	168.6%	64%	107%	98%	140%
Modern	LTC04G-AMBA		65.1%	48%	65%	62%	65%
Modern	LTC04I	18.7%	121.7%	28%	86%	74%	122%
Modern	LTC04I7		117.0%	114%	94%	98%	117%
Modern	LTC06UI	42.1%	118.8%	58%	52%	53%	65%
Modern	LTC09U		91.7%	70%	81%	79%	92%
Modern	LTC09M		79.6%	62%	74%	72%	80%
Legacy	LT50, et al (non- lifetime BPs)	48.4%	30.0%	8%	24%	21%	25%
Legacy	LT50, et al (lifetime BP)	179.5%	69.0%	18%	40%	36%	56%

Note that the actual rate increase request varies by benefit period, issue age, level of inflation, marital status and election of cash benefit rider. The Company's request contains a voluntary phase-in schedule capped at 38% for any annual phase of the increase. This annual cap was imposed by the Company for the benefit of the policyholder.

The company would like to address numerous concerns it has with the calculation methods and final Average MSA Team recommendations. These concerns include:

- Recommendation change
- Review transparency
- Previous rate increase penalization
- Delay considerations
- Increase implementation

Recommendation Change

On September 1, 2021, the Company was presented with a preliminary recommendation by the MSA Team. It is unclear to the Company why this recommendation was drastically reduced in the Report. The MN actuary was unable to show us a complete comparison of the adjustments between the two sets of recommendations. We would like the opportunity to see what changed, and we would think the Long-Term Care Insurance (EX) Task Force would want to see that as well. This issue plays into the review transparency described below.

Review Transparency

Next, the Company would like to address the transparency of the actuarial analysis performed on their policies that drove the MSA Team recommendation. The Company was able to duplicate the values produced by the TX method, even though no adjustment was made for the review delay as discussed below. However, the Company is at a loss in the assumptions that drove the results for the MN method.

The Report states:

> Note that the Minnesota approach includes reflection of declining interest rates which tends to lead to adverse investment returns compared to expectations in original pricing. Also, where applicable, company morbidity assumptions are adjusted downward due to lack of credible support at extremely high ages, COVID-19 uncertainty, and general lack of complete support for aspects of morbidity assumptions, including uncertainty regarding future benefit utilization.

However, there is no clear guidance on how these assumptions are adjusted or used. The Company performs rigorous morbidity studies to verify the appropriateness of their morbidity assumption. The Company would be extremely interested in the adjustments being made that have such a negative impact on the rate increases being developed by the MN method.

In Appendix 1, the Report goes on to describe the MN method being calculated as:

- The minimum of the calculated approval rate and company request
- Where calculated approval rate is:
    - = (1 + cumulative rate increase) / (1 + cumulative past rate increases) – 1
- And the cumulative rate increase is:
    - = (1 – Company Cost Share) * Blended if-knew/make-up
- And the Blended if-knew/make-up is:
    - = Portion Remaining * make-up% + (1 – Portion Remaining) * if-knew%

Without knowing any of the assumption reductions made by MN, based on this logic and the data provided to the MSA Team, the Company would have calculated the values for the MN method as found in Table 2 below.

Regarding the Company Cost Share listed in the MN method description above, the Report states:

> Legal justification for the cost-sharing formula is that the company should have had more information about the possibility of triple-digit rate increases than the consumer had.

Given that the Company Cost Share starts at a 15% increase and that the Company is asked to share in 25% of the increase between 50-100%, this seems excessive and not in line with the statement made for legal justification. Additionally, for Legacy products, where assumptions were not as well developed when the products were sold, this is extremely punitive to LTC companies. Also, prior to the cost sharing piece, the MN method already reduces the rate increase request since it assumes the people who lapsed are paying the "if-knew" premium. The Company does not receive this premium. The Company believes this ends up being a "cost sharing" double-dip in the MN method.

The Report also states:

> The recommended rate increases are lower than increases that would have resulted from the lifetime loss ratio approach.

The Company agrees with this statement and would also add that the recommended rate increases are also lower than the NAIC Model Regulation method. In the initial guidance of how the MSA Team would review a filing, there is a short paragraph describing the NAIC Model Regulation method. However, in the Report, there is no analysis or results shown from this method. Nor was this method used in any part of the MSA Team recommendation, even though it would have been the method the Company would have relied on when designing most of these products, since that is what was current at the time. The Company did request of the MSA Team that these amounts be included in the Report but have not received a response back.

Below is an analysis performed by the Company that shows the relationship of the TX Method, MN method, Company Calculated MN method, NAIC Model Reg, and Average Increase Requested. The

Company Calculated MN method uses actual premium for historical values and original premium for future values in the "Make-up" increase calculation. The original premium is being used for projected values since the past rate increases are backed out of the "Make-up" increase calculated amount. If actual premiums were used for projection premium values, then the "Make-up" increase calculated amount would be the amount applied to the current premium and you would not back out the previous rate increase amounts.

TABLE 2

Category	Form Name	Average TX Indication	Average MN Indication	Company Calc MN Indication	NAIC Model Reg	Average Increase Requested
Modern	LTC04G	64%	107%	141%	228%	168.6%
Modern	LTC04G-AMBA	48%	65%	65%	82%	65.1%
Modern	LTC04I	28%	86%	87%	122%	121.7%
Modern	LTC04I7	114%	94%	117%	183%	117.0%
Modern	LTC06UI	58%	52%	76%	133%	118.8%
Modern	LTC09U	70%	81%	78%	124%	91.7%
Modern	LTC09M	62%	74%	69%	111%	79.6%
Legacy	LT50, et al (non- lifetime BPs)	8%	24%	30%		30.0%
Legacy	LT50, et al (lifetime BP)	18%	40%	69%		69.0%

Even though the TX method was only given 20% weight for the MSA Team recommendation, it is weighing down the overall recommendation. It is troubling to the Company that even though TX was instrumental in developing and reviewing the Company's rate increase request, it has become clear in current conversations with TX, they themselves do not intend to follow the committee's recommendation.

Previous Rate Increase Penalization

Another concern the Company has relates to the severe penalization of policy forms with prior rate increases used in the TX method. The Report states:

> With the Texas approach, the LTC04I7 block qualifies for a 114% rate increase, whereas the LTC04I block only qualifies for a 28% rate increase. With the Minnesota approach, rate increases for the blocks would be approved such that the resulting rates for the two blocks would be similar (but considering the timing differences of any past rate increase). A potential "Texas adjustment" to allow for some recognition of current versus original pricing assumptions for filings that received a prior rate increase was contemplated and would likely have resulted in higher Texas approach rate increases than noted above. With the 11-month length of the review to-date and a preference of the consensus of the MSA Team to treat, in the circumstances pertinent to the companies' filings, similar blocks in a similar manner (in terms of economics including consideration of timing and amount of past increases), the MSA Team decided to end the review instead of pursuing additional data that would aid in the Texas adjustment. For each filing, the MSA team decided to weight the Minnesota recommended rate increases with a factor of 0.8 and the unadjusted Texas rate increases with a factor of 0.2.

It is clear from this passage from the Report that the TX method has a huge impact on blocks that have previous rate increases. As seen in Table 1 above, the Company has had previous rate increases on LTC04G, LTC04I, LTC06UI, and the Legacy block. Specifically for LTC04G, LTC04I, and LTC06UI, at the time the organization requested prior rate increases, the Company took the side of the policyholder and limited the ask they could have made due to limited credibility. At that time, there was no indication that a future rate increase calculation method would so severely penalize the company in trying to do what was best for the consumers. However, that is exactly what happened with the TX approach. If the Company would have known at the time of the previous rate increase how punitive not asking for more would have been, the previous request would have been larger.

Delay Considerations

As mentioned at the start of this document, the MSA Team first issued the Report on November 5, 2021. The Company made this filing with the MSA Team nearly one year prior. The Company made the filing with the MSA Team at the behest of one of the MSA Team members. This year-long delay only increased the rate increases needed. Additionally, the delay has already cost the Company about $27 million in lost premium that will never be recouped.

The Company was informed that the delay was taken into consideration in the MN method. However, given the conversation above about the lack of transparency in assumptions in the MN method, the Company is not able to verify this. Additionally, as stated in the Report, the MSA Team decided not to take the additional time to adjust the TX method for the delay, even though the values from the TX method were already much lower than the MN method. In fact, the adjustment to the TX method is quite straightforward, and only requires a deletion of two rows of data to start the projections in 2022 instead of 2020.

The Company has recalculated the values in Table 2 assuming an average implementation date of 7/1/2022 (which is still fairly aggressive) and starting the TX method in 2022. These recalculated values can be found in Table 3. Using the same 80%/20% for the MN and TX methods, the Company calculated MSA Team recommendation is much higher than the MSA Team Report recommendation.

Below is an analysis performed by the Company with the delay that shows the relationship of the TX Method, Company Calculated MN method, NAIC Model Reg, Company calculated MSA recommendation (capped at the Company ask), and the current Average MSA recommendation.

TABLE 3 (Table 2 information updated to reflect 2022 rate implementation date)

Category	Form Name	Average TX Indication	Company MN Indication	NAIC Model Reg	Company Calc MSA Team Recom	Average MSA Team 11/5 Recom
Modern	LTC04G	77%	153%	253%	138%	98%
Modern	LTC04G-AMBA	57%	71%	91%	65%	62%
Modern	LTC04I	34%	94%	136%	82%	74%
Modern	LTC04I7	140%	125%	204%	117%	98%
Modern	LTC06UI	68%	81%	146%	78%	53%
Modern	LTC09U	83%	83%	135%	83%	79%
Modern	LTC09M	73%	74%	122%	74%	72%
Legacy	LT50, et al (non- lifetime BPs)	19%	30%		28%	21%
Legacy	LT50, et al (lifetime BP)	21%	69%		59%	36%

Increase Implementation

Concerning the implementation of the rate increases, the MSA Team Report states:

> These increases would be implemented on a by-cell basis by applying factors (varying by form) to the company-requested rate increases by benefit period, issue age, level of inflation, marital status, and election of cash benefit rider cell. For example, for the LTC04G block, a factor of 0.58 (equal to .98 / 1.686, rounded) would be applied to the company-requested rate increases by cell.

As stated earlier, the rate increase request varies by benefit period, issue age, level of inflation, marital status and election of cash benefit rider. It will be administratively burdensome and non-equitable to the Company's policyholders to implement the increases in such a manner. The Company hopes to work with individual states in the most fair and effective way in implementing the increases.

Finally, the Company would like to note that the loss ratios the MSR Team is causing us to manage to would no longer allow the Company to certify our LTC rates. In addition, if this methodology is followed, more additional margin will be necessary in new business rates.

The Company appreciates the opportunity to share our concerns on the Report. We ask you to consider these comments and adjust the Average MSA Recommendation to align more closely with the Average Increase Requested which we strongly feel are legally and actuarially justified or, at a minimum, with the preliminary average MSA Team 9-1-21 recommendation.

MORTALITY	0.0%
8.0%	

Proj a: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Loss Ratio w/o Increase (No PAO)
2004	-	-	-	0.0%
2005	-	-	-	0.0%
2006	-	-	-	0.0%
2007	-	-	-	0.0%
2008	-	-	-	0.0%
2009	642,522	-	642,522	6.9%
2010	6,240,239	83,394	1.3%	6,240,239
2011	19,604,082	388,589	2.0%	19,604,082
2012	43,547,996	591,324	1.4%	43,547,996
2013	69,778,987	918,044	1.3%	69,778,987
2014	84,384,112	2,821,681	3.3%	84,384,112
2015	86,657,518	4,093,944	4.7%	86,657,518
2016	86,806,067	2,564,703	3.0%	86,806,067
2017	85,143,719	7,205,804	8.5%	85,143,719
2018	83,624,531	8,695,263	10.4%	83,624,531
2019	82,165,117	9,653,879	11.8%	82,165,117
2020	80,344,141	12,790,135	15.9%	80,344,141
2021	78,186,490	16,425,425	21.0%	78,186,490
2022	75,523,680	19,874,915	26.3%	75,523,680
2023	73,503,990	23,625,888	32.1%	73,503,990
2024	71,743,218	27,777,677	38.7%	71,743,218
2025	69,835,493	32,475,792	46.5%	69,835,493
2026	67,924,710	37,786,008	55.6%	67,924,710
2027	65,967,028	43,755,500	66.3%	65,967,028
2028	63,920,148	50,291,609	78.7%	63,920,148
2029	61,770,326	57,516,064	93.1%	61,770,326
2030	59,502,816	65,462,030	110.0%	59,502,816
2031	57,121,983	74,052,629	129.6%	57,121,983
2032	54,643,733	83,018,006	151.9%	54,643,733
2033	52,083,315	92,074,737	176.8%	52,083,315
2034	49,438,751	101,176,432	204.7%	49,438,751
2035	46,724,068	110,565,386	236.6%	46,724,068
2036	43,941,778	120,145,569	273.4%	43,941,778
2037	41,113,511	129,162,140	314.2%	41,113,511
2038	38,252,616	136,587,408	357.1%	38,252,616
2039	35,386,289	142,237,208	402.0%	35,386,289
2040	32,538,217	147,398,597	452.9%	32,538,217
2041	29,713,025	152,648,403	513.9%	29,713,025
2042	26,935,224	155,882,624	578.7%	26,935,224
2043	24,232,409	156,550,244	646.0%	24,232,409
2044	21,630,628	154,499,432	714.3%	21,630,628
2045	19,155,766	150,684,235	786.6%	19,155,766
2046	16,826,882	145,993,046	867.6%	16,826,882
2047	14,657,078	140,023,071	955.3%	14,657,078
2048	12,661,564	132,118,278	1043.8%	12,661,564
2049	10,844,117	122,680,019	1131.4%	10,844,117
2050	9,209,207	112,186,428	1222.6%	9,209,207
2051	7,757,360	102,721,440	1324.2%	7,757,360
2052	6,481,592	93,004,566	1434.9%	6,481,592
2053	5,374,898	82,195,436	1547.9%	5,374,898
2054	4,423,576	70,452,043	1660.5%	4,423,576
2055	3,614,508	64,248,591	1777.5%	3,614,508
2056	2,934,574	55,995,051	1908.1%	2,934,574
2057	2,367,907	48,618,700	2053.2%	2,367,907
2058	1,900,461	41,956,411	2207.7%	1,900,461
2059	1,516,670	35,911,681	2367.8%	1,516,670
2060	1,203,908	30,569,011	2538.1%	1,203,908
2061	951,324	25,999,181	2732.9%	951,324
2062	747,167	21,903,512	2931.4%	747,167
2063	586,395	18,621,227	3174.5%	586,395
2064	457,454	15,557,083	3400.8%	457,454
2065	354,756	12,905,836	3638.4%	354,756
2066	273,338	10,688,129	3910.2%	273,338
2067	209,175	8,831,887	4217.5%	209,175
2068	158,980	7,222,315	4542.9%	158,980
2069	119,682	5,825,065	4867.1%	119,682
2070	89,063	4,622,775	5201.7%	89,063
2071	65,308	3,643,277	5575.7%	65,308
2072	47,089	2,824,077	5997.3%	47,089
2073	33,346	2,155,293	6463.5%	33,346
2074	23,117	1,611,697	6971.9%	23,117
2075	15,619	1,178,262	7543.7%	15,619
2076	10,158	840,801	8277.1%	10,158

Proj e: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratios
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	642,522	6,970	1.1%
2010	6,240,239	71,054	1.1%
2011	19,661,803	260,878	1.3%
2012	43,744,272	668,701	1.5%
2013	69,930,198	1,256,507	1.8%
2014	83,907,078	2,021,155	2.4%
2015	85,412,436	2,963,643	3.5%
2016	84,703,789	4,119,539	4.9%
2017	82,723,503	5,478,412	6.6%
2018	80,865,203	6,981,899	8.6%
2019	79,059,140	8,544,118	10.8%
2020	77,095,475	10,589,738	13.7%
2021	75,241,879	11,991,091	15.9%
2022	73,193,654	14,031,107	19.1%
2023	71,058,075	16,249,546	22.9%
2024	68,845,720	18,742,656	27.2%
2025	66,562,130	21,558,098	32.4%
2026	64,207,997	24,740,713	38.5%
2027	61,785,547	28,303,151	45.8%
2028	59,298,187	32,181,117	54.3%
2029	56,750,742	36,348,345	64.0%
2030	54,149,630	41,015,830	75.8%
2031	51,496,530	46,398,737	90.1%
2032	48,796,692	52,237,260	107.0%
2033	46,057,766	57,961,437	125.8%
2034	43,284,630	63,619,628	146.9%
2035	40,523,232	68,966,586	170.2%
2036	37,754,457	74,014,676	197.6%
2037	35,002,913	80,054,123	228.7%
2038	32,285,454	84,944,758	263.1%
2039	29,619,867	89,069,872	300.7%
2040	27,024,454	92,668,564	342.9%
2041	24,513,798	95,567,876	389.9%
2042	22,102,201	97,767,706	442.3%
2043	19,804,531	98,661,115	498.2%
2044	17,634,860	98,045,503	556.0%
2045	15,601,796	96,455,723	618.0%
2046	13,727,687	94,338,829	687.2%
2047	11,996,652	91,544,610	763.1%
2048	10,416,865	87,768,751	842.6%
2049	8,989,026	82,966,739	923.0%
2050	7,711,977	77,788,759	1008.8%
2051	6,577,955	72,689,198	1105.0%
2052	5,577,368	67,460,066	1209.7%
2053	4,701,504	61,980,877	1318.3%
2054	3,941,417	56,490,060	1433.7%
2055	3,287,507	51,043,224	1552.6%
2056	2,728,770	46,109,179	1689.7%
2057	2,253,296	41,477,457	1840.7%
2058	1,850,861	36,907,078	1994.0%
2059	1,512,663	32,480,735	2147.3%
2060	1,230,468	28,280,249	2298.4%
2061	993,778	24,259,251	2441.9%
2062	799,339	20,488,460	2563.4%
2063	644,630	16,891,425	2622.6%
2064	515,357	13,645,913	2647.9%
2065	411,241	11,015,927	2679.7%
2066	331,556	8,925,154	2691.9%
2067	268,544	7,269,281	2711.0%
2068	216,523	5,914,004	2731.4%
2069	174,050	4,789,966	2752.7%
2070	139,438	3,868,911	2774.7%
2071	111,791	3,124,668	2796.4%
2072	89,275	2,516,568	2818.9%
2073	70,461	2,002,913	2842.6%
2074	54,680	1,567,788	2867.2%
2075	41,733	1,207,205	2892.4%
2076	31,386	915,724	2917.6%

Proj b: Current Assumptions and Current Premiums

Rate Increase:	78.9%
Current Increase:	78.9%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/ Increase (No PAO)
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	642,522	-	642,522	642,522	6,970	1.1%
2010	6,240,239	83,394	1.3%	6,240,239	71,054	1.1%
2011	19,604,082	388,589	2.0%	19,604,082	260,878	1.3%
2012	43,547,996	591,324	1.4%	43,547,996	668,701	1.5%
2013	69,778,987	918,044	1.3%	69,778,987	1,256,507	1.8%
2014	84,384,112	2,821,681	3.3%	83,907,078	2,021,155	2.4%
2015	86,657,518	4,093,944	4.7%	85,412,436	2,963,643	3.5%
2016	86,806,067	2,564,703	3.0%	84,703,789	4,119,539	4.9%
2017	85,143,719	7,205,804	8.5%	82,723,503	5,478,412	6.6%
2018	83,624,531	8,695,263	10.4%	80,865,203	6,981,899	8.6%
2019	82,165,117	9,653,879	11.8%	79,059,140	8,544,118	10.8%
2020	80,344,141	12,790,135	15.9%	77,095,475	10,589,738	13.7%
2021	78,186,490	16,425,425	21.0%	75,241,879	11,991,091	15.9%
2022	75,523,680	19,874,915	26.3%	73,193,654	14,031,107	19.1%
2023	73,503,990	23,625,888	32.1%	71,058,075	16,249,546	22.9%
2024	71,743,218	27,777,677	38.7%	68,845,720	18,742,656	27.2%
2025	69,835,493	32,475,792	46.5%	66,562,130	21,558,098	32.4%
2026	67,924,710	37,786,008	55.6%	64,207,997	24,740,713	38.5%
2027	65,967,028	43,755,500	66.3%	61,785,547	28,303,151	45.8%
2028	63,920,148	50,291,609	78.7%	59,298,187	32,181,117	54.3%
2029	61,770,326	57,516,064	93.1%	56,750,742	36,348,345	64.0%
2030	59,502,816	65,462,030	110.0%	54,149,630	41,015,830	75.8%
2031	57,121,983	74,052,629	129.6%	51,496,530	46,398,737	90.1%
2032	54,643,733	83,018,006	151.9%	48,796,692	52,237,260	107.0%
2033	52,083,315	92,074,737	176.8%	46,057,766	57,961,437	125.8%
2034	49,438,751	101,176,432	204.7%	43,284,630	63,619,628	146.9%
2035	46,724,068	110,565,386	236.6%	40,523,232	68,966,586	170.2%
2036	43,941,778	120,145,569	273.4%	37,754,457	74,014,676	197.6%
2037	41,113,511	129,162,140	314.2%	35,002,913	80,054,123	228.7%
2038	38,252,616	136,587,408	357.1%	32,285,454	84,944,758	263.1%
2039	35,386,289	142,237,208	402.0%	29,619,867	89,069,872	300.7%
2040	32,538,217	147,398,597	452.9%	27,024,454	92,668,564	342.9%
2041	29,713,025	152,648,403	513.9%	24,513,798	95,567,876	389.9%
2042	26,935,224	155,882,624	578.7%	22,102,201	97,767,706	442.3%
2043	24,232,409	156,550,244	646.0%	19,804,531	98,661,115	498.2%
2044	21,630,628	154,499,432	714.3%	17,634,860	98,045,503	556.0%
2045	19,155,766	150,684,235	786.6%	15,601,796	96,455,723	618.0%
2046	16,826,882	145,993,046	867.6%	13,727,687	94,338,829	687.2%
2047	14,657,078	140,023,071	955.3%	11,996,652	91,544,610	763.1%
2048	12,661,564	132,118,278	1043.8%	10,416,865	87,768,751	842.6%
2049	10,844,117	122,680,019	1131.4%	8,989,026	82,966,739	923.0%
2050	9,209,207	112,186,428	1222.6%	7,711,977	77,788,759	1008.8%
2051	7,757,360	102,721,440	1324.2%	6,577,955	72,689,198	1105.0%
2052	6,481,592	93,004,566	1434.9%	5,577,368	67,460,066	1209.7%
2053	5,374,898	82,195,436	1547.9%	4,701,504	61,980,877	1318.3%
2054	4,423,576	70,452,043	1660.5%	3,941,417	56,490,060	1433.7%
2055	3,614,508	64,248,591	1777.5%	3,287,507	51,043,224	1552.6%
2056	2,934,574	55,995,051	1908.1%	2,728,770	46,109,179	1689.7%
2057	2,367,907	48,618,700	2053.2%	2,253,296	41,477,457	1840.7%
2058	1,900,461	41,956,411	2207.7%	1,850,861	36,907,078	1994.0%
2059	1,516,670	35,911,681	2367.8%	1,512,663	32,480,735	2147.3%
2060	1,203,908	30,569,011	2538.1%	1,230,468	28,280,249	2298.4%
2061	951,324	25,999,181	2732.9%	993,778	24,259,251	2441.9%
2062	747,167	21,903,512	2931.4%	799,339	20,488,460	2563.4%
2063	586,395	18,621,227	3174.5%	644,630	16,891,425	2622.6%
2064	457,454	15,557,083	3400.8%	515,357	13,645,913	2647.9%
2065	354,756	12,905,836	3638.4%	411,241	11,015,927	2679.7%
2066	273,338	10,688,129	3910.2%	331,556	8,925,154	2691.9%
2067	209,175	8,831,887	4217.5%	268,544	7,269,281	2711.0%
2068	158,980	7,222,315	4542.9%	216,523	5,914,004	2731.4%
2069	119,682	5,825,065	4867.1%	174,050	4,789,966	2752.7%
2070	89,063	4,622,775	5201.7%	139,438	3,868,911	2774.7%
2071	65,308	3,643,277	5575.7%	111,791	3,124,668	2796.4%
2072	47,089	2,824,077	5997.3%	89,275	2,516,568	2818.9%
2073	33,346	2,155,293	6463.5%	70,461	2,002,913	2842.6%
2074	23,117	1,611,697	6971.9%	54,680	1,567,788	2867.2%
2075	15,619	1,178,262	7543.7%	41,733	1,207,205	2892.4%
2076	10,158	840,801	8277.1%	31,386	915,724	2917.6%

Proj g: Current Assumptions and Current Premiums

Rate Increase:	78.9%
Current Increase:	78.9%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/ Increase (No PAO)
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	642,522	-	642,522	642,522	6,970	1.1%
2010	6,240,239	83,394	1.3%	6,240,239	71,054	1.1%
2011	19,604,082	388,589	2.0%	19,604,082	260,878	1.3%
2012	43,547,996	591,324	1.4%	43,547,996	668,701	1.5%
2013	69,778,987	918,044	1.3%	69,778,987	1,256,507	1.8%
2014	84,384,112	2,821,681	3.3%	84,384,112	2,021,155	2.4%
2015	86,657,518	4,093,944	4.7%	86,657,518	2,963,643	3.5%
2016	86,806,067	2,564,703	3.0%	86,806,067	4,119,539	4.9%
2017	85,143,719	7,205,804	8.5%	85,143,719	5,478,412	6.6%
2018	83,624,531	8,695,263	10.4%	83,624,531	6,981,899	8.6%
2019	82,165,117	9,653,879	11.8%	82,165,117	8,544,118	10.8%
2020	80,344,141	12,790,135	15.9%	80,344,141	10,589,738	13.7%
2021	78,186,490	16,425,425	21.0%	78,186,490	11,991,091	15.9%
2022	75,523,680	19,874,915	26.3%	75,523,680	14,031,107	19.1%
2023	73,503,990	23,625,888	32.1%	73,503,990	16,249,546	22.9%
2024	71,743,218	27,777,677	38.7%	71,743,218	18,742,656	27.2%
2025	69,835,493	32,475,792	46.5%	69,835,493	21,558,098	32.4%
2026	67,924,710	37,786,008	55.6%	67,924,710	24,740,713	38.5%
2027	65,967,028	43,755,500	66.3%	65,967,028	28,303,151	45.8%
2028	63,920,148	50,291,609	78.7%	63,920,148	32,181,117	54.3%
2029	61,770,326	57,516,064	93.1%	61,770,326	36,348,345	64.0%
2030	59,502,816	65,462,030	110.0%	59,502,816	41,015,830	75.8%
2031	57,121,983	74,052,629	129.6%	57,121,983	46,398,737	90.1%
2032	54,643,733	83,018,006	151.9%	54,643,733	52,237,260	107.0%
2033	52,083,315	92,074,737	176.8%	52,083,315	57,961,437	125.8%
2034	49,438,751	101,176,432	204.7%	49,438,751	63,619,628	146.9%
2035	46,724,068	110,565,386	236.6%	46,724,068	68,966,586	170.2%
2036	43,941,778	120,145,569	273.4%	43,941,778	74,014,676	197.6%
2037	41,113,511	129,162,140	314.2%	41,113,511	80,054,123	228.7%
2038	38,252,616	136,587,408	357.1%	38,252,616	84,944,758	263.1%
2039	35,386,289	142,237,208	402.0%	35,386,289	89,069,872	300.7%
2040	32,538,217	147,398,597	452.9%	32,538,217	92,668,564	342.9%
2041	29,713,025	152,648,403	513.9%	29,713,025	95,567,876	389.9%
2042	26,935,224	155,882,624	578.7%	26,935,224	97,767,706	442.3%
2043	24,232,409	156,550,244	646.0%	24,232,409	98,661,115	498.2%
2044	21,630,628	154,499,432	714.3%	21,630,628	98,045,503	556.0%
2045	19,155,766	150,684,235	786.6%	19,155,766	96,455,723	618.0%
2046	16,826,882	145,993,046	867.6%	16,826,882	94,338,829	687.2%
2047	14,657,078	140,023,071	955.3%	14,657,078	91,544,610	763.1%
2048	12,661,564	132,118,278	1043.8%	12,661,564	87,768,751	842.6%
2049	10,844,117	122,680,019	1131.4%	10,844,117	82,966,739	923.0%
2050	9,209,207	112,186,428	1222.6%	9,209,207	77,788,759	1008.8%
2051	7,757,360	102,721,440	1324.2%	7,757,360	72,689,198	1105.0%
2052	6,481,592	93,004,566	1434.9%	6,481,592	67,460,066	1209.7%
2053	5,374,898	82,195,436	1547.9%	5,374,898	61,980,877	1318.3%
2054	4,423,576	70,452,043	1660.5%	4,423,576	56,490,060	1433.7%
2055	3,614,508	64,248,591	1777.5%	3,614,508	51,043,224	1552.6%
2056	2,934,574	55,995,051	1908.1%	2,934,574	46,109,179	1689.7%
2057	2,367,907	48,618,700	2053.2%	2,367,907	41,477,457	1840.7%
2058	1,900,461	41,956,411	2207.7%	1,900,461	36,907,078	1994.0%
2059	1,516,670	35,911,681	2367.8%	1,516,670	32,480,735	2147.3%
2060	1,203,908	30,569,011	2538.1%	1,203,908	28,280,249	2298.4%
2061	951,324	25,999,181	2732.9%	951,324	24,259,251	2441.9%
2062	747,167	21,903,512	2931.4%	747,167	20,488,460	2563.4%
2063	586,395	18,621,227	3174.5%	586,395	16,891,425	2622.6%
2064	457,454	15,557,083	3400.8%	457,454	13,645,913	2647.9%
2065	354,756	12,905,836	3638.4%	354,756	11,015,927	2679.7%
2066	273,338	10,688,129	3910.2%	273,338	8,925,154	2691.9%
2067	209,175	8,831,887	4217.5%	209,175	7,269,281	2711.0%
2068	158,980	7,222,315	4542.9%	158,980	5,914,004	2731.4%
2069	119,682	5,825,065	4867.1%	119,682	4,789,966	2752.7%
2070	89,063	4,622,775	5201.7%	89,063	3,868,911	2774.7%
2071	65,308	3,643,277	5575.7%	65,308	3,124,668	2796.4%
2072	47,089	2,824,077	5997.3%	47,089	2,516,568	2818.9%
2073	33,346	2,155,293	6463.5%	33,346	2,002,913	2842.6%
2074	23,117	1,611,697	6971.9%	23,117	1,567,788	2867.2%
2075	15,619	1,178,262	7543.7%	15,619	1,207,205	2892.4%
2076	10,158	840,801	8277.1%	10,158	915,724	2917.6%

Past Experience	648,594,889	-	37,018,645	5.7%	636,899,402	32,361,917
Anticipated Experience	1,447,051,055	-	1,447,051,055	3,721,963,741	237.2%	1,311,213,363
Lifetime Experience	2,095,645,944	-	2,095,645,944	3,758,982,386	179.4%	1,948,112,763
Past Experience @ 6%	759,933,000	-	759,933,000	40,986,247	5.4%	747,236,360
Anticipated Experience @ 6%	958,923,579	-	958,923,579	1,600,490,117	166.9%	881,961,518
Lifetime Experience @ 6%	1,718,856,579	-	1,718,856,579	1,641,474,364	95.5%	1,629,197,877

Minimum Required Loss Ratios:	58%	85%
Minimum PV Insurred Claims:	996,936,816	0
Dual Loss Ratio Test Met:	1,641,474,364	>

Proj e:	28.5%
Proj b:	15.3%
Proj g:	10.0%
Proj a:	0.0%

126.1%
115.3%
100.0%
79.1%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	642,522	6,970	1.1%
2010	6,240,239	71,054	1.1%
2011	19,604,082	260,878	1.3%
2012	43,547,996	668,701	1.5%
2013	69,778,987	918,044	1.3%
2014	83,907,078	2,021,155	2.4%
2015	85,412,436	2,963,643	3.5%
2016	84,703,789	4,119,539	4.9%
2017	82,723,503	5,478,412	6.6%
2018	80,865,203	6,981,899	8.6%
2019	79,059,140	8,544,118	10.8%
2020	77,095,475	10,589,738	13.7%
2021	75,241,879	11,991,091	15.9%
2022	73,193,654	14,031,107	19.1%
2023	71,058,075	16,249,546	22.9%
2024	68,845,720	18,742,656	27.2%
2025	66,562,130	21,558,098	32.4%
2026	64,207,997	24,740,713	38.5%
2027	61,785,547	28,303,151	45.8%
2028	59,298,187	32,181,117	54.3%
2029	56,750,742	36,348,345	64.0%
2030	54,149,630	41,015,830	75.8%
2031	51,496,530	46,398,737	90.1%
2032	48,796,692	52,237,260	107.0%
2033	46,057,766	57,961,437	125.8%
2034	43,284,630	63,619,628	146.9%
2035	40,523,232	68,966,586	170.2%
2036	37,754,457	74,014,676	197.6%
2037	35,002,913	80,054,123	228.7%
2038	32,285,454	84,944,758	263.1%
2039	29,619,867	89,069,872	300.7%
2040	27,024,454	92,668,564	342.9%
2041	24,513,798	95,567,876	389.9%
2042	22,102,201	97,767,706	442.3%
2043	19,804,531	98,661,115	498.2%
2044	17,634,860	98,045,503	556.0%
2045	15,601,796	96,455,723	618.0%
2046	13,727,687	94,338,829	687.2%
2047	11,996,652	91,544,610	763.1%
2048	10,416,865	87,768,751	842.6%
2049	8,989,026	82,966,739	923.0%
2050	7,711,977	77,788,759	1008.8%
2051	6,577,955	72,689,198	1105.0%
2052	5,577,368	67,460,066	1209.7%
2053	4,701,504	61,980,877	1318.3%
2054	3,941,417	56,490,060	1433.7%
2055	3,287,507	51,043,224	1552.6%
2056	2,728,770	46,109,179	1689.7%
2057	2,253,296	41,477,457	1840.7%
2058	1,850,861	36,907,078	1994.0%
2059	1,512,663	32,480,735	2147.3%
2060	1,230,468	28,280,249	2298.4%
2061	993,778	24,259,251	2441.9%
2062	799,339	20,488,460	2563.4%
2063	644,630	16,891,425	2622.6%
2064	515,357	13,645,913	2647.9%
2065	411,241	11,015,927	2679.7%
2066	331,556	8,925,154	2691.9%
2067	268,544	7,269,281	2711.0%
2068	216,523	5,914,004	2731.4%
2069	174,050	4,789,966	2752.7%
2070	139,438	3,868,911	2774.7%
2071	111,791	3,124,668	2796.4%
2072	89,275	2,516,568	2818.9%
2073	70,461	2,002,913	2842.6%
2074	54,680	1,567,788	2867.2%
2075	41,733	1,207,205	2892.4%
2076	31,386	915,724	2917.6%

Past Experience	648,594,889	-	37,018,645	5.7%	636,899,402	32,361,917
Anticipated Experience	1,447,051,055	-	1,447,051,055	3,721,963,741	237.2%	1,311,213,363
Lifetime Experience	2,095,645,944	-	2,095,645,944	3,758,982,386	179.4%	1,948,112,763
Past Experience @ 6%	759,933,000	-	759,933,000	40,986,247	5.4%	747,236,360
Anticipated Experience @ 6%	958,923,579	-	958,923,579	1,600,490,117	166.9%	881,961,518
Lifetime Experience @ 6%	1,718,856,579	-	1,718,856,579	1,641,474,364	95.5%	1,629,197,877

Minimum Required Loss Ratios:	58%	85%
Minimum PV Insurred Claims:	996,936,816	101,124,129
Dual Loss Ratio Test Met:	1,641,474,364	>

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from Inception

Rate Increase:	78.9%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	1,150,758	6,970	0.6%
2010	11,176,368	83,394	0.7%
2011	35,110,910	388,589	1.1%
2012	77,994,460	591,324	0.8%
2013	124,974,565	918,044	0.7%
2014	151,131,945	2,821,681	1.9%
2015	155,203,615	4,093,944	2.6%
2016	151,665,667	2,564,703	1.6%
2017	152,492,400	7,205,804	4.7%
2018	149,775,535	8,695,263	5.8%
2019	147,157,724	9,653,879	6.6%
2020	143,896,956	12,790,135	8.9%
2021	140,032,004	16,425,425	11.7%
2022	135,262,910	19,874,915	14.7%
2023	131,645,647	23,625,888	17.9%
2024	128,492,037	27,777,677	21.6%
2025	125,071,369	32,475,792	26.0%
2026	121,653,155	37,786,008	31.1%
2027	118,146,966	43,755,500	37.0%
2028	114,485,985	50,291,609

14,911,809	
8.0%	

Proj c: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	75,620	-	75,620	820	1.1%
2010	935,230	-	935,230	10,771	1.2%
2011	2,869,200	-	2,869,200	97,728	3.4%
2012	5,999,186	-	5,999,186	10,421	0.2%
2013	10,001,462	-	10,001,462	482,623	4.8%
2014	12,891,776	-	12,891,776	1,282,304	9.9%
2015	14,023,052	-	14,023,052	780,330	5.6%
2016	14,388,414	-	14,388,414	736,345	5.1%
2017	13,950,701	-	13,950,701	1,907,339	13.7%
2018	13,576,280	-	13,576,280	1,142,965	8.4%
2019	13,269,761	-	13,269,761	2,694,972	20.3%
2020	12,895,058	-	12,895,058	3,133,727	24.3%
2021	12,457,989	-	12,457,989	3,889,362	31.2%
2022	12,022,627	-	12,022,627	4,545,342	37.8%
2023	11,586,855	-	11,586,855	5,196,026	44.8%
2024	11,150,057	-	11,150,057	5,841,714	52.4%
2025	10,704,831	-	10,704,831	6,501,609	60.7%
2026	10,248,155	-	10,248,155	7,179,274	70.1%
2027	9,782,889	-	9,782,889	7,868,191	80.4%
2028	9,307,769	-	9,307,769	8,545,361	91.8%
2029	8,824,764	-	8,824,764	9,202,076	104.3%
2030	8,336,568	-	8,336,568	9,851,050	118.2%
2031	7,844,288	-	7,844,288	10,495,398	133.8%
2032	7,349,858	-	7,349,858	11,106,983	151.1%
2033	6,855,524	-	6,855,524	11,647,833	169.9%
2034	6,364,115	-	6,364,115	12,083,234	189.9%
2035	5,879,765	-	5,879,765	12,427,691	211.4%
2036	5,404,759	-	5,404,759	12,694,124	235.0%
2037	4,941,607	-	4,941,607	12,874,379	260.5%
2038	4,492,711	-	4,492,711	12,934,307	287.5%
2039	4,060,737	-	4,060,737	12,758,594	314.2%
2040	3,648,066	-	3,648,066	12,495,206	342.5%
2041	3,255,042	-	3,255,042	12,179,001	374.2%
2042	2,883,575	-	2,883,575	11,759,354	407.8%
2043	2,536,088	-	2,536,088	11,241,919	443.3%
2044	2,213,832	-	2,213,832	10,583,818	478.1%
2045	1,918,125	-	1,918,125	9,815,868	511.7%
2046	1,649,397	-	1,649,397	9,013,539	546.5%
2047	1,407,398	-	1,407,398	8,203,427	582.9%
2048	1,192,009	-	1,192,009	7,413,574	621.9%
2049	1,001,739	-	1,001,739	6,623,118	661.2%
2050	835,580	-	835,580	5,840,860	699.0%
2051	692,016	-	692,016	5,106,011	737.8%
2052	569,017	-	569,017	4,428,862	778.3%
2053	464,880	-	464,880	3,820,480	821.8%
2054	377,341	-	377,341	3,266,548	865.7%
2055	304,360	-	304,360	2,765,670	908.7%
2056	244,067	-	244,067	2,314,719	952.5%
2057	194,544	-	194,544	1,942,178	998.3%
2058	154,233	-	154,233	1,616,952	1048.4%
2059	121,504	-	121,504	1,337,575	1100.8%
2060	95,108	-	95,108	1,098,612	1155.1%
2061	73,958	-	73,958	896,237	1211.8%
2062	56,757	-	56,757	726,377	1279.8%
2063	43,765	-	43,765	586,253	1339.6%
2064	33,277	-	33,277	468,797	1408.8%
2065	25,105	-	25,105	371,336	1479.1%
2066	18,742	-	18,742	291,822	1557.1%
2067	13,843	-	13,843	227,704	1644.9%
2068	10,110	-	10,110	175,855	1739.4%
2069	7,289	-	7,289	134,236	1841.7%
2070	5,165	-	5,165	101,349	1962.2%
2071	3,586	-	3,586	75,528	2106.2%
2072	2,413	-	2,413	55,410	2296.6%
2073	1,581	-	1,581	39,987	2529.6%
2074	989	-	989	28,285	2859.2%
2075	579	-	579	19,566	3379.0%
2076	306	-	306	13,237	4322.3%

Proj e: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	75,620	820	1.1%
2010	935,230	10,771	1.2%
2011	2,872,170	39,344	1.4%
2012	6,058,592	95,241	1.6%
2013	10,130,441	179,368	1.8%
2014	13,058,708	296,481	2.3%
2015	14,175,415	445,582	3.1%
2016	14,514,787	629,295	4.3%
2017	14,139,651	847,751	6.0%
2018	13,812,681	1,089,749	7.9%
2019	13,501,687	1,345,156	10.0%
2020	12,895,058	1,614,861	12.5%
2021	12,861,554	1,913,030	14.9%
2022	12,527,899	2,245,247	17.9%
2023	12,175,139	2,613,884	21.5%
2024	11,808,566	2,985,546	25.3%
2025	11,427,908	3,494,962	30.6%
2026	11,034,753	4,033,076	36.5%
2027	10,629,135	4,617,769	43.4%
2028	10,211,408	5,273,860	51.6%
2029	9,782,172	5,988,416	61.2%
2030	9,342,358	6,792,768	72.7%
2031	8,892,338	7,705,383	86.7%
2032	8,432,962	8,688,621	103.0%
2033	7,965,815	9,670,785	121.4%
2034	7,492,918	10,617,659	142.0%
2035	7,016,874	11,622,846	165.6%
2036	6,539,570	12,621,030	193.0%
2037	6,062,714	13,592,797	224.2%
2038	5,592,216	14,495,163	259.2%
2039	5,128,185	15,276,127	297.9%
2040	4,675,329	15,937,618	340.7%
2041	4,235,662	16,453,503	388.5%
2042	3,814,956	16,810,964	441.4%
2043	3,409,576	17,012,710	499.0%
2044	3,018,105	16,942,283	559.5%
2045	2,671,347	16,664,158	623.8%
2046	2,340,494	16,231,931	693.5%
2047	2,036,298	15,668,634	769.5%
2048	1,759,110	14,960,050	850.8%
2049	1,508,068	14,113,235	935.2%
2050	1,286,003	13,170,956	1024.2%
2051	1,088,725	12,196,903	1120.3%
2052	914,639	11,255,516	1230.8%
2053	765,004	10,206,274	1334.1%
2054	635,138	9,214,741	1450.8%
2055	524,253	8,262,097	1576.2%
2056	430,267	7,369,801	1712.8%
2057	351,312	6,535,007	1860.2%
2058	285,162	5,792,918	2013.8%
2059	230,218	5,004,061	2173.6%
2060	184,939	4,307,577	2329.2%
2061	147,974	3,639,785	2459.3%
2062	117,514	3,047,662	2594.1%
2063	91,449	2,478,935	2712.7%
2064	73,851	2,005,303	2709.9%
2065	57,958	1,594,639	2750.4%
2066	46,424	1,265,132	2764.0%
2067	37,054	1,000,254	2780.4%
2068	29,543	826,717	2798.4%
2069	23,494	661,983	2817.6%
2070	18,668	528,709	2837.6%
2071	14,824	423,321	2856.9%
2072	11,723	337,300	2877.3%
2073	9,158	265,539	2898.4%
2074	7,047	205,974	2923.0%
2075	5,342	157,465	2947.5%
2076	3,988	118,501	2971.7%

Proj b: Current Assumptions and

Rate Increase:	10.0%
Yr 1:	9.0%
Yr 2:	7.0%
Yr 3:	19.0%
Yr 4:	0.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims
2004	-	-	-	-	-
2005	-	-	-	-	-
2006	-	-	-	-	-
2007	-	-	-	-	-
2008	-	-	-	-	-
2009	75,620	-	-	75,620	-
2010	935,230	-	-	935,230	93,394
2011	2,869,200	-	-	2,869,200	97,728
2012	5,999,186	-	-	5,999,186	10,421
2013	10,001,462	-	-	10,001,462	482,623
2014	12,891,776	-	-	12,891,776	1,282,304
2015	14,023,052	-	-	14,023,052	780,330
2016	14,388,414	-	-	14,388,414	736,345
2017	13,950,701	-	-	13,950,701	1,907,339
2018	13,576,280	-	-	13,576,280	1,142,965
2019	13,269,761	-	-	13,269,761	2,694,972
2020	12,895,058	-	-	12,895,058	3,133,727
2021	12,457,989	-	-	12,457,989	3,889,362
2022	12,022,627	-	283,734	12,306,361	4,545,342
2023	11,586,855	-	1,315,071	12,901,875	5,196,026
2024	11,150,057	-	2,538,424	13,688,481	5,841,714
2025	10,704,831	-	4,263,450	14,968,281	6,501,609
2026	10,248,155	-	6,081,568	16,329,723	7,179,274
2027	9,782,889	-	7,896,265	13,679,154	7,868,191
2028	9,307,769	-	9,707,007	13,014,806	8,545,361
2029	8,824,764	-	11,514,668	12,339,433	9,202,076
2030	8,336,568	-	13,320,234	11,656,802	9,851,050
2031	7,844,288	-	15,124,172	10,968,660	10,495,398
2032	7,349,858	-	16,927,112	10,277,112	11,106,983
2033	6,855,524	-	18,729,735	9,585,888	11,647,833
2034	6,364,115	-	20,532,358	8,899,773	12,083,234
2035	5,879,765	-	22,335,000	8,221,559	12,427,691
2036	5,404,759	-	24,137,642	7,557,330	12,694,124
2037	4,941,607	-	25,940,284	6,906,717	12,874,379
2038	4,492,711	-	27,742,926	6,269,039	12,934,307
2039	4,060,737	-	29,545,568	5,638,021	12,758,594
2040	3,648,066	-	31,348,210	5,012,408	12,495,206
2041	3,255,042	-	33,150,852	4,391,038	12,179,001
2042	2,883,575	-	34,953,494	3,773,911	11,759,354
2043	2,536,088	-	36,756,136	3,161,115	11,241,919
2044	2,213,832	-	38,558,778	2,552,750	10,583,818
2045	1,918,125	-	40,361,420	1,948,627	9,815,868
2046	1,649,397	-	42,164,062	1,348,917	9,013,539
2047	1,407,398	-	43,966,704	753,877	8,203,427
2048	1,192,009	-	45,769,346	163,112	7,413,574
2049	1,001,739	-	47,571,988	-426,116	6,623,118
2050	835,580	-	49,374,630	-1,000,860	5,840,860
2051	692,016	-	51,177,272	-1,570,594	5,106,011
2052	569,017	-	52,979,914	-2,135,326	4,428,862
2053	464,880	-	54,782,556	-2,695,056	3,820,480
2054	377,341	-	56,585,198	-3,249,784	3,266,548
2055	304,360	-	58,387,840	-3,799,510	2,765,670
2056	244,067	-	60,190,482	-4,344,234	2,314,719
2057	194,544	-	61,993,124	-4,883,956	1,942,178
2058	154,233	-	63,795,766	-5,418,676	1,616,952
2059	121,504	-	65,598,408	-5,948,394	1,337,575
2060	95,108	-	67,401,050	-6,473,110	1,098,612
2061	73,958	-	69,203,692	-6,992,824	896,237
2062	56,757	-	71,006,334	-7,507,536	726,377
2063	43,765	-	72,808,976	-8,017,246	586,253
2064	33,277	-	74,611,618	-8,521,954	468,797
2065	25,105	-	76,414,260	-9,021,660	371,336
2066	18,742	-	78,216,902	-9,516,364	291,822
2067	13,843	-	80,019,544	-10,006,066	227,704
2068	10,110	-	81,822,186	-10,490,766	175,855
2069	7,289	-	83,624,828	-10,970,464	134,236
2070	5,165	-	85,427,470	-11,445,160	101,349
2071	3,586	-	87,230,112	-11,914,854	75,528
2072	2,413	-	89,032,754	-12,379,546	55,410
2073	1,581	-	90,835,396	-12,839,236	39,987
2074	989	-	92,638,038	-13,293,924	28,285
2075	579	-	94,440,680	-13,743,610	19,566
2076	306	-	96,243,322	-14,188,294	13,237

109.6%	39.8%
107.0%	
119.6%	
100.0%	

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase:	12.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	105,716	-	0.0%
2010	1,307,451	93,394	6.4%
2011	4,011,281	97,728	2.4%
2012	8,386,862	10,421	0.1%
2013	13,982,043	482,623	3.5%
2014	18,028,295	1,282,304	7.1%
2015	19,604,227	780,330	4.0%
2016	20,115,002	736,345	3.7%
2017	19,503,080	1,907,339	9.8%
2018	18,979,639	1,142,965	6.0%
2019	18,551,098	2,694,972	14.5%
2020	18,027,292	3,133,727	17.4%
2021	17,416,269	3,889,362	22.3%
2022	16,807,632	4,545,342	27.0%
2023	16,198,353	5,196,026	32.1%
2024	15,587,780	5,841,714	37.5%
2025	14,965,354	6,501,609	43.4%
2026	14,326,921	7,179,274	50.1%
2027	13,676,479	7,868,191	57.5%
2028	13,012,261	8,545,361	65.7%
2029	12,337,030	9,202,076	74.6%
2030	11,654,523	9,851,050	84.5%
2031	10,966,315	10,495,398	95.7%
2032	10,275,332	11,106,983	108.1%
2033	9,584,023	11,647,833	121.5%
2034	8,897,033	12,083,234	135.8%
2035	8,219,911	12,427,691	151.2%
2036	7,555,812	12,694,124	168.0%
2037	6,908,366	12,874,379	186.4%
2038	6,280,810	12,934,307	205.9%
2039	5,676,910	12,758,594	224.7%
2040	5,099,997	12,495,206	245.0%
2041	4,550,548	12,179,001	267.6%
2042	4,031,238	11,759,354	291.7%
2043	3,545,651	11,241,919	317.1%
2044	3,094,937	10,583,818	342.0%
2045	2,680,539	9,815,868	366.1%
2046	2,305,857	9,013,539	390.9%
2047	1,967,542	8,203,427	416.9%
2048	1,666,429	7,413,574	444.8%
2049	1,400,431	6,623,118	472.9%
2050	1,168,140	5,840,860	500.0%
2051	967,638	5,106,011	527.8%
2052	796,486	4,428,862	556.7%
2053	649,903	3,820,480	587.9%
2054	527,522	3,266,548	619.2%
2055	425,495	2,765,670	650.0%
2056	341,255	2,314,719	681.3%
2057	271,973	1,942,178	714.0%
2058	215,617	1,616,952	749.9%
2059	169,863	1,337,575	787.4%
2060	132,961	1,098,612	826.3%
2061	103,393	896,237	866.7%
2062	79,357	726,377	915.2%
2063	61,183	586,253	958.2%
2064	46,521	468,797	1007.7%
2065	35,097	371,336	1058.0%
2066	26,201	291,822	1113.6%
2067	19,352	227,704	1176.6%
2068	14,134	175,855	1244.2%
2069	10,190	134,236	1317.6%
2070	7,221	101,349	1403.3%
2071	5,013	75,528	1506.6%
2072	3,373	55,410	1642.8%
2073	2,210	39,987	1809.3%
2074	1,383	28,285	2046.2%
2075	810	19,566	2417.0%
2076	428	13,237	3091.8%
	142,574,696	9,218,419	6.5%
	274,800,107	157,851,129	116.7%
	417,374,803	227,069,548	78.4%
	166,345,153	10,325,252	6.2%
	190,131,117	161,180,496	85.6%
	356,880,290	171,505,748	48.6%

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	75,620	-	0.0%
2010	935,230	93,394	8.8%
2011	2,869,200	97,728	3.4%
2012	5,999,186	10,421	0.2%
2013	10,001,462	482,623	4.8%
2014	12,891,776	1,282,304	9.9%
2015	14,023,052	780,330	5.6%
2016	14,388,414	736,345	5.1%
2017	13,950,701	1,907,339	13.7%
2018	13,576,280	1,142,965	8.4%
2019	13,269,761	2,694,972	20.3%
2020	12,895,058	3,133,727	24.3%
2021	12,457,989	3,889,362	31.2%
2022	12,022,627	4,545,342	37.8%
2023	11,586,855	5,196,026	44.8%
2024	11,150,057	5,841,714	52.4%
2025	10,704,831	6,501,609	60.7%
2026	10,248,155	7,179,274	70.1%
2027	9,782,889	8,655,010	88.5%
2028	9,307,769	9,399,901	101.0%
2029	8,824,764	10,122,283	114.7%
2030	8,336,568	10,836,155	130.0%
2031	7,844,288	11,544,938	147.2%
2032	7,349,858	12,217,681	166.2%
2033	6,855,524	12,812,616	186.9%
2034	6,364,115	13,291,557	208.9%
2035	5,879,765	13,670,460	232.5%
2036	5,404,759	13,960,048	258.3%
2037	4,941,607	14,161,817	286.5%
2038	4,492,711	14,285,738	317.9%
2039	4,060,737	14,034,654	345.6%
2040	3,648,066	13,744,727	376.8%
2041	3,255,042	13,396,901	411.6%
2042	2,883,575	12,935,289	448.6%
2043	2,536,088	12,366,111	487.6%
2044	2,213,832	11,642,200	525.7%
2045	1,918,125	10,797,654	563.0%
2046	1,649,397	9,914,893	601.1%
2047	1,407,398	9,023,770	641.1%
2048	1,192,009	8,154,932	684.3%
2049	1,001,739	7,285,430	727.1%
2050	835,580	6,424,946	769.0%
2051	692,016	5,616,612	811.6%
2052	569,017	4,871,748	856.0%
2053	464,880	4,202,528	904.0%
2054	377,341	3,593,203	952.4%
2055	304,360	3,042,237	999.9%
2056	244,067	2,557,190	1047.8%
2057	194,544	2,136,396	1098.2%
2058	154,233	1,778,647	1153.3%
2059	121,504	1,471,332	1211.1%
2060	95,108	1,208,673	1270.9%
2061	73,958	985,861	1333.2%
2062	56,757	799,015	1407.6%
2063	43,765	644,878	1473.8%
2064	33,277	515,676	1549.9%
2065	25,105	408,468	1626.8%
2066	18,742	321,004	1712.4%
2067	13,843	250,674	1810.9%
2068	10,110	193,440	1913.4%
2069	7,289	147,659	2026.1%
2070	5,165	111,484	2158.6%
2071	3,586	83,081	2317.0%
2072	2,413	60,951	2526.4%
2073	1,581	43,985	2782.5%
2074	989	31,113	3146.2%
2075	579	21,523	3718.0%
2076	306	14,561	4756.1%
	136,294,228	179,498,546	131.7%
	179,498,546	148,998,906	172,192,825
			115.6%

Prospective PV Approach (PPV) with Delay

Rate Increase:	12.0%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
12,895,058	3,447,099	12,963,566	1,562,163	-68,507	1,884,936
12,457,989	4,278,298	12,647,117	1,850,173	-189,127	2,428,127
12,022,627	4,999,876	12,316,740	2,173,652	-294,113	2,826,224
11,586,855	5,715,629	11,971,417	2,532,466	-384,612	3,183,163
11,150,057	6,425,885	11,612,003	2,905,153	-461,946	3,520,732
10,704,831	7,151,769	11,239,428	3,289,938	-534,597	3,861,831
10,248,155	7,887,201	10,854,078	3,904,357	-605,923	3,982,844
9,782,889	8,655,010	10,456,368	4,485,051	-673,479	4,169,995
9,307,769	9,399,901	10,046,619	5,127,026	-738,850	4,272,875
8,824,764	10,122,283	9,625,400	5,826,129	-800,636	4,296,155
8,336,568	10,836,155	9,193,630	6,610,658	-857,062	4,225,727
7,844,288	11,544,938	8,751,677	7,500,604	-907,388	4,044,333
7,349,858	12,217,681	8,303,379	8,464,539	-953,521	3,753,142
6,855,524	12,812,616	7,841,273	9,431,700	-985,749	3,380,917
6,364,115	13,291,557	7,376,312	10,383,168	-1,012,197	2,908,219
5,879,765	13,670,460	6,908,058	11,351,606	-1,028,294	2,318,855
5,404,759	13,960,048	6,438,376	12,334,810	-1,033,618	1,625,238
4,941,607	14,161,817	5,969,938	13,296,031	-1,028,331	865,786
4,492,711	14,285,738	5,505,610	14,191,733	-1,012,899	14,004
4,060,737	14,034,654	5,048,669	14,965,339	-987,932	-930,685
3,648,066	13,744,727	4,601,913	15,606,856	-953,846	-1,862,129
3,255,042	13,396,901	4,168,848	16,125,310	-913,806	-2,728,409
2,883,575	12,935,289	3,752,128	16,501,642	-868,553	-3,566,353
2,536,088	12,366,111	3,354,389	16,688,987	-818,301	-4,322,876
2,213,832	11,642,200	2,978,195	16,623,573	-764,363	-4,981,373
1,918,125	10,797,654	2,626,358	16,345,276	-708,232	-5,547,621
1,649,397	9,914,893	2,300,091	15,913,596	-650,694	-5,998,704
1,407,398	9,023,770	2,000,156	15,356,843	-592,758	-6,333,072
1,192,009	8,154,932	1,726,921	14,670,273	-534,912	-6,515,341
1,001,739	7,285,430	1,480,453	13,826,678	-478,714	-6,541,248
835,580	6,424,946	1,260,675	12,891,495	-425,095	-6,466,548
692,016	5,616,612	1,066,399	11,925,076	-374,383	-6,308,464
569,017	4,871,748	896,030	10,945,997	-327,013	-6,074,249
464,880	4,202,528	747,892	9,962,162	-283,012	-5,760,063
377,341	3,593,203	620,254	8,985,562	-242,914	-5,392,359
304,360	3,042,237	511,366	8,045,627	-207,006	-5,003,390
244,067	2,557,190	419,267	7,163,542	-175,201	-4,606,352
194,544	2,136,396	341,809	6,343,768	-147,264	-4,207,373
154,233	1,778,647	277,076	5,589,029	-122,843	-3,790,382
121,504	1,471,332	223,378	4,847,064	-101,874	-3,375,732
95,108	1,208,673	179,188	4,168,057	-84,080	-2,959,384
73,958	985,861	143,174	3,518,353	-69,216	-2,532,492
56,757	799,015	113,978	2,895,839	-57,221	-2,095,824
43,765	644,878	90,169	2,305,839	-46,405	-1,750,961
33,277	515,676	71,159	1,933,360	-37,882	-1,417,684
25,105	408,468	56,209	1,549,341	-31,104	-1,140,873
18,742	321,004	44,588	1,235,914	-25,847	-914,910
13,843	250,674	35,132	990,639	-21,289	-739,965
10,110	193,440	28,291	793,765	-18,181	-600,325
7,289	147,659	22,472	634,766	-15,183	-487,107
5,165	111,484	17,835	507,292	-12,649	-395,808
3,586	83,081	14,146	405,048	-10,560	-321,967
2,413	60,951	11,175	322,240	-8,762	-261,288
1,581	43,985	8,725	253,494	-7,144	-209,508
989	31,113	6,710	196,525	-5,721	-165,412
579	21,523	5,084	150,148	-4,560	-128,626
306	14,561	3,794	112,965	-3,488	-98,404
136,126,622	134,510,531	182,700,123	(12,462,178)	3,167,995	121,031,439

Weight 1:	0.85
Weight 2:	0.58
C:	0%
PPV Increase:	12.7%

Prospective PV Approach (PPV) with Delay

Rate Increase:	10.9%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
12,895,058	3,447,099	12,963,566	1,562,163	-68,507	1,884,936
12,457,989	4,278,298	12,647,117	1,850,173	-189,127	2,428,127
12,022,627	4,999,876	12,316,740	2,173,652	-294,113	2,826,224
11,586,855	5,715,629	11,971,417	2,532,466	-384,612	3,183,163
11,150,057	6,425,885	11,612,003	2,905,153	-461,946	3,520,732
10,704,831	7,151,769	11,239,428	3,289,938	-534,597	3,861,831
10,248,155	7,887,201	10,854,078	3,904,357	-605,923	3,982,844
9,782,889	8,655,010	10,456,368	4,485,051	-673,479	4,169,995
9,307,769	9,399,901	10,046,619	5,127,026	-738,850	4,272,875
8,824,764	10,122,283	9,625,400	5,826,129	-800,636	4,296,155
8,336,568	10,836,155	9,193,630	6,610,658	-857,062	4,225,727
7,844,288	11,544,938	8,751,677	7,500,604	-907,388	4,044,333
7,349,858	12,217,681	8,303,379	8,464,539	-953,521	3,753,142
6,855,524	12,812,616	7,841,273	9,431,700	-985,749	3,380,917
6,364,115	13,291,557	7,376,312	10,383,168	-1,012,197	2,908,219
5,879,765	13,670,460	6,908,058	11,351,606	-1,028,294	2,318,855
5,404,759	13,960,048	6,438,376	12,334,810	-1,033,618	1,625,238
4,941,607	14,161,817	5,969,938	13,296,031	-1,028,331	865,786
4,492,711	14,285,738	5,505,610	14,191,733	-1,012,899	14,004
4,060,737	14,034,654	5,048,669	14,965,339	-987,932	-930,685
3,648,066	13,744,727	4,601,913	15,606,856	-953,846	-1,862,129
3,255,042	13,396,901	4,168,848	16,125,310	-913,806	-2,728,409
2,883,575	12

14,751,809	
8.0%	

Proj a: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	566,903	-	566,903	-	0.0%
2010	5,305,009	-	5,305,009	-	0.0%
2011	16,734,782	-	16,734,782	290,861	1.7%
2012	27,548,809	-	27,548,809	580,903	1.1%
2013	59,777,525	-	59,777,525	435,421	0.7%
2014	71,488,136	-	71,488,136	1,539,377	2.2%
2015	72,634,666	-	72,634,666	3,313,615	4.6%
2016	72,617,614	-	72,617,614	1,828,358	2.5%
2017	71,193,018	-	71,193,018	5,298,465	7.4%
2018	70,048,251	-	70,048,251	7,552,319	10.8%
2019	68,895,375	-	68,895,375	6,960,907	10.1%
2020	67,448,082	-	67,448,082	9,656,409	14.3%
2021	65,728,501	-	65,728,501	12,536,063	19.1%
2022	63,501,053	-	63,501,053	15,329,573	24.1%
2023	61,917,186	-	61,917,186	18,429,861	29.8%
2024	60,593,161	-	60,593,161	21,935,963	36.2%
2025	59,130,662	-	59,130,662	25,974,184	43.9%
2026	57,676,514	-	57,676,514	30,606,731	53.1%
2027	56,184,139	-	56,184,139	35,867,310	63.8%
2028	54,612,379	-	54,612,379	41,746,244	76.4%
2029	52,945,562	-	52,945,562	48,313,988	91.3%
2030	51,166,048	-	51,166,048	55,610,980	108.7%
2031	49,277,694	-	49,277,694	63,558,231	129.0%
2032	47,293,875	-	47,293,875	71,911,024	152.1%
2033	45,227,791	-	45,227,791	80,426,904	177.8%
2034	43,074,614	-	43,074,614	89,091,198	206.8%
2035	40,844,303	-	40,844,303	98,137,694	240.3%
2036	38,537,220	-	38,537,220	107,646,434	279.3%
2037	36,171,904	-	36,171,904	116,287,761	321.5%
2038	33,759,905	-	33,759,905	123,673,101	366.3%
2039	31,325,152	-	31,325,152	129,678,613	413.9%
2040	28,880,251	-	28,880,251	134,903,391	467.0%
2041	26,457,984	-	26,457,984	140,269,403	530.2%
2042	24,051,769	-	24,051,769	144,123,270	599.2%
2043	21,696,221	-	21,696,221	145,308,325	669.7%
2044	19,416,796	-	19,416,796	143,915,614	741.2%
2045	17,227,620	-	17,227,620	140,868,367	817.2%
2046	15,177,485	-	15,177,485	136,979,027	902.5%
2047	13,249,680	-	13,249,680	131,819,644	994.9%
2048	11,469,555	-	11,469,555	124,794,704	1087.6%
2049	9,842,379	-	9,842,379	116,064,901	1179.2%
2050	8,373,628	-	8,373,628	106,799,567	1274.8%
2051	7,065,344	-	7,065,344	97,615,429	1381.6%
2052	5,912,575	-	5,912,575	88,575,704	1498.1%
2053	4,910,017	-	4,910,017	79,374,956	1616.6%
2054	4,096,235	-	4,096,235	70,185,495	1714.6%
2055	3,310,148	-	3,310,148	61,482,920	1857.6%
2056	2,680,508	-	2,680,508	53,670,333	1994.8%
2057	2,173,362	-	2,173,362	46,676,522	2147.7%
2058	1,796,228	-	1,796,228	40,539,499	2310.1%
2059	1,395,166	-	1,395,166	34,573,906	2478.1%
2060	1,108,800	-	1,108,800	29,470,399	2657.9%
2061	877,366	-	877,366	25,152,943	2866.2%
2062	692,850	-	692,850	21,657,216	3125.4%
2063	542,830	-	542,830	18,034,984	3322.4%
2064	424,177	-	424,177	15,088,286	3557.1%
2065	329,611	-	329,611	12,534,500	3802.8%
2066	254,597	-	254,597	10,396,307	4083.4%
2067	195,332	-	195,332	8,594,183	4399.8%
2068	148,871	-	148,871	7,046,660	4733.3%
2069	112,394	-	112,394	5,680,829	5053.3%
2070	83,897	-	83,897	4,531,426	5401.1%
2071	61,722	-	61,722	3,563,898	5777.0%
2072	44,677	-	44,677	2,768,667	6197.1%
2073	31,765	-	31,765	2,115,396	6659.2%
2074	22,128	-	22,128	1,583,412	7155.8%
2075	15,040	-	15,040	1,218,666	7704.0%
2076	9,852	-	9,852	827,564	8400.1%
Past Experience	546,610,128	-	546,610,128	27,800,226	5.1%
Anticipated Experience	1,250,884,455	-	1,250,884,455	1,404,112,612	112.2%
Lifetime Experience	1,797,094,583	-	1,797,094,583	1,431,912,838	191.0%
Past Experience @ 6%	640,945,051	-	640,945,051	30,660,995	4.8%
Anticipated Experience @ 6%	822,632,350	-	822,632,350	1,437,212,621	174.7%
Lifetime Experience @ 6%	1,463,577,401	-	1,463,577,401	1,467,873,616	100.3%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	848,874,893	0
Dual Loss Ratio Test Met	1,467,873,616	>
	848,874,893	

Proj e: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	566,903	6,149	1.1%
2010	5,305,009	60,393	1.1%
2011	16,734,782	221,534	1.3%
2012	27,548,809	573,500	1.1%
2013	59,777,525	1,077,140	1.8%
2014	71,488,136	1,724,674	2.4%
2015	72,634,666	2,518,061	3.5%
2016	72,617,614	3,681,245	5.0%
2017	71,193,018	5,298,465	7.4%
2018	70,048,251	7,552,319	10.8%
2019	68,895,375	7,598,563	11.0%
2020	67,448,082	9,332,873	13.8%
2021	65,728,501	10,078,052	15.3%
2022	63,501,053	11,529,573	18.2%
2023	61,917,186	11,929,861	19.3%
2024	60,593,161	12,935,963	21.3%
2025	59,130,662	13,064,137	22.1%
2026	57,676,514	13,172,344	22.8%
2027	56,184,139	13,267,310	23.6%
2028	54,612,379	13,346,244	24.4%
2029	52,945,562	13,413,988	25.3%
2030	51,166,048	13,469,980	26.3%
2031	49,277,694	13,518,231	27.4%
2032	47,293,875	13,561,024	28.7%
2033	45,227,791	13,597,904	30.1%
2034	43,074,614	13,628,198	31.6%
2035	40,844,303	13,651,694	33.4%
2036	38,537,220	13,666,434	35.5%
2037	36,171,904	13,671,761	37.8%
2038	33,759,905	13,666,101	40.5%
2039	31,325,152	13,649,613	43.6%
2040	28,880,251	13,621,391	47.2%
2041	26,457,984	13,581,403	51.3%
2042	24,051,769	13,528,270	56.3%
2043	21,696,221	13,461,325	62.0%
2044	19,416,796	13,381,614	68.9%
2045	17,227,620	13,288,367	77.1%
2046	15,177,485	13,181,027	86.8%
2047	13,249,680	13,059,644	98.5%
2048	11,469,555	12,924,704	112.7%
2049	9,842,379	12,774,901	129.8%
2050	8,373,628	12,609,567	150.6%
2051	7,065,344	12,432,295	175.9%
2052	5,912,575	12,243,704	207.1%
2053	4,910,017	12,044,901	245.4%
2054	4,096,235	11,837,495	289.0%
2055	3,310,148	11,622,920	351.2%
2056	2,680,508	11,402,333	425.4%
2057	2,173,362	11,177,622	514.3%
2058	1,796,228	10,949,499	609.7%
2059	1,395,166	10,719,906	768.4%
2060	1,108,800	10,490,399	946.0%
2061	877,366	10,262,943	1169.9%
2062	692,850	10,038,216	1448.9%
2063	542,830	9,817,984	1809.0%
2064	424,177	9,603,286	2264.2%
2065	329,611	9,394,500	2850.8%
2066	254,597	9,192,307	3610.2%
2067	195,332	8,997,183	4606.4%
2068	148,871	8,809,660	5919.0%
2069	112,394	8,630,829	7679.8%
2070	83,897	8,461,426	10088.1%
2071	61,722	8,301,898	13455.0%
2072	44,677	8,152,667	18249.7%
2073	31,765	8,013,396	25227.0%
2074	22,128	7,883,412	35630.8%
2075	15,040	7,762,666	51626.6%
2076	9,852	7,650,564	77649.1%
Past Experience	546,610,128	27,800,226	5.1%
Anticipated Experience	1,250,884,455	1,404,112,612	112.2%
Lifetime Experience	1,797,094,583	1,431,912,838	79.7%
Past Experience @ 6%	640,945,051	30,660,995	4.8%
Anticipated Experience @ 6%	822,632,350	1,437,212,621	174.7%
Lifetime Experience @ 6%	1,463,577,401	1,467,873,616	100.3%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	848,874,893	1,322,906,580
Dual Loss Ratio Test Met	1,467,873,616	>
		1,322,906,580

Proj c: Current Assumptions and Current Premiums

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	566,903	-	-	566,903	-	0.0%
2010	5,305,009	-	-	5,305,009	-	0.0%
2011	16,734,782	-	-	16,734,782	290,861	1.7%
2012	27,548,809	-	-	27,548,809	580,903	1.1%
2013	59,777,525	-	-	59,777,525	435,421	0.7%
2014	71,488,136	-	-	71,488,136	1,539,377	2.2%
2015	72,634,666	-	-	72,634,666	3,313,615	4.6%
2016	72,617,614	-	-	72,617,614	1,828,358	2.5%
2017	71,193,018	-	-	71,193,018	5,298,465	7.4%
2018	70,048,251	-	-	70,048,251	7,552,319	10.8%
2019	68,895,375	-	-	68,895,375	6,960,907	10.1%
2020	67,448,082	-	-	67,448,082	9,656,409	14.3%
2021	65,728,501	-	-	65,728,501	12,536,063	19.1%
2022	63,501,053	-	1,083,259	64,584,312	15,329,573	23.8%
2023	61,917,186	-	23,205,959	85,123,145	18,429,861	21.7%
2024	60,593,161	-	37,648,478	98,241,639	21,935,963	22.4%
2025	59,130,662	-	51,032,340	110,163,002	25,974,184	23.6%
2026	57,676,514	-	63,777,382	107,453,936	30,606,731	28.5%
2027	56,184,139	-	68,489,362	104,671,501	35,867,310	34.3%
2028	54,612,379	-	67,112,861	101,745,244	41,746,244	41.0%
2029	52,945,562	-	65,694,329	98,639,892	48,313,988	49.0%
2030	51,166,048	-	64,168,521	95,224,579	55,610,980	58.4%
2031	49,277,694	-	62,528,799	91,806,493	63,558,231	69.2%
2032	47,293,875	-	60,816,476	88,110,551	71,911,024	81.6%
2033	45,227,791	-	59,033,556	84,261,347	80,426,904	95.4%
2034	43,074,614	-	57,175,272	80,249,888	89,091,198	111.0%
2035	40,844,303	-	55,250,415	76,094,758	98,137,694	129.0%
2036	38,537,220	-	53,259,128	71,796,148	107,646,434	149.7%
2037	36,171,904	-	51,217,931	67,389,835	116,287,761	172.6%
2038	33,759,905	-	49,136,270	62,896,175	123,673,101	196.6%
2039	31,325,152	-	47,015,318	58,360,870	129,678,613	221.9%
2040	28,880,251	-	44,863,147	53,819,748	134,903,391	250.6%
2041	26,457,984	-	42,834,394	49,292,377	140,269,403	284.6%
2042	24,051,769	-	40,917,708	44,809,458	144,123,270	321.6%
2043	21,696,221	-	39,094,956	40,421,192	145,308,325	359.5%
2044	19,416,796	-	37,367,542	36,174,338	143,915,614	397.8%
2045	17,227,620	-	35,734,488	32,114,438	140,868,367	438.6%
2046	15,177,485	-	34,195,923	28,276,314	136,979,027	484.4%
2047	13,249,680	-	32,749,708	24,684,722	131,819,644	534.0%
2048	11,469,555	-	31,395,281	21,368,281	124,794,704	583.8%
2049	9,842,379	-	30,129,964	18,336,781	116,064,901	633.0%
2050	8,373,628	-	28,951,140	15,600,068	106,799,567	684.3%
2051	7,065,344	-	27,855,429	13,162,735	97,615,429	741.6%
2052	5,912,575	-	26,843,010	10,951,888	88,575,704	804.1%
2053	4,910,017	-	25,911,528	9,147,527	79,374,956	867.7%
2054	4,096,235	-	25,058,244	7,638,263	70,185,495	931.1%
2055	3,310,148	-	24,280,833	6,364,866	61,482,920	997.0%
2056	2,680,508	-	23,577,333	5,312,163	53,670,333	1070.7%
2057	2,173,362	-	22,944,160	4,437,963	46,676,522	1152.8%
2058	1,796,228	-	22,376,000	3,707,571	40,539,499	1240.0%
2059	1,395,166	-	21,866,000	3,098,355	34,573,906	1330.1%
2060	1,108,800	-	21,407,000	2,587,896	29,470,399	1426.7%
2061	877,366	-	21,000,000	2,161,000	25,152,943	1525.8%
2062	692,850	-	20,638,000	1,805,000	21,657,216	1625.9%
2063	542,830	-	20,316,000	1,508,000	18,034,984	1763.0%
2064	424,177	-	20,028,000	1,259,000	15,088,286	1909.3%
2065	329,611	-	19,768,000	1,053,000	12,534,500	2065.2%
2066	254,597	-	19,528,000	874,000	10,396,307	2191.9%
2067	195,332	-	19,303,000	722,000	8,594,183	2361.7%
2068	148,871	-	19,088,000	606,000	7,046,660	2540.6%
2069	112,394	-	18,880,000	509,000	5,680,829	2757.8%
2070	83,897	-	18,677,000	427,000	4,531,426	2899.2%
2071	61,722	-	18,477,000	360,000	3,563,898	3103.0%
2072	44,677	-	18,277,000	303,000	2,768,667	3326.4%
2073	31,765	-	18,076,000	255,000	2,115,396	3574.4%
2074	22,128	-	17,873,000	214,000	1,583,412	3849.9%
2075	15,040	-	17,668,000	180,000	1,218,666	4165.2%
2076	9,852	-	17,460,000	151,000	827,564	4508.9%
Past Experience	546,610,128	-	546,610,128	27,800,226	5.1%	
Anticipated Experience	1,250,884,455	-	1,286,222,036	2,065,064,602	160.5%	
Lifetime Experience	1,797,094,583	-	1,832,832,164	2,092,864,828	114.2%	
Past Experience @ 6%	640,945,051	-	640,945,051	30,660,995	4.8%	
Anticipated Experience @ 6%	822,632,350	-	822,632,350	1,437,212,621	174.7%	
Lifetime Experience @ 6%	1,463,577,401	-	1,463,577,401	1,467,873,616	100.3%	

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	848,874,893	1,322,906,580
Dual Loss Ratio Test Met	1,467,873,616	>
		1,322,906,580

Y1:	84.6%		132.0%
Y2:	34.9%		116.3%
Y3:	21.6%		121.1%
Y4:	0.0%		100.0%

Proj i: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase	58.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	1,056,139	-	0.0%
2010	9,883,212	-	0.0%
2011	31,176,898	290,861	0.9%
2012	69,954,432	580,903	0.8%
2013	111,365,529	435,421	0.4%
2014	131,182,770	1,539,377	1.2%
2015	135,318,010	3,313,615	2.4%
2016	134,914,689	1,828,358	1.4%
2017	132,632,592	5,298,465	4.0%
2018	130,499,892	7,552,319	5.8%
2019	128,352,085	6,960,907	5.4%
2020	125,657,640	9,656,409	7.7%
2021	122,452,198	12,536,063	10.2%
2022	118,302,461	15,329,573	13.0%
2023	115,351,717	18,429,861	16.0%
2024	112,885,059	21,935,963	19.4%
2025	110,160,424	25,974,184	23.6%
2026	107,451,421	30,606,731	28.5%
2027	104,671,050	35,867,310	34.3%
2028	101,742,863	41,746,244	41.0%
2029	98,637,583	48,313,988	49.0%
2030	95,222,347	55,610,980	58.4%
2031	91,804,344	63,558,231	69.2%
2032	88,108,488	71,911,024	81.6%
2033	84,259,375	80,426,904	95.4%
2034	80,248,009	89,091,198	111.0%
2035	76,092,937	98,137,694	129.0%
2036	71,794,468	107,646,434	149.7%
2037	67,388,257	116,287,761	172.6%
2038	62,894,703	123,673,101	196.6%
2039	58,359,503	129,678,613	221.9%
2040	53,817,538	134,903,391	250.6%
2041	49,290,223	140,269,403	284.6%
2042	44,808,409	144,123,270	321.6%
2043	40,420,246	145,308,325	359.5%
2044	36,174,491	143,915,614	397.8%
2045	32,113,687	140,868,367	438.7%
2046	28,275,614	136,979,027	484.4%
2047	24,684,114	131,819,644	534.0%
2048	21,367,760	124,794,704	583.8%
2049	18,336,351	116,064,901	633.0%
2050	15,600,068	106,799,567	684.3%
2051	13,162,737	97,615,429	741.6%
2052	11,051,127	88,575,704	804.1%
2053	9,147,363	79,374,956	867.7%
2054	7,638,136	70,185,495	931.1%
2055	6,364,806	61,482,920	997.0%
2056	5,312,416	53,670,333	1070.7%
2057	4,068,974	46,676,522	1152.8%
2058	3,253,222	40,539,499	1240.0%
2059	2,598,195	34,573,906	1330.1%
2060	2,065,694	29,470,399	1426.7%
2061	1,634,533	25,152,943	1525.8%
2062	1,290,255	21,657,216	1625.9%
2063	1,011,267	18,034,984	1763.0%
2064	790,241	15,088,286	1909.3%
2065	614,065	12,534,500	2065.2%
2066	474,324	10,396,307	2191.9%
2067	364,853	8,594,183	2361.7%
2068	277,396	7,046,660	2540.6%
2069	209,389	5,680,829	2757.8%
2070	156,301	4,531,426	2899.2%
2071	114,988	3,563,898	3103.0%
2072	83,232	2,768,667	3326.4%
2073	59,178	2,115,396	3574.4%
2074	41,224	1,583,412	3841.0%
2075	28,020	1,218,666	4135.2%
2076	18,354	827,564	4508.9%
Past Experience	1,018,334,649	27,800,226	2.7%
Anticipated Experience	2,329,652,540	1,404,112,612	146.1%
Lifetime Experience	3,347,987,208	1,431,912,838	102.5%
Past Experience @ 6%	1,194,080,640	30,660,995	2.6%
Anticipated Experience @ 6%	1,532,564,868	1,437,212,621	93.8%
Lifetime Experience @ 6%	2,726,644,698	1,467,873,616	53.8%

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	566,903	-	0.0%
2010	5,305,009	-	0.0%
2011	16,734,782	290,861	1.7%
2012	27,548,809	580,903	1.1%
2013	59,777,525	435,421	0.7%
2014	71,488,136	1,539,377	2.2%
2015	72,634,666	3,313,615	4.6%
2016	72,617,614	1,828,358	2.5%
2017	71,193,018	5,298,465	7.4%
2018	70,048,251	7,552,319	10.8%
2019	68,895,375	6,960,907	10.1%
2020	67,448,082	9,656,409	14.3%
2021	65,728,501	12,536,063	19.1%
2022	63,501,053	15,329,573	24.1%
2023	61,917,186	18,429,861	29.8%
2024	60,593,161	21,935,963	36.2%
2025	59,130,662	25,974,184	43.9%
2026	57,676,514	30,606,731	53.1%
2027	56,184,139	35,867,310	63.8%
2028	54,612,379	41,746,244	76.4%
2029	52,945,562	48,313,988	91.3%
2030	51,166,048	55,610,980	108.7%
2031	49,277,694	63,558,231	129.0%
2032	47,293,875	71,911,024	152.1%
2033	45,227,791	80,426,904	177.8%
2034	43,074,614	89,091,198	206.8%
2035	40,844,303	98,137,694	240.3%
2036	38,537,220	107,646,434	279.3%
2037	36,171,904	116,287,761	321.5%
2038	33,759,905	123,673,101	366.3%
2039	31,325,152	129,678,613	413.9%
2040	28,880,251	134,903,391	467.0%
2041	26,457,984	140,269,403	530.2%
2042	24,051,769	144,123,270	599.2%
2043	21,696,221	145,308,325	669.7%
2044	19,416,796	143,915,614	741.2%
2045	17,227,620	140,868,367	817.2%
2046	15,177,485	136,979,027	902.5%
2047	13,249,680	131,819,644	994.9%
2048	11,469,555	124,794,704	1087.6%
2049	9,842,379	116,064,901	1179.2%
2050	8,373,628	106,799,567	1274.8%
2051	7,065,344	97,615,429	1381.6%
2052	5,912,575	88,575,704	1498.1%
2053	4,910,017	79,374,956	1616.6%
2054	4,096,235	70,185,495	1714.6%
2055	3,310,148	61,482,920	1857.6%
2056	2,680,508	53,670,333	1994.8%
2057	2,173,362	46,676,522	2147.7%
2058	1,796,228	40,539,499	2310.1%
2059	1,395,166	34,573,906	2478.1%
2060	1,108,800	29,470,399	2657.9%
2061	877,366	25,152,943	2866.2%
2062	692,850	21,657,216	3125.4%
2063	542,830	18,034,984	3322.4%
2064	424,177	15,088,286	3557.1%
2065	329,611	12,534,500	3802.8%
2066	254,597	10,396,307	4083.4%
2067	195,332	8,594,183	4399.8%
2068	148,871	7,046,660	4733.3%
2069	112,394	5,680,829	5053.3%
2070	83,897	4,531,426	5401.1%
2071	61,722	3,563,898	5777.0%
2072	44,677	2,768,667	6197.1%
2073	31,765	2,115,396	6659.2%
2074	22,128	1,583,412	7155.8%
2075	15,040	1,218,666	7704.0%
2076	9,852	827,564	8400.1%
Past Experience	546,610,128	27,800,226	5.1%
Anticipated Experience	1,250,884,455	1,404,112,612	112.2%
Lifetime Experience	1,797,094,583	1,431,912,838	79.7%
Past Experience @ 6%	640,945,051	30,660,995	4.8%
Anticipated Experience @ 6%	822,632,350	1,437,212,621	174.7%
Lifetime Experience @ 6%	1,463,577,401	1,467,873,616	100.3%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	848,874,893	1,322,906,580
Dual Loss Ratio Test Met	1,467,873,616	>
		1,322,906,580

Prospective PV Approach (PPV) with Delay

Rate Increase	89.9%

	Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Year	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
2009	67,449,082	10,622,002	67,265,343	8,988,173	183,739	1,633,877
2010	65,728,501	13,789,649	65,551,742	10,567,193	176,759	3,222,476
2011	63,501,053	16,862,530	63,753,918	12,342,078	(252,865)	4,520,452
2012	61,917,186	20,272,847	61,880,228	14,299,858	36,958	5,972,989
2013	60,593,161	24,129,560	59,940,806	16,480,603	652,354	7,648,957
2014	59,130,662	28,571,602	57,949,497	18,942,876	1,180,165	9,628,726
2015	57,676,514	33,647,938	55,879,642	21,728,357	1,796,913	11,919,581
2016	56,184,139	39,454,041	53,760,133	24,844,274	2,424,006	14,609,766
2017	54,612,379	45,920,869	51,585,183	28,225,534	3,027,197	17,695,335
2018	52,945,562	53,145,387	49,359,236	31,846,862	3,586,327	21,298,525
2019	51,166,048	61,172,078	47,087,839	35,904,104	4,078,208	25,267,974
2020	49,277,694	69,914,054	44,773,004	40,581,933	4,504,690	29,332,122
2021	47,293,875	79,102,126	42,418,225	45,685,314	4,875,649	33,416,812
2022	45,227,791	88,469,595	40,031,614	50,670,974	5,196,177	37,798,621
2023	43,074,614	98,002,518	37,615,119	55,396,814	5,459,496	42,605,704
2024	40,844,303	107,951,464	35,213,280	60,172,683	5,631,023	47,778,780
2025	38,537,220	118,159,078	32,805,558	65,059,146	5,731,661	53,131,932
2026	36,171,904	127,956,537	30,414,444	69,758,802	5,757,460	58,157,735
2027	33,759,905	136,040,411	28,054,571	73,948,936	5,705,333	62,091,475
2028	31,325,152	142,426,475	25,741,353	77,456,947	5,584,199	64,969,528
2029	28,880,251	148,243,730	23,490,617	80,445,022	5,389,634	67,798,708
2030	26,457,984	154,296,343	21,314,021	83,049,556	5,143,963	71,246,787
2031	24,051,769	158,535,597	19,214,277	84,868,051	4,837,472	73,667,583
2032	21,696,221	159,839,158	17,233,689	85,733,823	4,462,532	74,105,335
2033	19,416,796	158,207,175	15,354,620	85,157,665	4,062,176	73,149,511
2034	17,227,620	154,955,204	13,599,335	83,775,934	3,628,285	71,179,269
2035	15,177,485	150,677,018	11,971,196	82,055,254	3,206,289	68,621,764
2036	13,249,680	145,001,608	10,471,658	79,688,122	2,778,023	65,313,486
2037	11,469,555	137,219,174	9,102,604	76,464,985	2,366,950	60,754,189
2038	9,842,379	127,673,591	7,864,689	72,316,918	1,977,690	55,356,673
2039

14,912,800	
8.0%	

Proj c: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	123,049	-	123,049	-	0.0%
2010	651,672	-	651,672	-	0.0%
2011	2,331,497	-	2,331,497	22,066	0.9%
2012	3,843,235	-	3,843,235	97,708	2.5%
2013	4,954,129	-	4,954,129	250,492	5.1%
2014	5,309,788	-	5,309,788	512,708	9.7%
2015	5,306,035	-	5,306,035	134,557	2.5%
2016	5,281,385	-	5,281,385	110,341	2.1%
2017	5,160,649	-	5,160,649	11,541	0.2%
2018	5,072,180	-	5,072,180	1,179,292	23.3%
2019	4,988,560	-	4,988,560	524,959	10.5%
2020	4,858,420	-	4,858,420	878,559	18.1%
2021	4,685,191	-	4,685,191	1,108,709	23.7%
2022	4,397,219	-	4,397,219	1,319,882	30.0%
2023	4,215,544	-	4,215,544	1,555,052	36.9%
2024	4,114,004	-	4,114,004	1,821,998	44.3%
2025	4,007,903	-	4,007,903	2,125,906	53.0%
2026	3,904,427	-	3,904,427	2,468,773	63.2%
2027	3,808,336	-	3,808,336	2,854,992	75.0%
2028	3,708,179	-	3,708,179	3,285,804	88.6%
2029	3,601,265	-	3,601,265	3,770,100	104.7%
2030	3,492,237	-	3,492,237	4,297,550	123.1%
2031	3,369,114	-	3,369,114	4,862,871	144.3%
2032	3,242,186	-	3,242,186	5,452,363	168.2%
2033	3,117,979	-	3,117,979	6,065,729	194.5%
2034	2,989,266	-	2,989,266	6,715,608	224.7%
2035	2,856,019	-	2,856,019	7,411,974	259.5%
2036	2,718,252	-	2,718,252	8,115,858	298.6%
2037	2,576,353	-	2,576,353	8,766,960	340.3%
2038	2,431,379	-	2,431,379	9,319,593	383.3%
2039	2,284,726	-	2,284,726	9,821,893	429.9%
2040	2,136,808	-	2,136,808	10,358,348	484.8%
2041	1,987,264	-	1,987,264	10,894,144	548.2%
2042	1,837,150	-	1,837,150	11,294,567	614.8%
2043	1,687,801	-	1,687,801	11,685,787	680.5%
2044	1,540,717	-	1,540,717	11,554,314	749.9%
2045	1,397,151	-	1,397,151	11,564,264	827.7%
2046	1,258,230	-	1,258,230	11,500,793	914.1%
2047	1,125,194	-	1,125,194	11,288,001	1003.2%
2048	998,988	-	998,988	10,879,511	1088.6%
2049	880,371	-	880,371	10,356,266	1176.4%
2050	769,949	-	769,949	9,820,597	1275.5%
2051	668,129	-	668,129	9,272,872	1387.9%
2052	575,289	-	575,289	8,674,103	1507.8%
2053	491,485	-	491,485	7,987,597	1625.2%
2054	416,633	-	416,633	7,272,294	1745.5%
2055	350,392	-	350,392	6,593,396	1881.7%
2056	292,268	-	292,268	5,966,792	2041.5%
2057	241,832	-	241,832	5,377,458	2223.6%
2058	198,499	-	198,499	4,795,125	2413.7%
2059	161,562	-	161,562	4,223,979	2614.5%
2060	130,377	-	130,377	3,712,235	2847.3%
2061	104,255	-	104,255	3,252,837	3120.1%
2062	82,189	-	82,189	2,812,877	3422.8%
2063	64,794	-	64,794	2,427,482	3746.4%
2064	50,265	-	50,265	2,058,616	4095.5%
2065	38,495	-	38,495	1,733,923	4504.2%
2066	29,021	-	29,021	1,456,722	5019.5%
2067	21,512	-	21,512	1,213,020	5638.8%
2068	15,661	-	15,661	998,551	6376.2%
2069	11,155	-	11,155	807,989	7243.5%
2070	7,736	-	7,736	644,625	8332.9%
2071	5,078	-	5,078	502,362	10029.8%
2072	3,084	-	3,084	397,610	12894.5%
2073	1,681	-	1,681	304,993	18138.9%
2074	769	-	769	228,898	29776.1%
2075	235	-	235	71,463	30341.9%
2076	59	-	59	53,303	90663.9%

Proj e: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	123,049	1,335	1.1%
2010	651,672	7,468	1.1%
2011	2,331,497	22,066	0.9%
2012	3,843,235	97,708	2.5%
2013	4,954,129	250,492	5.1%
2014	5,309,788	516,318	9.7%
2015	5,306,035	134,557	2.5%
2016	5,281,385	110,341	2.1%
2017	5,160,649	11,541	0.2%
2018	5,072,180	1,072,190	21.1%
2019	4,829,818	588,651	12.2%
2020	4,858,420	678,559	14.0%
2021	4,685,191	1,108,709	23.7%
2022	4,397,219	1,319,882	30.0%
2023	4,215,544	1,555,052	36.9%
2024	4,114,004	1,821,998	44.3%
2025	4,007,903	2,125,906	53.0%
2026	3,904,427	2,468,773	63.2%
2027	3,808,336	2,854,992	75.0%
2028	3,708,179	3,285,804	88.6%
2029	3,601,265	3,770,100	104.7%
2030	3,492,237	4,297,550	123.1%
2031	3,369,114	4,862,871	144.3%
2032	3,242,186	5,452,363	168.2%
2033	3,117,979	6,065,729	194.5%
2034	2,989,266	6,715,608	224.7%
2035	2,856,019	7,411,974	259.5%
2036	2,718,252	8,115,858	298.6%
2037	2,576,353	8,766,960	340.3%
2038	2,431,379	9,319,593	383.3%
2039	2,284,726	9,821,893	429.9%
2040	2,136,808	10,358,348	484.8%
2041	1,987,264	10,894,144	548.2%
2042	1,837,150	11,294,567	614.8%
2043	1,687,801	11,685,787	680.5%
2044	1,540,717	11,554,314	749.9%
2045	1,397,151	11,564,264	827.7%
2046	1,258,230	11,500,793	914.1%
2047	1,125,194	11,288,001	1003.2%
2048	998,988	10,879,511	1088.6%
2049	880,371	10,356,266	1176.4%
2050	769,949	9,820,597	1275.5%
2051	668,129	9,272,872	1387.9%
2052	575,289	8,674,103	1507.8%
2053	491,485	7,987,597	1625.2%
2054	416,633	7,272,294	1745.5%
2055	350,392	6,593,396	1881.7%
2056	292,268	5,966,792	2041.5%
2057	241,832	5,377,458	2223.6%
2058	198,499	4,795,125	2413.7%
2059	161,562	4,223,979	2614.5%
2060	130,377	3,712,235	2847.3%
2061	104,255	3,252,837	3120.1%
2062	82,189	2,812,877	3422.8%
2063	64,794	2,427,482	3746.4%
2064	50,265	2,058,616	4095.5%
2065	38,495	1,733,923	4504.2%
2066	29,021	1,456,722	5019.5%
2067	21,512	1,213,020	5638.8%
2068	15,661	998,551	6376.2%
2069	11,155	807,989	7243.5%
2070	7,736	644,625	8332.9%
2071	5,078	502,362	10029.8%
2072	3,084	397,610	12894.5%
2073	1,681	304,993	18138.9%
2074	769	228,898	29776.1%
2075	235	71,463	30341.9%
2076	59	53,303	90663.9%

Past Experience	43,022,099
Anticipated Experience	89,960,470
Lifetime Experience	132,982,569
Past Experience @ 4%	51,071,872
Anticipated Experience @ 4%	58,012,650
Lifetime Experience @ 4%	109,084,522

Proj b: Current Assumptions and Rate Increase

Rate Increase:	30.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	123,049	-	123,049	-	0.0%
2010	651,672	-	651,672	-	0.0%
2011	2,331,497	-	2,331,497	22,066	0.9%
2012	3,843,235	-	3,843,235	97,708	2.5%
2013	4,954,129	-	4,954,129	250,492	5.1%
2014	5,309,788	-	5,309,788	512,708	9.7%
2015	5,306,035	-	5,306,035	134,557	2.5%
2016	5,281,385	-	5,281,385	110,341	2.1%
2017	5,160,649	-	5,160,649	11,541	0.2%
2018	5,072,180	-	5,072,180	1,179,292	23.3%
2019	4,988,560	-	4,988,560	524,959	10.5%
2020	4,858,420	-	4,858,420	878,559	18.1%
2021	4,685,191	-	4,685,191	1,108,709	23.7%
2022	4,397,219	-	4,397,219	1,319,882	30.0%
2023	4,215,544	-	4,215,544	1,555,052	36.9%
2024	4,114,004	-	4,114,004	1,821,998	44.3%
2025	4,007,903	-	4,007,903	2,125,906	53.0%
2026	3,904,427	-	3,904,427	2,468,773	63.2%
2027	3,808,336	-	3,808,336	2,854,992	75.0%
2028	3,708,179	-	3,708,179	3,285,804	88.6%
2029	3,601,265	-	3,601,265	3,770,100	104.7%
2030	3,492,237	-	3,492,237	4,297,550	123.1%
2031	3,369,114	-	3,369,114	4,862,871	144.3%
2032	3,242,186	-	3,242,186	5,452,363	168.2%
2033	3,117,979	-	3,117,979	6,065,729	194.5%
2034	2,989,266	-	2,989,266	6,715,608	224.7%
2035	2,856,019	-	2,856,019	7,411,974	259.5%
2036	2,718,252	-	2,718,252	8,115,858	298.6%
2037	2,576,353	-	2,576,353	8,766,960	340.3%
2038	2,431,379	-	2,431,379	9,319,593	383.3%
2039	2,284,726	-	2,284,726	9,821,893	429.9%
2040	2,136,808	-	2,136,808	10,358,348	484.8%
2041	1,987,264	-	1,987,264	10,894,144	548.2%
2042	1,837,150	-	1,837,150	11,294,567	614.8%
2043	1,687,801	-	1,687,801	11,685,787	680.5%
2044	1,540,717	-	1,540,717	11,554,314	749.9%
2045	1,397,151	-	1,397,151	11,564,264	827.7%
2046	1,258,230	-	1,258,230	11,500,793	914.1%
2047	1,125,194	-	1,125,194	11,288,001	1003.2%
2048	998,988	-	998,988	10,879,511	1088.6%
2049	880,371	-	880,371	10,356,266	1176.4%
2050	769,949	-	769,949	9,820,597	1275.5%
2051	668,129	-	668,129	9,272,872	1387.9%
2052	575,289	-	575,289	8,674,103	1507.8%
2053	491,485	-	491,485	7,987,597	1625.2%
2054	416,633	-	416,633	7,272,294	1745.5%
2055	350,392	-	350,392	6,593,396	1881.7%
2056	292,268	-	292,268	5,966,792	2041.5%
2057	241,832	-	241,832	5,377,458	2223.6%
2058	198,499	-	198,499	4,795,125	2413.7%
2059	161,562	-	161,562	4,223,979	2614.5%
2060	130,377	-	130,377	3,712,235	2847.3%
2061	104,255	-	104,255	3,252,837	3120.1%
2062	82,189	-	82,189	2,812,877	3422.8%
2063	64,794	-	64,794	2,427,482	3746.4%
2064	50,265	-	50,265	2,058,616	4095.5%
2065	38,495	-	38,495	1,733,923	4504.2%
2066	29,021	-	29,021	1,456,722	5019.5%
2067	21,512	-	21,512	1,213,020	5638.8%
2068	15,661	-	15,661	998,551	6376.2%
2069	11,155	-	11,155	807,989	7243.5%
2070	7,736	-	7,736	644,625	8332.9%
2071	5,078	-	5,078	502,362	10029.8%
2072	3,084	-	3,084	397,610	12894.5%
2073	1,681	-	1,681	304,993	18138.9%
2074	769	-	769	228,898	29776.1%
2075	235	-	235	71,463	30341.9%
2076	59	-	59	53,303	90663.9%

Past Experience	43,022,099
Anticipated Experience	89,960,470
Lifetime Experience	132,982,569
Past Experience @ 4%	51,071,872
Anticipated Experience @ 4%	58,012,650
Lifetime Experience @ 4%	109,084,522

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	61,268,307	0
Dual Loss Ratio Test Met	122,664,056	>

Proj c: Current Assumptions and Current Rates

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	123,049	-	0.0%
2010	651,672	-	0.0%
2011	2,331,497	22,066	0.9%
2012	3,843,235	97,708	2.5%
2013	4,954,129	250,492	5.1%
2014	5,309,788	512,708	9.7%
2015	5,306,035	134,557	2.5%
2016	5,281,385	110,341	2.1%
2017	5,160,649	11,541	0.2%
2018	5,072,180	1,179,292	23.3%
2019	4,988,560	524,959	10.5%
2020	4,858,420	878,559	18.1%
2021	4,685,191	1,108,709	23.7%
2022	4,397,219	1,319,882	30.0%
2023	4,215,544	1,555,052	36.9%
2024	4,114,004	1,821,998	44.3%
2025	4,007,903	2,125,906	53.0%
2026	3,904,427	2,468,773	63.2%
2027	3,808,336	2,854,992	75.0%
2028	3,708,179	3,285,804	88.6%
2029	3,601,265	3,770,100	104.7%
2030	3,492,237	4,297,550	123.1%
2031	3,369,114	4,862,871	144.3%
2032	3,242,186	5,452,363	168.2%
2033	3,117,979	6,065,729	194.5%
2034	2,989,266	6,715,608	224.7%
2035	2,856,019	7,411,974	259.5%
2036	2,718,252	8,115,858	298.6%
2037	2,576,353	8,766,960	340.3%
2038	2,431,379	9,319,593	383.3%
2039	2,284,726	9,821,893	429.9%
2040	2,136,808	10,358,348	484.8%
2041	1,987,264	10,894,144	548.2%
2042	1,837,150	11,294,567	614.8%
2043	1,687,801	11,685,787	680.5%
2044	1,540,717	11,554,314	749.9%
2045	1,397,151	11,564,264	827.7%
2046	1,258,230	11,500,793	914.1%
2047	1,125,194	11,288,001	1003.2%
2048	998,988	10,879,511	1088.6%
2049	880,371	10,356,266	1176.4%
2050	769,949	9,820,597	1275.5%
2051	668,129	9,272,872	1387.9%
2052	575,289	8,674,103	1507.8%
2053	491,485	7,987,597	1625.2%
2054	416,633	7,272,294	1745.5%
2055	350,392	6,593,396	1881.7%
2056	292,268	5,966,792	2041.5%
2057	241,832	5,377,458	2223.6%
2058	198,499	4,795,125	2413.7%
2059	161,562	4,223,979	2614.5%
2060	130,377	3,712,235	2847.3%
2061	104,255	3,252,837	3120.1%
2062	82,189	2,812,877	3422.8%
2063	64,794	2,427,482	3746.4%
2064	50,265	2,058,616	4095.5%
2065	38,495	1,733,923	4504.2%
2066	29,021	1,456,722	5019.5%
2067	21,512	1,213,020	5638.8%
2068	15,661	998,551	6376.2%
2069	11,155	807,989	7243.5%
2070	7,736	644,625	8332.9%
2071	5,078	502,362	10029.8%
2072	3,084	397,610	12894.5%
2073	1,681	304,993	18138.9%
2074	769	228,898	29776.1%
2075	235	71,463	30341.9%
2076	59	53,303	90663.9%

Past Experience	43,022,099
Anticipated Experience	89,960,470
Lifetime Experience	132,982,569
Past Experience @ 4%	51,071,872
Anticipated Experience @ 4%	58,012,650
Lifetime Experience @ 4%	109,084,522

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	61,268,307	47,539,751
Dual Loss Ratio Test Met	122,664,056	>

	31.3%	97.0%
	123.9%	
	121.2%	
	100.0%	

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	123,049	-	0.0%
2010	651,672	-	0.0%
2011	2,331,497	22,066	0.9%
2012	3,843,235	97,708	2.5%
2013	4,954,129	250,492	5.1%
2014	5,309,788	512,708	9.7%
2015	5,306,035	134,557	2.5%
2016	5,281,385	110,341	2.1%
2017	5,160,649	11,541	0.2%
2018	5,072,180	1,179,292	23.3%
2019	4,988,560	524,959	10.5%
2020	4,858,420	878,559	18.1%
2021	4,685,191	1,108,709	23.7%
2022	4,397,219	1,319,882	30.0%
2023	4,215,544	1,555,052	36.9%
2024	4,114,004	1,821,998	44.3%
2025	4,007,903	2,125,906	53.0%
2026	3,904,427	2,468,773	63.2%
2027	3,808,336	2,854,992	75.0%
2028	3,708,179	3,285,804	88.6%
2029	3,601,265	3,770,100	104.7%
2030	3,492,237	4,297,550	123.1%
2031	3,369,114	4,862,871	144.3%
2032	3,242,186	5,452,363	168.2%
2033	3,117,979	6,065,729	194.5%
2034	2,989,266	6,715,608	224.7%
2035	2,856,019	7,411,974	259.5%
2036	2,718,252	8,115,858	298.6%
2037	2,576,353	8,766,960	340.3%
2038	2,431,379	9,319,593	383.3%
2039	2,284,726	9,821,893	429.9%
2040	2,136,808	10,358,348	484.8%
2041	1,987,264	10,894,144	548.2%
2042	1,837,150	11,294,567	614.8%
2043	1,687,801	11,685,787	680.5%
2044	1,540,717	11,554,314	749.9%
2045	1,397,151	11,564,264	827.7%
2046	1,258,230	11,500,793	914.1%
2047	1,125,194	11,288,001	1003.2%
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2049	880,371	10,356,266	1176.4%
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2052	575,289	8,674,103	1507.8%
2053	491,485	7,987,597	1625.2%
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2057	241,832	5,377,458	2223.6%
2058	198,499	4,795,125	2413.7%
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2061	104,255	3,252,837	3120.1%
2062	82,189	2,812,877	3422.8%
2063	64,794	2,427,482	3746.4%
2064	50,265	2,058,616	4095.5%
2065	38,495	1,733,923	4504.2%
2066	29,021	1,456,722	5019.5%
2067	21,512	1,213,020	5638.8%
2068	15,661	998,551	6376.2%
2069	11,155	807,989	7243.5%
2070	7,736	644,625	8332.9%
2071	5,078	502,362	10029.8%
2072	3,084	397,610	12894.5%
2073	1,681	304,993	18138.9%
2074	769	228,898	29776.1%
2075	235	71,463	30341.9%
2076	59	53,303	90663.9%

Past Experience	43,022,099
Anticipated Experience	89,960,470
Lifetime Experience	132,982,569
Past Experience @ 4%	51,071,872
Anticipated Experience @ 4%	58,012,650
Lifetime Experience @ 4%	109,084,522

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	61,268,307	47,539,751
Dual Loss Ratio Test Met	122,664,056	>

Prospective PV Approach (PPV) with Delay

Rate Increase:	124.5%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
4,858,420	966,415	4,865,040	716,783	(6,620)	249,633
4,685,191	1,239,580	4,734,846	838,303	(49,655)	381,276
4,397,219	1,451,870	4,568,924	973,231	(201,705)	478,639
4,215,544	1,710,557	4,458,181	1,121,543	(242,637)	589,014
4,114,004	2,004,198	4,313,172	1,287,143	(199,168)	717,055
4,007,903	2,338,496	4,164,026	1,473,754	(156,123)	864,743
3,904,427	2,715,650	4,010,817	1,684,264	(106,390)	1,031,386
3,808,336	3,140,491	3,853,785	1,914,492	(45,449)	1,225,999
3,708,179	3,614,384	3,693,268	2,158,329	14,910	1,456,056
3,601,265	4,147,109	3,529,674	2,421,588	71,591	1,725,521
3,492,237	4,727,305	3,363,346	2,722,659	128,892	2,004,647
3,369,114	5,349,158	3,194,384	3,068,729	174,730	2,280,429
3,242,186	5,997,599	3,023,095	3,438,599	219,091	2,559,001
3,117,979	6,672,302	2,850,148	3,784,214	267,831	2,888,088
2,989,266	7,387,169	2,676,597	4,108,613	312,669	3,278,556
2,856,019	8,153,172	2,503,427	4,442,915	352,592	3,710,257
2,718,252	8,927,444	2,331,218	4,778,486	387,034	4,148,958
2,576,353	9,643,656	2,160,900	5,089,868	415,453	4,553,788
2,431,379	10,251,553	1,993,491	5,352,751	437,888	4,898,838
2,284,726	10,804,082	1,830,042	5,580,630	454,684	5,223,452
2,136,808	11,394,182	1,671,631	5,796,620	465,173	5,597,562
1,987,264	11,983,559	1,518,378	5,982,116	468,886	6,001,443
1,837,150	12,624,024	1,371,720	6,193,136	465,429	6,430,887
1,687,801	12,634,266	1,232,327	6,127,283	455,474	6,507,082
1,540,717	12,769,745	1,100,988	6,083,574	439,729	6,686,171
1,397,151	12,720,690	978,275	6,058,724	418,877	6,701,966
1,258,230	12,650,873	864,273	5,956,220	393,947	6,724,653
1,125,194	12,416,801	759,153	5,773,637	366,041	6,643,164
998,988	11,961,962	663,050	5,538,455	335,937	6,423,507
880,371	11,391,893	575,977	5,259,998	304,394	6,131,895
769,949	10,802,637	497,727	4,986,213	272,222	5,816,424
668,129	10,200,160	427,798	4,712,175	240,331	5,487,985
575,289	9,541,513	365,705	4,413,098	209,584	5,128,415
491,485	8,786,356	310,987	4,079,298	180,498	4,707,059
416,633	7,999,524	263,138	3,743,910	153,496	4,255,614
350,392	7,252,736	221,582	3,432,817	128,810	3,819,919
292,268	6,563,671	185,686	3,146,650	106,582	3,416,021
241,832	5,915,204	154,799	2,861,864	87,032	3,053,340
198,499	5,270,237	128,374	2,560,083	70,125	2,707,154
161,562	4,646,377	105,918	2,273,789	55,644	2,372,588
130,377	4,083,459	86,952	1,997,572	43,426	2,085,887
104,255	3,578,121	71,022	1,732,650	33,234	1,845,471
82,189	3,072,188	57,172	1,466,722	25,017	1,605,466
64,794	2,670,231	46,661	1,198,732	18,134	1,471,499
50,265	2,264,478	37,613	977,723	12,652	1,286,754
38,495	1,907,316	30,360	797,330	8,135	1,109,986
29,021	1,602,394	24,696	653,898	4,325	948,496
21,512	1,334,322	20,159	538,312	1,353	796,010
15,661	1,098,406	16,368	440,794	(708)	657,612
11,155	888,788	13,220	359,128	(2,065)	529,660
7,736	709,087	10,646	291,799	(2,910)	417,288
5,078	560,299	8,587	237,429	(3,508)	322,870
3,084	437,371	6,888	192,180	(3,805)	245,192
1,681	335,492	5,439	153,115	(3,757)	182,367
769	251,788	4,219	119,872	(3,450)	131,916
235	78,587	2,217	92,266	(2,981)	(13,679)
59	58,634	2,420	70,058	(2,361)	(11,424)

58,012,650	51,112,400
226.5%	124.0%

Weight 1:	0.85
Weight 2:	0.58
C:	0.0%
PPV Increase:	124.5%

Prospective PV Approach (PPV) with Delay

Rate Increase:	146.4%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
4,858,420	966,415	4,865,040	716,783	(6,620)	249,633
4,685,191	1,239,580	4,734,846	838,303	(49,655)	381,276
4,397,219	1,451,870	4,568,924	973,231	(201,705)	478,639
4,215,544	1,710,557	4,458,181	1,121,543	(242,637)	589,014
4,114,004	2,004,198	4,313,172	1,287,143	(199,168)	717,055
4,007,903	2,338,496	4,164,026	1,473,754	(156,123)	864,743
3,904,427	2,715,650	4,010,817	1,684,264	(106,390)	1,031,386
3,808,336	3,140,491	3,853,785	1,914,492	(45,449)	1,225,999
3,708,179	3,614,384	3,693,268	2,158,329	14,910	1,456,056
3,601,265	4,147,109	3,529,674	2,421,588	71,591	1,725,521
3,492,237	4,727,305	3,363,346	2,722,659	128,892	2,004,647
3,369,114	5,349,158	3,194,384	3,068,729	174,730	2,280,429
3,242,186	5,997,599	3,023,095	3,438,599	219,091	2,559,001
3,117,979	6,672,302	2,850,148	3,784,214	267,831	2,888,088

HURLPRO	86%
8.0%	

Proj a: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	0.0%
2005	-	-	-	0.0%
2006	-	-	-	0.0%
2007	-	-	-	0.0%
2008	-	-	-	0.0%
2009	519,473	-	519,473	0.0%
2010	5,588,567	5,588,567	83,394	1.5%
2011	17,272,585	17,272,585	366,523	2.1%
2012	39,704,771	39,704,771	493,615	1.2%
2013	64,824,858	64,824,858	667,553	1.0%
2014	79,074,325	79,074,325	2,208,973	2.9%
2015	81,351,483	81,351,483	3,959,387	4.9%
2016	81,524,762	81,524,762	2,454,361	4.8%
2017	79,983,069	79,983,069	7,194,263	9.0%
2018	78,552,241	78,552,241	7,555,995	9.6%
2019	77,176,557	77,176,557	9,130,920	11.8%
2020	75,485,720	75,485,720	11,911,576	15.8%
2021	73,501,299	73,501,299	15,356,716	20.8%
2022	71,126,461	71,126,461	18,551,033	26.1%
2023	69,288,466	69,288,466	22,070,836	31.9%
2024	67,629,214	67,629,214	25,951,679	38.4%
2025	65,827,591	65,827,591	30,349,887	46.1%
2026	64,020,283	64,020,283	35,317,236	55.2%
2027	62,158,691	62,158,691	40,880,508	65.8%
2028	60,211,969	60,211,969	47,005,805	78.1%
2029	58,169,061	58,169,061	53,745,964	92.4%
2030	56,010,379	56,010,379	61,164,480	109.2%
2031	53,752,869	53,752,869	69,190,758	128.7%
2032	51,401,547	51,401,547	77,565,643	150.9%
2033	48,965,336	48,965,336	86,009,008	175.7%
2034	46,449,465	46,449,465	94,460,824	203.4%
2035	43,868,049	43,868,049	103,153,411	235.1%
2036	41,223,526	41,223,526	112,029,710	271.8%
2037	38,537,158	38,537,158	120,995,180	312.4%
2038	35,821,237	35,821,237	127,267,814	355.3%
2039	33,101,563	33,101,563	132,455,215	400.0%
2040	30,401,509	30,401,509	137,040,249	450.8%
2041	27,725,761	27,725,761	141,554,259	510.6%
2042	25,098,175	25,098,175	144,588,057	576.1%
2043	22,544,608	22,544,608	145,064,457	643.5%
2044	20,089,911	20,089,911	142,945,119	711.5%
2045	17,758,594	17,758,594	139,119,971	783.4%
2046	15,568,662	15,568,662	134,492,253	863.9%
2047	13,531,885	13,531,885	128,735,071	951.3%
2048	11,662,576	11,662,576	121,283,767	1039.9%
2049	9,963,747	9,963,747	112,333,753	1127.4%
2050	8,439,259	8,439,259	102,769,830	1217.8%
2051	7,089,232	7,089,232	93,448,567	1318.2%
2052	5,906,802	5,906,802	84,330,463	1427.8%
2053	4,883,413	4,883,413	75,207,840	1540.1%
2054	4,006,943	4,006,943	66,179,749	1651.6%
2055	3,264,117	3,264,117	57,655,194	1766.3%
2056	2,642,306	2,642,306	50,028,259	1893.8%
2057	2,126,075	2,126,075	43,241,242	2033.9%
2058	1,701,962	1,701,962	37,565,227	2183.7%
2059	1,355,108	1,355,108	31,687,501	2338.4%
2060	1,073,531	1,073,531	26,856,776	2501.7%
2061	847,069	847,069	22,746,343	2685.3%
2062	663,286	663,286	19,166,754	2890.1%
2063	521,801	521,801	16,034,552	3103.4%
2064	407,189	407,189	13,498,467	3315.0%
2065	316,221	316,221	11,171,912	3532.9%
2066	244,317	244,317	9,231,407	3778.5%
2067	187,663	187,663	7,608,867	4054.5%
2068	143,320	143,320	6,223,764	4342.6%
2069	108,528	108,528	5,057,076	4622.8%
2070	81,327	81,327	3,988,150	4903.9%
2071	60,229	60,229	3,132,014	5200.1%
2072	44,006	44,006	2,426,467	5514.0%
2073	31,664	31,664	1,850,300	5843.5%
2074	22,348	22,348	1,382,798	6187.5%
2075	15,384	15,384	1,016,829	7594.7%
2076	10,099	10,099	787,498	7797.5%

Proj a: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	519,473	5,635	1.1%
2010	5,588,567	63,386	1.1%
2011	17,334,698	230,641	1.3%
2012	39,909,831	607,416	1.5%
2013	64,978,146	1,152,684	1.8%
2014	78,691,416	1,864,837	2.4%
2015	81,214,733	2,743,025	3.4%
2016	81,524,762	3,910,863	4.8%
2017	77,638,271	5,087,652	6.6%
2018	76,551,753	6,496,150	8.6%
2019	74,229,322	7,955,468	10.7%
2020	72,882,293	9,810,863	13.5%
2021	70,507,299	11,177,850	15.8%
2022	68,740,913	12,970,002	19.0%
2023	66,740,806	15,161,251	22.7%
2024	64,688,646	17,093,538	27.1%
2025	62,529,257	20,127,504	32.2%
2026	60,323,293	23,155,172	38.3%
2027	58,052,736	26,444,629	45.6%
2028	55,720,674	30,085,076	54.0%
2029	53,331,542	33,993,963	63.7%
2030	50,891,224	38,379,752	75.4%
2031	48,401,892	43,413,038	89.7%
2032	45,867,428	48,895,025	106.6%
2033	43,296,502	54,284,015	125.4%
2034	40,701,492	59,614,045	146.5%
2035	38,097,888	64,646,691	169.7%
2036	35,496,054	68,924,958	194.2%
2037	32,909,570	75,104,612	228.2%
2038	30,354,423	79,718,648	262.7%
2039	27,847,337	83,649,983	300.4%
2040	25,405,767	86,918,641	342.2%
2041	23,043,541	89,749,609	389.5%
2042	20,774,290	91,823,626	442.0%
2043	18,611,735	92,704,041	498.1%
2044	16,568,459	92,313,112	556.9%
2045	14,661,410	90,606,216	618.0%
2046	12,891,852	88,192,207	687.1%
2047	11,262,735	85,949,703	763.0%
2048	9,776,328	82,394,375	842.8%
2049	8,432,644	77,864,016	923.4%
2050	7,231,396	72,964,135	1009.0%
2051	6,161,088	68,12,6115	1105.0%
2052	5,224,601	63,194,614	1209.6%
2053	4,401,674	58,010,998	1318.3%
2054	3,687,875	52,769,221	1430.9%
2055	3,078,103	47,724,965	1552.9%
2056	2,550,010	42,069,726	1649.9%
2057	2,100,370	38,715,629	1839.8%
2058	1,727,423	34,416,649	1993.5%
2059	1,410,871	30,269,014	2146.8%
2060	1,146,920	26,156,298	2298.0%
2061	927,069	22,572,847	2433.9%
2062	739,286	19,166,754	2592.4%
2063	589,860	15,680,158	2659.0%
2064	479,291	12,757,209	2661.2%
2065	383,143	10,224,363	2667.0%
2066	299,157	7,906,027	2643.1%
2067	228,882	6,753,332	2950.1%
2068	200,854	5,495,636	2736.1%
2069	161,360	4,445,955	2755.3%
2070	129,253	3,589,499	2777.3%
2071	103,539	2,897,802	2798.6%
2072	82,690	2,332,689	2821.0%
2073	65,263	1,854,868	2844.6%
2074	50,650	1,453,189	2869.1%
2075	38,661	1,118,000	2894.2%
2076	29,076	848,796	2919.2%

Proj b: Current Assumptions and Current Rates

Rate Increase	78.0%
Year 1:	26.0%
Year 2:	14.0%
Year 3:	20.0%
Year 4:	0.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	519,473	-	519,473	-	-	0.0%
2010	5,588,567	-	5,588,567	83,394	1,156	1.5%
2011	17,272,585	-	17,272,585	366,523	2,136	2.1%
2012	39,704,771	-	39,704,771	493,615	6,000	1.2%
2013	64,824,858	-	64,824,858	667,553	1,096	0.1%
2014	79,074,325	-	79,074,325	2,208,973	2,989	0.1%
2015	81,351,483	-	81,351,483	3,959,387	4,996	0.1%
2016	81,524,762	-	81,524,762	2,454,361	4,806	0.2%
2017	79,983,069	-	79,983,069	7,194,263	9,005	0.1%
2018	78,552,241	-	78,552,241	7,555,995	9,626	0.1%
2019	77,176,557	-	77,176,557	9,130,920	11,836	0.1%
2020	75,485,720	-	75,485,720	11,911,576	15,878	0.1%
2021	73,501,299	-	73,501,299	15,356,716	20,896	0.1%
2022	71,126,461	-	71,126,461	18,551,033	26,136	0.1%
2023	69,288,466	-	69,288,466	22,070,836	31,996	0.1%
2024	67,629,214	-	67,629,214	25,951,679	38,406	0.1%
2025	65,827,591	-	65,827,591	30,349,887	46,116	0.2%
2026	64,020,283	-	64,020,283	35,317,236	55,226	0.2%
2027	62,158,691	-	62,158,691	40,880,508	65,806	0.2%
2028	60,211,969	-	60,211,969	47,005,805	78,135	0.2%
2029	58,169,061	-	58,169,061	53,745,964	92,435	0.2%
2030	56,010,379	-	56,010,379	61,164,480	109,236	0.2%
2031	53,752,869	-	53,752,869	69,190,758	128,736	0.2%
2032	51,401,547	-	51,401,547	77,565,643	150,906	0.2%
2033	48,965,336	-	48,965,336	86,009,008	175,706	0.2%
2034	46,449,465	-	46,449,465	94,460,824	203,405	0.2%
2035	43,868,049	-	43,868,049	103,153,411	235,136	0.2%
2036	41,223,526	-	41,223,526	112,029,710	271,846	0.2%
2037	38,537,158	-	38,537,158	120,995,180	312,436	0.2%
2038	35,821,237	-	35,821,237	127,267,814	355,306	0.2%
2039	33,101,563	-	33,101,563	132,455,215	400,006	0.2%
2040	30,401,509	-	30,401,509	137,040,249	450,805	0.2%
2041	27,725,761	-	27,725,761	141,554,259	510,605	0.2%
2042	25,098,175	-	25,098,175	144,588,057	576,105	0.2%
2043	22,544,608	-	22,544,608	145,064,457	643,505	0.2%
2044	20,089,911	-	20,089,911	142,945,119	711,505	0.2%
2045	17,758,594	-	17,758,594	139,119,971	783,405	0.2%
2046	15,568,662	-	15,568,662	134,492,253	863,905	0.2%
2047	13,531,885	-	13,531,885	128,735,071	951,305	0.2%
2048	11,662,576	-	11,662,576	121,283,767	1039,905	0.2%
2049	9,963,747	-	9,963,747	112,333,753	1127,405	0.2%
2050	8,439,259	-	8,439,259	102,769,830	1217,805	0.2%
2051	7,089,232	-	7,089,232	93,448,567	1318,205	0.2%
2052	5,906,802	-	5,906,802	84,330,463	1427,805	0.2%
2053	4,883,413	-	4,883,413	75,207,840	1540,105	0.2%
2054	4,006,943	-	4,006,943	66,179,749	1651,605	0.2%
2055	3,264,117	-	3,264,117	57,655,194	1766,305	0.2%
2056	2,642,306	-	2,642,306	50,028,259	1893,805	0.2%
2057	2,126,075	-	2,126,075	43,241,242	2033,905	0.2%
2058	1,701,962	-	1,701,962	37,565,227	2183,705	0.2%
2059	1,355,108	-	1,355,108	31,687,501	2338,405	0.2%
2060	1,073,531	-	1,073,531	26,856,776	2501,705	0.2%
2061	847,069	-	847,069	22,746,343	2685,305	0.2%
2062	663,286	-	663,286	19,166,754	2890,105	0.2%
2063	521,801	-	521,801	16,034,552	3103,405	0.2%
2064	407,189	-	407,189	13,498,467	3315,005	0.2%
2065	316,221	-	316,221	11,171,912	3532,905	0.2%
2066	244,317	-	244,317	9,231,407	3778,505	0.2%
2067	187,663	-	187,663	7,608,867	4054,505	0.2%
2068	143,320	-	143,320	6,223,764	4342,605	0.2%
2069	108,528	-	108,528	5,057,076	4622,805	0.2%
2070	81,327	-	81,327	3,988,150	4903,905	0.2%
2071	60,229	-	60,229	3,132,014	5200,105	0.2%
2072	44,006	-	44,006	2,426,467	5514,005	0.2%
2073	31,664	-	31,664	1,850,300	5843,505	0.2%
2074	22,348	-	22,348	1,382,798	6187,505	0.2%
2075	15,384	-	15,384	1,016,829	7594,705	0.2%
2076	10,099	-	10,099	787,498	7797,505	0.2%

Past Experience	605,572,790	34,174,980
Anticipated Experience	1,357,090,586	1,436,093,797
Lifetime Experience	1,962,663,375	1,470,268,777
Past Experience @ 6%	708,861,128	37,779,011
Anticipated Experience @ 6%	900,911,128	1,481,036,296
Lifetime Experience @ 6%	1,609,772,257	1,518,815,308

	5%	6%
Minimum Required Loss Ratio	1,518,815,308	1,518,815,308
Minimum PV Incurred Claims	931,867,909	931,867,909
Dual Loss Ratio Test Met	1,518,815,308	931,867,909

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase	78.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	924,663	-	0.0%
2010	9,947,649	83,394	0.8%
2011	30,745,201	366,523	1.2%
2012	70,674,462	493,615	0.7%
2013	115,388,246	667,553	0.6%
2014	140,752,298	2,208,973	1.6%
2015	144,806,639	3,959,387	2.7%
2016	145,114,076	2,454,361	1.7%
2017	142,368,863	7,194,263	5.1%
2018	139,823,166	7,555,995	5.4%
2019	137,374,271	9,130,920	6.6%
2020	134,364,583	11,911,576	8.9%
2021	130,832,312	15,356,716	11.7%
2022	126,605,100	18,551,033	14.7%
2023	123,333,434	22,070,836	17.9%
2024	120,380,002	25,951,679	21.6%
2025	117,173,111	30,349,887	25.9%
2026	113,956,103	35,317,236	31.0%
2027	110,642,471	40,880,508	36.9%
2028	107,177,305	47,005,805	43.9%
2029	103,540,928	53,745,964	51.9%
2030	99,698,475	61,164,480	61.4%
2031	95,680,107	69,190,758	72.3%
2032	91,494,754	77,565,643	84.8%
2033	87,158,298	86,009,008	98.7%
2034	82,680,047	94,460,824	114.2%
2035	78,085,127	103,153,411	132.1%
2036	73,377,877	112,029,710	152.7%
2037	68,596,141	120,995,180	175.5%
2038	63,761,801	127,267,814	199.6%
2039	58,920,782	132,455,215	224.8%
2040	54,114,686	137,040,249	253.2%
2041	49,351,854	141,554,259	286.8%
2042	44,674,751	144,588,057	323.6%
2043	40,129,402	145,064,457	361.5%
2044	35,760,030	142,945,119	399.7%
2045	31,610,298	139,119,971	440.1%
2046	27,712,219	134,492,253	485.3%
2047	24,086,755	128,735,071	534.5%
2048	20,759,386	121,283,767	584.2%
2049	17,731,469	112,333,753	633.5%
2050	15,031,880	102,769,830	684.2%
2051	12,618,832	93,448,567	740.6%
2052	10,511,218	84,330,463	802.1%
2053	8,692,475	75,207,840	865.2%
2054	7,132,258	66,179,749	927.9%
2055	5,810,127	57,655,194	992.4%
2056	4,705,306	50,028,259	1063.7%
2057	3,784,414	43,241,242	1142.6%
2058	3,029,492	37,565,227	1224.8%
2059	2,412,093	31,687,501	1313.8%
2060	1,910,884	26,856,776	1405.5%
2061	1,507,783	22,746,343	1508.8%
2062	1,180,260	19,166,754	1624.3%
2063	928,805	16,193,754	1743.7%
2064	724,796	13,498,467	1862.6%
2065	562,873	11,171,912	1985.0%
2066	434,884	9,231,407	2123.0%
2067	334,040	7,608,867	2277.8%
2068	255,109	6,223,764	2439.9%
2069	193,179	5,057,076	2587.1%
2070	144,762	3,988,150	2755.0%
2071	107,208	3,132,014	2921.8%
2072	78,330	2,426,467	3097.7%
2073	56,363	1,850,300	3282.9%
2074	39,780	1,382,798	3476.5%
2075	27,383	1,106,819	4042.0%
2076	17,977	787,498	4380.6%

Past Experience	1,077,919,545	34,174,980
Anticipated Experience	2,415,241,242	1,436,093,797
Lifetime Experience	3,493,160,808	1,470,268,777
Past Experience @ 6%	1,261,772,808	37,779,011
Anticipated Experience @ 6%	1,603,621,808	1,481,036,296
Lifetime Experience @ 6%	2,865,394,617	1,518,815,308

Minimum Required Loss Ratio	18%	85%
Minimum PV Incurred Claims	931,867,909	463,072,294
Dual Loss Ratio Test Met	1,518,815,308	1,397,790,269

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	519,473	-	0.0%
2010	5,588,567	83,394	1.5%
2011	17,272,585	366,523	2.1%
2012	39,704,771	493,615	1.2%
2013	64,824,858	667,553	1.0%
2014	79,074,325	2,208,973	2.9%
2015	81,351,483	3,959,387	4.9%
2016	81,524,762	2,454,361	3.0%
2017	79,983,069	7,194,263	9.0%
2018	78,552,241	7,555,995	9.6%
2019	77,176,557	9,130,920	11.8%
2020	75,485,720	11,911,576	15.8%
2021	73,501,299	15,356,716	20.9%
2022	71,126,461	18,551,033	26.1%
2023	69,288,466	22,070,836	31.9%
2024	67,629,214	25,951,679	38.4%
2025	65,827,591	30,349,887	46.1%
2026	64,020,283	35,317,236	55.2%
2027	62,158,691	40,880,508	65.8%
2028	60,211,969	47,005,805	78.1%
2029	58,169,061	53,745,964	92.4%
2030	56,010,379	61,164,480	109.2%
2031	53,752,869	69,190,758	128.7%
2032	51,401,547	77,565,643	150.9%
2033	48,965,336	86,009,008	175.7%
2034	46,449,465	94,460,824	203.4%
2035	43,868,049	103,153,411	235.1%
2036	41,223,526	112,029,710	271.8%
2037	38,537,158	120,995,180	312.4%
2038	35,821,237	127,267,814	355.3%
2039	33,101,563	132,455,215	400.0%
2040	30,401,509	137,040,249	450.8%
2041	27,725,761	141,554,259	510.6%
2042	25,098,175	144,588,057	576.1%
2043	22,544,608	145,064,457	643.5%
2044	20,089,911	142,945,119	711.5%
2045	17,758,594	139,119,971	783.4%
2046	15,568,662	134,492,253	863.9%
2047	13,531,885	128,735,071	951.3%
2048	11,662,576	121,283,767	1039.9%
2049	9,963,747	112,333,753	1127.4%
2050	8,439,259	102,769,830	1217.8%
2051	7,089,232	93,448,567	1318.2%
2052	5,906,802	84,330,463	1427.8%
2053	4,883,413	75,207,840	1540.1%
2054	4,006,943	66,179,749	1651.6%
2055	3,264,117	57,655,194	1766.3%
2056	2,642,306	50,028,259	1893.8%
2057	2,126,075	43,241,242	2033.9%
2058	1,701,962	37,565,227	2183.7%
2059	1,355,108	31,687,501	2338.4%
2060	1,073,531	26,856,776	2501.7%
2061	847,069	22,746,343	2685.3%
2062	663,286	19,166,754	2890.1%
2063	521,801	16,034,552	3103.4%
2064	407,189	13,498,467	3315.0%
2065	316,221	11,171,912	3532.9%
2066	244,317	9,231,407	3778.5%
2067	187,663	7,608,867	4054.5%
2068	143,320	6,223,764	4342.6%
2069	108,528	5,057,076	4622.8%
2070	81,327	3,988,150	4903.9%
2071	60,229	3,132,014	5200.1%
2072	44,006	2,426,467	5514.0%
2073	31,664	1,850,300	5843.5%
2074	22,348	1,382,798	6187.5%
2075	15,384	1,016,829	7594.7%
2076	10,099	787,498	7797.5%

Past Experience	605,572,790	34,174,980
Anticipated Experience	1,357,090,586	1,436,093,797
Lifetime Experience	1,962,663,375	1,470,268,777
Past Experience @ 6%	708,861,128	37,779,011
Anticipated Experience @ 6%	900,911,128	1,481,036,296
Lifetime Experience @ 6%	1,609,772,257	1,518,815,308

Minimum Required Loss Ratio	18%	85%
Minimum PV Incurred Claims	931,867,909	463,072,294
Dual Loss Ratio Test Met	1,518,815,308	1,397,790,269

Prospective PV Approach (PPV) with Delay

Rate Increase	78.0%
Current Assumptions (w/ PAID)	
Previous Assumptions	
Difference	

Year	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
2004						
2005						
2006						
2007						
2008						
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020	75,485,720	13,102,734	75,363,869	9,833,553	121,851	3,268,180
2021	73,501,299	16,848,388	73,464,013	11,579,061	37,286	5,269,326
2022	71,126,461	20,410,536	71,671,734	13,542,500	(545,273)	6,868,037
2023	69,288,466	24,277,919	69,393,464	15,710,782	(105,018)	8,567,137
2024	67,629,214	28,511,247	67,238,638	18,128,613	389,177	10,422,634
2025	65,827,591	33,384,875	65,015,899	20,859,061	811,692	12,525,814
2026	64,020,283	38,848,959	62,722,902	23,848,450	1,297,380	14,900,509
2027	62,158,691	44,968,559	60,362,715	27,414,796	1,795,976	17,553,762
2028	60,211,969	51,796,386	57,938,132	31,184,231	2,273,837	20,512,155
2029	58,169,061	59,120,541	55,454,961	35,251,402	2,714,099	23,869,138
2030	56,010,379	67,280,928	52,918,124	39,762,074	3,092,255	27,688,854
2031	53,752,869	76,109,834	50,330,297	45,013,808	3,422,572	31,096,026
2032	51,401,547	85,222,208	47,695,509	50,711,254	3,706,038	34,510,953
2033	48,965,336	94,609,909	45,022,739	56,318,459	3,942,597	38,291,450
2034	46,449,465	103,906,906	42,324,834	61,671,539	4,124,631	42,235,367
2035	43,868,049	113,468,752	39,617,911	67,081,374	4,250,138	46,387,378
2036	41,223,526	123,232,685	36,912,756	72,621,671	4,310,830	50,617,211
2037	38,537,158	132,634,698	34,223,481	77,964,965	4,313,677	54,669,733
2038	35,821,237	139,994,595	31,566,690	82,787,954	4,254,547	57,206,641
2039	33,101,563	145,656,847	28,959,780	86,841,656	4,141,783	58,815,191
2040	30,401,509	150,744,274	26,439,895	90,255,258	3,980,615	60,489,016
2041	27,725,761	155,709,685	23,964,491	93,192,750	3,761,270	62,516,935
2042	25,098,175	159,046,863	21,604,685	95,366,520	3,493,490	63,680,342
2043	22,544,608	159,570,903	19,355,750	96,295,526	3,188,858	63,275,377
2044	20,089,911	157,239,630	17,231,827	95,697,664	2,858,085	61,541,966
2045	17,758,594	153,031,968	15,247,418	94,102,486	2,511,176	58,929,482
2046	15,568,662	147,941,478	13,407,014	92,002,421	2,161,648	55,938,847
2047	13,531,885	141,608,578	11,712,661	89,271,528	1,819,224	52,337,050
2048	11,662,576	133,612,144	10,166,475	85,596,902	1,496,101	47,815,241
2049	9,963,747	123,547,128	8,769,165	80,883,598	1,194,582	42,683,530
2050	8,439,259	113,046,813	7,519,765	75,779,266	919,513	37,267,547
2051	7,089,232	102,793,424	6,410,690	70,748,460	678,542	32,044,964
2052	5,906,802	92,763,510	5,432,527	65,636,811	473,776	27,126,699
2053	4,883,413	82,728,624	4,576,610	60,276,829	306,763	22,451,795
2054	4,006,943	72,797,724	3,834,280	54,800,307	172,663	17,997,417
2055	3,264,117	63,420,714	3,195,958	49,549,804	68,159	13,870,910
2056	2,642,306	55,031,085	2,660,953	44,711,503	(8,646)	10,319,582
2057	2,126,075	47,565,366	2,187,522	40,194,217	(61,446)	7,371,150
2058	1,701,962	40,881,859	1,795,574	35,754,320	(93,613)	5,127,539
2059	1,355,108	34,856,252	1,466,441	31,445,527	(111,333)	3,410,725
2060	1,073,531	29,542,654	1,192,019	27,364,448	(118,488)	2,178,209
2061	847,069	25,020,978	965,034	23,442,918	(117,965)	1,578,059
2062	663,286	21,166,754	777,286	19,739,754	(114,000)	1,427,000
2063	521,801	17,812,130	623,353	16,304,932	(101,552)	1,508,198
2064	407,189	14,848,313	498,033	13

14,751,800	
8.0%	

Proj a: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	129,855	-	129,855	-	0.0%
2010	1,058,805	1,058,805	63,394	7.9%	1.1%
2011	3,568,856	3,568,856	81,102	2.1%	1.3%
2012	8,146,221	8,144,221	235,889	2.9%	1.5%
2013	13,073,043	13,073,043	318,167	2.4%	1.7%
2014	15,963,449	15,963,449	826,863	5.2%	1.9%
2015	16,523,123	16,523,123	1,320,646	8.0%	2.1%
2016	16,553,509	16,553,509	785,895	4.7%	2.3%
2017	16,163,364	16,163,364	1,800,800	11.1%	2.6%
2018	15,811,529	15,811,529	1,930,665	12.2%	2.9%
2019	15,452,250	15,452,250	2,076,190	13.4%	3.2%
2020	15,066,703	15,066,703	2,957,867	19.6%	3.5%
2021	14,657,363	14,657,363	2,698,984	25.2%	3.8%
2022	14,168,894	14,168,894	4,368,302	30.8%	4.0%
2023	13,759,516	13,759,516	5,074,981	36.9%	4.3%
2024	13,407,850	13,407,850	5,839,451	43.6%	4.6%
2025	13,037,608	13,037,608	6,693,139	51.3%	4.9%
2026	12,656,414	12,656,414	7,650,289	60.4%	5.2%
2027	12,269,073	12,269,073	8,712,507	71.0%	5.5%
2028	11,866,752	11,866,752	9,857,827	83.1%	5.8%
2029	11,447,254	11,447,254	11,085,514	96.8%	6.1%
2030	11,009,762	11,009,762	12,399,612	112.6%	6.4%
2031	10,553,012	10,553,012	13,791,620	130.7%	6.7%
2032	10,078,287	10,078,287	15,219,436	151.0%	7.0%
2033	9,588,329	9,588,329	16,614,515	173.3%	7.3%
2034	9,084,436	9,084,436	17,962,177	197.7%	7.6%
2035	8,568,280	8,568,280	19,296,416	225.2%	7.9%
2036	8,039,201	8,039,201	20,615,249	256.4%	8.2%
2037	7,508,095	7,508,095	21,814,179	290.5%	8.5%
2038	6,973,780	6,973,780	22,727,061	325.9%	8.8%
2039	6,441,285	6,441,285	23,333,014	362.2%	9.1%
2040	5,914,455	5,914,455	23,840,835	403.1%	9.4%
2041	5,394,082	5,394,082	24,330,874	451.1%	9.7%
2042	4,883,931	4,883,931	24,568,102	503.0%	9.9%
2043	4,389,738	4,389,738	24,374,857	555.3%	9.9%
2044	3,915,827	3,915,827	23,785,547	607.4%	9.9%
2045	3,466,339	3,466,339	22,946,215	662.0%	9.9%
2046	3,044,230	3,044,230	22,007,050	723.3%	9.9%
2047	2,651,525	2,651,525	20,908,927	788.6%	9.9%
2048	2,291,041	2,291,041	19,567,888	854.1%	9.9%
2049	1,962,394	1,962,394	18,043,843	919.1%	9.9%
2050	1,669,201	1,669,201	16,461,338	986.2%	9.9%
2051	1,408,187	1,408,187	14,938,080	1060.8%	9.9%
2052	1,178,905	1,178,905	13,461,669	1161.9%	9.9%
2053	980,100	980,100	11,999,041	1224.3%	9.9%
2054	809,290	809,290	10,569,746	1306.1%	9.9%
2055	663,947	663,947	9,236,294	1391.1%	9.9%
2056	541,639	541,639	8,051,126	1486.1%	9.9%
2057	439,672	439,672	6,998,257	1592.4%	9.9%
2058	354,977	354,977	6,044,503	1702.8%	9.9%
2059	285,363	285,363	5,178,653	1814.7%	9.9%
2060	228,160	228,160	4,415,337	1933.7%	9.9%
2061	181,940	181,940	3,761,773	2068.8%	9.9%
2062	144,053	144,053	3,210,485	2229.0%	9.9%
2063	114,093	114,093	2,720,962	2384.6%	9.9%
2064	89,684	89,684	2,289,028	2552.3%	9.9%
2065	70,083	70,083	1,914,337	2731.5%	9.9%
2066	54,385	54,385	1,596,713	2935.9%	9.9%
2067	41,907	41,907	1,323,226	3157.5%	9.9%
2068	32,049	32,049	1,086,995	3391.7%	9.9%
2069	24,273	24,273	880,118	3626.0%	9.9%
2070	18,195	18,195	702,550	3861.2%	9.9%
2071	13,436	13,436	552,638	4123.3%	9.9%
2072	9,757	9,757	431,192	4419.6%	9.9%
2073	6,965	6,965	330,558	4746.0%	9.9%
2074	4,876	4,876	248,580	5097.5%	9.9%
2075	3,323	3,323	182,630	5496.6%	9.9%
2076	2,183	2,183	130,852	5994.1%	9.9%

Proj a: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	129,855	1,409	1.1%
2010	1,058,805	11,953	1.1%
2011	3,572,681	46,850	1.3%
2012	8,288,976	126,068	1.5%
2013	13,073,043	237,263	1.8%
2014	15,963,449	384,091	2.4%
2015	16,706,757	566,038	3.4%
2016	16,467,484	788,221	4.7%
2017	16,163,364	1,053,517	6.5%
2018	15,811,529	1,346,237	8.5%
2019	15,452,250	1,651,597	10.6%
2020	15,066,703	2,032,877	13.5%
2021	14,657,363	2,323,977	15.7%
2022	14,168,894	2,717,709	18.9%
2023	13,759,516	3,152,636	22.5%
2024	13,407,850	3,639,431	26.8%
2025	13,037,608	4,093,139	31.3%
2026	12,656,414	4,804,717	38.0%
2027	12,269,073	5,498,230	45.2%
2028	11,866,752	6,253,818	53.1%
2029	11,447,254	7,064,626	62.3%
2030	11,009,762	7,976,800	74.8%
2031	10,553,012	9,023,199	88.9%
2032	10,078,287	10,164,644	105.6%
2033	9,588,329	11,289,170	124.3%
2034	9,084,436	12,362,277	144.7%
2035	8,568,280	13,451,601	168.2%
2036	8,039,201	14,541,690	196.3%
2037	7,508,095	15,633,129	226.5%
2038	6,973,780	16,600,740	260.2%
2039	6,441,285	17,422,791	297.6%
2040	5,914,455	18,126,137	339.1%
2041	5,394,082	18,725,170	386.1%
2042	4,883,931	19,163,970	438.1%
2043	4,389,738	19,350,128	493.7%
2044	3,915,827	19,263,695	551.8%
2045	3,466,339	18,966,521	613.3%
2046	3,044,230	18,561,655	682.1%
2047	2,651,525	17,921,663	757.9%
2048	2,291,041	17,284,746	836.5%
2049	1,962,394	16,353,012	916.9%
2050	1,669,201	15,345,642	1002.7%
2051	1,408,187	14,341,542	1098.6%
2052	1,178,905	13,324,042	1202.6%
2053	980,100	12,233,813	1310.5%
2054	809,290	11,113,762	1422.6%
2055	663,947	10,080,546	1544.2%
2056	541,639	9,106,457	1680.7%
2057	439,672	8,198,257	1832.6%
2058	354,977	7,288,864	1983.7%
2059	285,363	6,416,654	2136.8%
2060	228,160	5,591,382	2289.3%
2061	181,940	4,797,210	2425.1%
2062	144,053	4,047,010	2548.9%
2063	114,093	3,335,715	2668.1%
2064	89,684	2,700,444	2646.9%
2065	70,083	2,105,771	2605.2%
2066	54,385	1,564,207	2563.4%
2067	41,907	1,078,367	2522.6%
2068	32,049	1,695,495	2482.7%
2069	24,273	968,130	2443.7%
2070	18,195	772,805	2405.5%
2071	13,436	609,410	2368.1%
2072	9,757	474,313	2331.4%
2073	6,965	363,614	2295.4%
2074	4,876	273,438	2260.1%
2075	3,323	200,893	2225.4%
2076	2,183	143,937	2191.3%

Proj b: Current Assumptions and Current Rates

Rate Increase	27.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	129,855	-	-	129,855	-	0.0%
2010	1,058,805	-	-	1,058,805	63,394	7.9%
2011	3,568,856	-	-	3,568,856	81,102	2.1%
2012	8,146,221	-	-	8,146,221	235,889	2.9%
2013	13,073,043	-	-	13,073,043	318,167	2.4%
2014	15,963,449	-	-	15,963,449	826,863	5.2%
2015	16,523,123	-	-	16,523,123	1,320,646	8.0%
2016	16,553,509	-	-	16,553,509	785,895	4.7%
2017	16,163,364	-	-	16,163,364	1,800,800	11.1%
2018	15,811,529	-	-	15,811,529	1,930,665	12.2%
2019	15,452,250	-	-	15,452,250	2,076,190	13.4%
2020	15,066,703	-	-	15,066,703	2,957,867	19.6%
2021	14,657,363	-	-	14,657,363	2,698,984	25.2%
2022	14,168,894	-	987,926	15,156,821	4,368,302	28.8%
2023	13,759,516	-	4,696,538	18,256,055	5,074,981	27.8%
2024	13,407,850	-	6,307,987	19,715,277	5,839,451	29.6%
2025	13,037,608	-	6,133,924	19,171,532	6,693,139	34.9%
2026	12,656,414	-	5,954,580	18,610,993	7,650,289	41.1%
2027	12,269,073	-	5,772,344	18,041,417	8,712,507	48.3%
2028	11,866,752	-	5,583,051	17,449,803	9,857,827	56.5%
2029	11,447,254	-	5,385,695	16,832,948	11,085,514	65.9%
2030	11,009,762	-	5,179,864	16,189,626	12,399,612	76.6%
2031	10,553,012	-	4,964,973	15,517,985	13,791,620	88.9%
2032	10,078,287	-	4,741,672	14,820,059	15,219,436	102.7%
2033	9,588,329	-	4,511,109	14,099,438	16,614,515	117.8%
2034	9,084,436	-	4,274,038	13,358,474	17,962,177	134.5%
2035	8,568,280	-	4,031,202	12,599,482	19,296,416	153.2%
2036	8,039,201	-	3,782,277	11,821,477	20,615,249	174.4%
2037	7,508,095	-	3,532,603	11,040,698	21,814,179	197.6%
2038	6,973,780	-	3,281,018	10,254,798	22,727,061	221.6%
2039	6,441,285	-	3,030,495	9,471,775	23,333,014	246.3%
2040	5,914,455	-	2,782,328	8,697,083	23,840,835	274.2%
2041	5,394,082	-	2,537,803	7,931,885	24,330,874	306.7%
2042	4,883,931	-	2,297,788	7,181,719	24,568,102	342.1%
2043	4,389,738	-	2,065,281	6,455,019	24,374,857	377.7%
2044	3,915,827	-	1,842,315	5,758,142	23,785,547	413.2%
2045	3,466,339	-	1,630,840	5,097,179	22,946,215	450.2%
2046	3,044,230	-	1,432,247	4,476,477	22,007,050	491.6%
2047	2,651,525	-	1,247,687	3,899,212	20,908,927	536.3%
2048	2,291,041	-	1,077,887	3,368,928	19,567,888	580.8%
2049	1,962,394	-	923,094	2,885,488	18,043,843	625.3%
2050	1,669,201	-	785,325	2,454,526	16,461,338	670.7%
2051	1,408,187	-	662,523	2,070,710	14,938,080	721.4%
2052	1,178,905	-	554,650	1,733,554	13,461,669	776.5%
2053	980,100	-	461,117	1,441,217	11,999,041	832.6%
2054	809,290	-	380,754	1,190,045	10,569,746	888.2%
2055	663,947	-	312,373	976,320	9,236,294	946.0%
2056	541,639	-	254,826	796,464	8,051,126	1010.9%
2057	439,672	-	206,762	646,434	6,998,257	1082.9%
2058	354,977	-	167,000	521,987	6,044,503	1158.0%
2059	285,363	-	134,257	419,620	5,178,653	1234.1%
2060	228,160	-	107,325	335,755	4,415,337	1315.0%
2061	181,940	-	85,589	267,540	3,761,773	1407.6%
2062	144,053	-	67,771	211,824	3,210,485	1515.7%
2063	114,093	-	53,678	167,771	2,720,962	1621.8%
2064	89,684	-	42,194	131,879	2,289,028	1735.7%
2065	70,083	-	32,972	103,055	1,914,337	1857.6%
2066	54,385	-	25,587	79,973	1,596,713	1996.6%
2067	41,907	-	19,717	61,624	1,323,226	2147.2%
2068	32,049	-	15,078	47,127	1,086,995	2306.5%
2069	24,273	-	11,420	35,693	880,118	2466.7%
2070	18,195	-	8,560	26,755	702,550	2625.8%
2071	13,436	-	6,321	19,757	554,009	2804.1%
2072	9,757	-	4,590	14,347	431,192	3005.4%
2073	6,965	-	3,277	10,242	330,558	3227.5%
2074	4,876	-	2,294	7,171	248,580	3466.6%
2075	3,323	-	1,563	4,886	182,630	3738.0%
2076	2,183	-	1,027	3,210	130,852	4076.3%

Proj c: Original Assumptions and Rate Increase

Y1:	27.0%	127.9% 67.0%
Y2:	15.0%	115.0%
Y3:	0.0%	100.0%
Y4-6:	0.0%	100.0%

Year	Original Premium	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	-	0.0%
2005	-	-	-	0.0%
2006	-	-	-	0.0%
2007	-	-	-	0.0%
2008	-	-	-	0.0%
2009	129,855	129,855	-	0.0%
2010	1,058,805	1,058,805	63,394	7.9%
2011	3,568,856	3,568,856	81,102	2.1%
2012	8,146,221	8,146,221	235,889	2.9%
2013	13,073,043	13,073,043	318,167	2.4%
2014	15,963,449	15,963,449	826,863	5.2%
2015	16,523,123	16,523,123	1,320,646	8.0%
2016	16,553,509	16,553,509	785,895	4.7%
2017	16,163,364	16,163,364	1,800,800	11.1%
2018	15,811,529	15,811,529	1,930,665	12.2%
2019	15,452,250	15,452,250	2,076,190	13.4%
2020	15,066,703	15,066,703	2,957,867	19.6%
2021	14,657,363	14,657,363	2,698,984	25.2%
2022	14,168,894	14,168,894	4,368,302	30.8%
2023	13,759,516	13,759,516	5,074,981	36.9%
2024	13,407,850	13,407,850	5,839,451	43.6%
2025	13,037,608	13,037,608	6,693,139	51.3%
2026	12,656,414	12,656,414	7,650,289	60.4%
2027	12,269,073	12,269,073	8,712,507	71.0%
2028	11,866,752	11,866,752	9,857,827	83.1%
2029	11,447,254	11,447,254	11,085,514	96.8%
2030	11,009,762	11,009,762	12,399,612	112.6%
2031	10,553,012	10,553,012	13,791,620	130.7%
2032	10,078,287	10,078,287	15,219,436	151.0%
2033	9,588,329	9,588,329	16,614,515	173.3%
2034	9,084,436	9,084,436	17,962,177	197.7%
2035	8,568,280	8,568,280	19,296,416	225.2%
2036	8,039,201	8,039,201	20,615,249	256.4%
2037	7,508,095	7,508,095	21,814,179	290.5%
2038	6,973,780	6,973,780	22,727,061	325.9%
2039	6,441,285	6,441,285	23,333,014	362.2%
2040	5,914,455	5,914,455	23,840,835	403.1%
2041	5,394,082	5,394,082	24,330,874	451.1%
2042	4,883,931	4,883,931	24,568,102	503.0%
2043	4,389,738	4,389,738	24,374,857	555.3%
2044	3,915,827	3,915,827	23,785,547	607.4%
2045	3,466,339	3,466,339	22,946,215	662.0%
2046	3,044,230	3,044,230	22,007,050	723.3%
2047	2,651,525	2,651,525	20,908,927	788.6%
2048	2,291,041	2,291,041	19,567,888	854.1%
2049	1,962,394	1,962,394	18,043,843	919.1%
2050	1,669,201	1,669,201	16,461,338	986.2%
2051	1,408,187	1,408,187	14,938,080	1060.8%
2052	1,178,905	1,178,905	13,461,669	1161.9%
2053	980,100	980,100	11,999,041	1224.3%
2054	809,290	809,290	10,569,746	1306.1%
2055	663,947	663,947	9,236,294	1391.1%
2056	541,639	541,639	8,051,126	1486.1%
2057	439,672	439,672	6,998,257	1592.4%
2058	354,977	354,977	6,044,503	1702.8%
2059	285,363	285,363	5,178,653	1814.7%
2060	228,160	228,160	4,415,337	1933.7%
2061	181,940	181,940	3,761,773	2068.8%
2062	144,053	144,053	3,210,485	2229.0%
2063	114,093	114,093	2,720,962	2384.6%
2064	89,684	89,684	2,289,028	2552.3%
2065	70,083	70,083	1,914,337	2731.5%
2066	54,385	54,385	1,596,713	2935.9%
2067	41,907	41,907	1,323,226	3157.5%
2068	32,049	32,049	1,086,995	3391.7%
2069	24,273	24,273	880,118	3626.0%
2070	18,195	18,195	702,550	3861.2%
2071	13,436	13,436	552,638	4123.3%
2072	9,757	9,757	431,192	4419.6%
2073	6,965	6,965	330,558	4746.0%
2074	4,876	4,876	248,580	5097.5%
2075	3,323	3,323	182,630	5496.6%
2076	2,183	2,183	130,852	5994.1%

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase:	27.0%

Earned Premium	Incurred Claims	Incurred Loss Ratio
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
160,887	-	0.0%
1,556,443	81,102	5.4%
5,246,159	235,889	2.0%
10,972,005	318,167	1.7%
21,966,270	826,863	3.5%
24,088,991	1,320,646	5.4%
24,103,658	785,895	3.2%
23,760,146	1,800,800	7.6%
23,242,948	1,930,665	8.3%
22,714,808	2,076,190	9.1%
22,148,014	2,957,867	13.4%
21,546,324	2,698,984	17.2%
20,828,275	4,368,302	21.0%
20,226,489	5,074,981	25.1%
19,708,952	5,839,451	29.6%
19,165,284	6,693,139	34.9%
18,604,928	7,650,289	41.1%
18,035,148	8,712,507	48.3%
17,444,096	9,857,827	56.5%
16,827,663	11,085,514	65.9%
16,184,250	12,399,612	76.6%
15,512,928	13,791,620	88.9%
14,815,229	15,219,436	102.7%
14,094,843	16,614,515	117.9%
13,354,121	17,962,177	134.5%
12,595,386	19,296,416	153.2%
11,817,625	20,615,249	174.4%
11,036,900	21,814,179	197.6%
10,251,456	22,727,061	221.7%
9,468,689	23,333,014	246.4%
8,694,249	23,840,835	274.2%
7,929,300	24,330,874	306.8%
7,179,279	24,568,102	342.2%
6,452,915	24,374,857	377.7%
5,756,265	23,785,547	413.2%
5,095,518	22,946,215	450.3%
4,470,918	22,007,050	491.8%
3,897,701	20,908,927	536.4%
3,367,831	19,567,888	581.0%
2,886,189	18,043,843	625.2%
2,453,736	16,461,338	670.9%
2,070,035	14,938,080	721.6%
1,732,991	13,461,669	776.8%
1,440,747	11,999,041	832.8%
1,189,657	10,569,746	888.5%
976,032	9,236,294	946.3%
796,194	8,051,126	1011.2%
646,023	6,998,257	1083.3%
521,817	6,044,503	1158.4%
419,683	5,178,653	1234.5%
335,646	4,415,337	1315.5%
267,432	3,761,773	1407.6%
211,824	3,210,485	1515.7%
167,736	2,720,962	1621.8%
131,836	2,289,028	1736.3%
103,021	1,914,337	1858.2%
79,947	1,596,713	1997.2%
61,624	1,323,226	2148.0%
47,112	1,086,995	2307.3%
35,681	880,118	2466.7%
26,747	702,550	2626.7%
19,751	554,009	2805.0%
14,342	431,192	3006.4%
10,239	330,558	3227.5%
7,168	248,580	3467.7%
4,884	182,630	3738.2%
3,209	130,852	4077.6%
1,616	178,511	2918.6%

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Earned Premium	Incurred Claims	Incurred Loss Ratio
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
129,855	-	0.0%
1,058,805	63,394	7.9%
3,568,856	81,102	2.3%
8,146,221	235,889	2.9%
13,073,043	318,167	2.4%
15,963,449	826,863	5.2%
16,523,123	1,320,646	8.0%
16,553,509	785,895	4.7%
16,163,364	1,800,800	11.1%
15,811,529	1,930,665	12.2%
15,452,250	2,076,190	13.4%
15,066,703	2,253,622	15.0%
14,657,363	2,468,883	16.8%
14,168,894	2,675,015	18.9%
13,759,516	2,882,679	21.0%
13,407,850	3,089,936	23.0%
13,037,608	3,296,914	25.3%
12,656,414	3,503,763	27.7%
12,269,073	3,710,490	30.2%
11,866,752	3,917,101	33.0%
11,447,254	4,123,618	36.0%
11,009,762	4,330,049	39.3%
10,553,012	4,536,416	42.9%
10,078,287	4,742,720	47.0%
9,588,329	4,948,966	51.6%
9,084,436	5,155,157	56.7%
8,568,280	5,361,293	62.6%
8,039,201	5,567,374	69.3%
7,508,095	5,773,399	76.9%
6,973,780	5,979,368	85.7%
6,441,285	6,185,279	96.0%
5,914,455	6,391,133	108.0%
5,394,082	6,596,921	122.3%
4,883,931	6,802,636	139.3%
4,389,738	7,008,274	159.7%
3,915,827	7,213,832	184.2%
3,466,339	7,419,307	214.1%
3,044,230	7,624,693	250.5%
2,651,525	7,829,983	295.3%
2,291,041	8,035,174	350.7%
1,962,394	8,240,260	419.8%
1,669,201	8,445,235	505.9%
1,408,187	8,650,093	614.4%
1,178,905	8,854,830	751.0%
980,100	9,059,441	924.4%
809,290	9,263,919	1144.6%
663,947	9,468,257	1425.8%
541,639	9,672,450	1785.6%
439,672	9,876,492	2246.7%
354,977	10,080,375	2839.8%
285,363	10,284,092	3604.2%
228,160	10,487,635	4597.4%
181,940	10,690,995	5877.1%
144,053	10,894,165	7564.2%
114,093	11,097,135	9727.8%
89,684	11,299,898	12599.7%
70,083	11,502,445	16413.7%
54,385	11,704,766	21519.7%
41,907	11,906,853	28413.1%
32,049	12,108,695	37781.6%
24,273	12,310,282	50710.8%
18,195	12,511,606	68761.9%
13,436	12,712,658	94615.7%
9,757	12,913,429	132372.6%
6,965	13,113,909	188270.2%
4,876	13,314,090	273138.0%
3,323	13,513,962	406693.2%
2,183	13,713,516	628127.9%

Prospective PV Approach (PPV) with Delay

Rate Increase:	59.6%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
15,066,703	2,253,622	15,089,936	1,940,027	(23,232)	1,313,605
14,657,363	4,068,883	14,710,765	2,286,233	(53,402)	1,782,649
14,168,894	5,805,132	14,313,638	2,675,015	(144,544)	2,130,118
13,759,516	5,582,479	13,899,036	3,104,594	(139,520)	2,477,885
13,407,850	6,423,397	13,468,447	3,581,613	(61,597)	2,839,983
13,037,608	7,362,653	13,025,763	4,123,618	11,845	3,238,835
12,656,414	8,411,318	12,568,203	4,735,409	88,211	3,679,909
12,269,073	9,583,758	12,097,203	5,421,880	171,870	4,161,878
11,866,752	10,843,609	11,613,388	6,170,378	253,364	4,673,231
11,447,254	12,194,066	11,117,671	6,974,925	329,583	5,219,141
11,009,762	13,639,574	10,611,244	7,872,669	398,518	5,766,905
10,553,012	15,170,782	10,094,585	8,905,676	458,431	6,265,106
10,078,287	16,741,280	9,568,465	10,038,976	509,822	6,702,304
9,588,329	18,275,966	9,034,622	11,158,714	553,687	7,117,252
9,084,436	19,758,394	8,495,644	12,227,643	588,792	7,530,752
8,568,280	21,226,057	7,954,691	13,305,419	613,589	7,920,638
8,039,201	22,676,774	7,413,920	14,409,356	625,280	8,267,417
7,508,095	23,995,597	6,876,156	15,479,544	631,940	8,516,053
6,973,780	24,999,771	6,344,667	16,446,203	629,112	8,553,568
6,441,285	25,666,215	5,822,934	17,264,469	618,351	8,401,846
5,914,455	26,224,919	5,314,549	17,930,018	599,906	8,294,900
5,394,082	26,763,961	4,822,410	18,557,507	571,672	8,206,454
4,883,931	27,024,912	4,349,382	19,002,107	534,549	8,022,806
4,389,738	26,812,343	3,898,344	19,200,826	491,395	7,611,517
3,915,827	26,164,191	3,472,123	19,101,627	443,704	7,062,564
3,466,339	25,240,837	3,073,579	18,803,978	392,760	6,436,859
3,044,230	24,207,755	2,703,702	18,398,293	340,528	5,809,462
2,651,525	22,999,820	2,363,004	17,861,062	288,520	5,138,758
2,291,041	21,524,677	2,051,923	17,135,140	239,119	4,389,536
1,962,394	19,849,227	1,770,601	16,206,357	192,793	3,642,870
1,669,201

ULTIMATE	87%
8.0%	

Proj a: Current Assumptions and Current Rates

Year	Original Premium	Previous Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/o Increase (No PAID)
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	512,667	-	512,667	5,561	1.1%
2010	5,181,434	-	5,181,434	58,101	1.1%
2011	16,035,266	-	16,035,266	307,487	1.9%
2012	35,403,775	-	35,403,775	355,435	1.0%
2013	56,705,943	-	56,705,943	599,878	1.1%
2014	68,420,643	-	68,420,643	1,994,818	2.9%
2015	70,134,395	-	70,134,395	2,773,499	4.0%
2016	70,252,159	-	70,252,159	1,778,807	2.5%
2017	68,980,354	-	68,980,354	5,405,004	7.8%
2018	67,811,002	-	67,811,002	6,764,818	10.0%
2019	66,712,867	-	66,712,867	7,579,689	11.4%
2020	65,277,437	-	65,277,437	9,832,288	15.1%
2021	63,529,127	-	63,529,127	12,726,840	20.0%
2022	61,354,785	-	61,354,785	15,506,612	25.3%
2023	59,744,674	-	59,744,674	18,550,907	31.1%
2024	58,101,768	-	58,101,768	21,938,226	37.8%
2025	56,797,885	-	56,797,885	25,782,653	45.4%
2026	55,268,296	-	55,268,296	30,135,719	54.5%
2027	53,697,954	-	53,697,954	35,022,993	65.2%
2028	52,053,416	-	52,053,416	40,610,783	77.7%
2029	50,323,072	-	50,323,072	46,630,549	92.3%
2030	48,492,854	-	48,492,854	53,062,418	109.4%
2031	46,568,971	-	46,568,971	60,262,009	129.4%
2032	44,565,246	-	44,565,246	67,798,570	152.1%
2033	42,494,987	-	42,494,987	75,460,223	177.6%
2034	40,354,295	-	40,354,295	83,214,255	206.2%
2035	38,155,778	-	38,155,778	91,268,970	239.2%
2036	35,902,578	-	35,902,578	99,530,220	277.2%
2037	33,605,415	-	33,605,415	107,947,964	319.4%
2038	31,278,836	-	31,278,836	113,860,343	364.0%
2039	28,945,004	-	28,945,004	118,904,194	410.8%
2040	26,623,863	-	26,623,863	123,557,762	464.1%
2041	24,318,943	-	24,318,943	128,117,530	526.8%
2042	22,051,393	-	22,051,393	131,314,522	595.5%
2043	19,842,671	-	19,842,671	132,175,287	666.1%
2044	17,714,802	-	17,714,802	130,713,885	737.9%
2045	15,689,407	-	15,689,407	127,738,020	814.2%
2046	13,782,612	-	13,782,612	123,985,997	899.6%
2047	12,005,554	-	12,005,554	119,114,144	992.2%
2048	10,370,523	-	10,370,523	112,590,390	1085.7%
2049	8,880,724	-	8,880,724	104,645,176	1178.3%
2050	7,540,006	-	7,540,006	96,129,089	1274.9%
2051	6,349,173	-	6,349,173	87,781,360	1382.6%
2052	5,302,686	-	5,302,686	79,542,897	1500.0%
2053	4,394,798	-	4,394,798	71,196,395	1620.0%
2054	3,614,286	-	3,614,286	62,882,297	1739.8%
2055	2,950,541	-	2,950,541	55,012,297	1864.5%
2056	2,392,946	-	2,392,946	47,943,925	2003.6%
2057	1,928,435	-	1,928,435	41,620,443	2158.2%
2058	1,545,483	-	1,545,483	35,911,948	2323.7%
2059	1,231,307	-	1,231,307	30,733,028	2496.0%
2060	975,577	-	975,577	26,153,674	2680.3%
2061	768,384	-	768,384	22,232,407	2898.8%
2062	599,264	-	599,264	18,942,042	3160.4%
2063	472,102	-	472,102	15,900,245	3365.1%
2064	367,769	-	367,769	13,268,054	3607.7%
2065	284,633	-	284,633	10,995,498	3864.0%
2066	218,953	-	218,953	9,091,656	4152.2%
2067	167,268	-	167,268	7,498,661	4483.0%
2068	126,932	-	126,932	6,135,320	4833.6%
2069	95,410	-	95,410	4,944,947	5182.8%
2070	70,868	-	70,868	3,930,225	5545.9%
2071	51,872	-	51,872	3,087,368	5951.9%
2072	37,332	-	37,332	2,392,884	6409.7%
2073	26,381	-	26,381	1,824,734	6916.9%
2074	18,241	-	18,241	1,363,117	7473.0%
2075	12,297	-	12,297	995,632	8096.8%
2076	7,975	-	7,975	709,950	8902.0%
Past Experience	526,152,924	-	526,152,924	27,559,635	5.2%
Anticipated Experience	1,179,583,987	-	1,179,583,987	1,119,156,614	264.4%
Lifetime Experience	1,705,736,911	-	1,705,736,911	1,146,716,049	184.5%
Past Experience @ 4%	616,555,830	-	616,555,830	30,371,038	4.9%
Anticipated Experience @ 4%	781,104,876	-	781,104,876	1,330,539,614	170.3%
Lifetime Experience @ 4%	1,397,660,706	-	1,397,660,706	1,360,910,692	97.4%

Minimum Required Loss Ratio	58%	85%
Minimum PV Incurred Claims	810,645,210	0
Dual Loss Ratio Test Met	1,360,910,692	>
	810,645,210	>

Proj a: Original Assumptions and Original Premiums from Inception

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	512,667	5,561	1.1%
2010	5,181,434	58,101	1.1%
2011	16,035,266	214,028	1.3%
2012	35,403,775	543,473	1.5%
2013	56,705,943	1,019,245	1.8%
2014	68,420,643	1,627,364	2.4%
2015	70,134,395	2,397,605	3.5%
2016	70,252,159	3,332,318	4.9%
2017	68,980,354	5,405,004	7.8%
2018	67,811,002	6,764,818	10.0%
2019	66,712,867	6,892,521	10.3%
2020	65,277,437	9,832,288	15.1%
2021	63,529,127	12,726,840	20.0%
2022	61,354,785	15,506,612	25.3%
2023	59,744,674	18,550,907	31.1%
2024	58,101,768	21,938,226	37.8%
2025	56,797,885	25,782,653	45.4%
2026	55,268,296	30,135,719	54.5%
2027	53,697,954	35,022,993	65.2%
2028	52,053,416	40,610,783	77.7%
2029	50,323,072	46,630,549	92.3%
2030	48,492,854	53,062,418	109.4%
2031	46,568,971	60,262,009	129.4%
2032	44,565,246	67,798,570	152.1%
2033	42,494,987	75,460,223	177.6%
2034	40,354,295	83,214,255	206.2%
2035	38,155,778	91,268,970	239.2%
2036	35,902,578	99,530,220	277.2%
2037	33,605,415	107,947,964	319.4%
2038	31,278,836	113,860,343	364.0%
2039	28,945,004	118,904,194	410.8%
2040	26,623,863	123,557,762	464.1%
2041	24,318,943	128,117,530	526.8%
2042	22,051,393	131,314,522	595.5%
2043	19,842,671	132,175,287	666.1%
2044	17,714,802	130,713,885	737.9%
2045	15,689,407	127,738,020	814.2%
2046	13,782,612	123,985,997	899.6%
2047	12,005,554	119,114,144	992.2%
2048	10,370,523	112,590,390	1085.7%
2049	8,880,724	104,645,176	1178.3%
2050	7,540,006	96,129,089	1274.9%
2051	6,349,173	87,781,360	1382.6%
2052	5,302,686	79,542,897	1500.0%
2053	4,394,798	71,196,395	1620.0%
2054	3,614,286	62,882,297	1739.8%
2055	2,950,541	55,012,297	1864.5%
2056	2,392,946	47,943,925	2003.6%
2057	1,928,435	41,620,443	2158.2%
2058	1,545,483	35,911,948	2323.7%
2059	1,231,307	30,733,028	2496.0%
2060	975,577	26,153,674	2680.3%
2061	768,384	22,232,407	2898.8%
2062	599,264	18,942,042	3160.4%
2063	472,102	15,900,245	3365.1%
2064	367,769	13,268,054	3607.7%
2065	284,633	10,995,498	3864.0%
2066	218,953	9,091,656	4152.2%
2067	167,268	7,498,661	4483.0%
2068	126,932	6,135,320	4833.6%
2069	95,410	4,944,947	5182.8%
2070	70,868	3,930,225	5545.9%
2071	51,872	3,087,368	5951.9%
2072	37,332	2,392,884	6409.7%
2073	26,381	1,824,734	6916.9%
2074	18,241	1,363,117	7473.0%
2075	12,297	995,632	8096.8%
2076	7,975	709,950	8902.0%
Past Experience	526,152,924	27,559,635	5.2%
Anticipated Experience	1,179,583,987	1,119,156,614	264.4%
Lifetime Experience	1,705,736,911	1,146,716,049	184.5%
Past Experience @ 4%	616,555,830	30,371,038	4.9%
Anticipated Experience @ 4%	781,104,876	1,330,539,614	170.3%
Lifetime Experience @ 4%	1,397,660,706	1,360,910,692	97.4%

Minimum Required Loss Ratio	58%	85%
Minimum PV Incurred Claims	810,645,210	0
Dual Loss Ratio Test Met	1,360,910,692	>
	810,645,210	>

Proj b: Current Assumptions and Current Rates

Rate Increase: 30.0%

Y1:	28.6%
Y2:	15.3%
Y3:	25.3%
Y4-6:	0.0%
	100.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims	Loss Ratio w/ Increase (No PAID)
2004	-	-	-	-	-	0.0%
2005	-	-	-	-	-	0.0%
2006	-	-	-	-	-	0.0%
2007	-	-	-	-	-	0.0%
2008	-	-	-	-	-	0.0%
2009	512,667	-	-	512,667	-	0.0%
2010	5,181,434	-	-	5,181,434	-	0.0%
2011	16,035,266	-	-	16,035,266	307,487	1.9%
2012	35,403,775	-	-	35,403,775	355,435	1.0%
2013	56,705,943	-	-	56,705,943	599,878	1.1%
2014	68,420,643	-	-	68,420,643	1,994,818	2.9%
2015	70,134,395	-	-	70,134,395	2,773,499	4.0%
2016	70,252,159	-	-	70,252,159	1,778,807	2.5%
2017	68,980,354	-	-	68,980,354	5,405,004	7.8%
2018	67,811,002	-	-	67,811,002	6,764,818	10.0%
2019	66,712,867	-	-	66,712,867	7,579,689	11.4%
2020	65,277,437	-	-	65,277,437	9,832,288	15.1%
2021	63,529,127	-	-	63,529,127	12,726,840	20.0%
2022	61,354,785	-	4,385,333	65,740,118	15,506,612	23.6%
2023	59,744,674	-	20,025,279	79,769,953	18,550,907	23.3%
2024	58,101,768	-	33,749,662	92,076,430	21,938,226	23.8%
2025	56,797,885	-	49,099,693	105,897,578	25,782,653	24.3%
2026	55,268,296	-	67,777,418	123,045,714	30,135,719	24.2%
2027	53,697,954	-	86,419,465	140,117,870	35,022,993	25.0%
2028	52,053,416	-	105,611,616	157,665,032	40,610,783	25.8%
2029	50,323,072	-	125,342,955	175,666,027	46,630,549	26.5%
2030	48,492,854	-	145,602,418	193,095,272	53,062,418	27.5%
2031	46,568,971	-	166,379,000	209,948,000	60,262,009	28.7%
2032	44,565,246	-	187,653,000	226,218,000	67,798,570	30.0%
2033	42,494,987	-	209,405,000	241,905,000	75,460,223	31.2%
2034	40,354,295	-	231,614,000	256,999,000	83,214,255	32.4%
2035	38,155,778	-	254,270,000	271,488,000	91,268,970	33.6%
2036	35,902,578	-	277,353,000	285,360,000	99,530,220	34.9%
2037	33,605,415	-	300,856,000	298,606,000	107,947,964	36.1%
2038	31,278,836	-	324,750,000	311,230,000	113,860,343	36.6%
2039	28,945,004	-	348,996,000	323,177,000	118,904,194	36.8%
2040	26,623,863	-	373,557,000	334,415,000	123,557,762	37.0%
2041	24,318,943	-	398,410,000	344,925,000	128,117,530	37.1%
2042	22,051,393	-	423,530,000	354,690,000	131,314,522	37.0%
2043	19,842,671	-	448,893,000	363,693,000	132,175,287	36.3%
2044	17,714,802	-	474,475,000	371,919,000	130,713,885	35.2%
2045	15,689,407	-	500,253,000	379,353,000	127,738,020	33.7%
2046	13,782,612	-	526,206,000	385,980,000	123,985,997	32.1%
2047	12,005,554	-	552,313,000	391,788,000	119,114,144	30.4%
2048	10,370,523	-	578,555,000	396,765,000	112,590,390	28.4%
2049	8,880,724	-	604,913,000	400,900,000	104,645,176	26.1%
2050	7,540,006	-	631,370,000	404,183,000	96,129,089	23.8%
2051	6,349,173	-	657,911,000	406,606,000	87,781,360	21.6%
2052	5,302,686	-	684,518,000	408,163,000	79,542,897	19.5%
2053	4,394,798	-	711,176,000	408,853,000	71,196,395	17.4%
2054	3,614,286	-	737,870,000	408,676,000	62,882,297	15.4%
2055	2,950,541	-	764,587,000	407,635,000	55,012,297	13.5%
2056	2,392,946	-	791,314,000	405,735,000	47,943,925	11.8%
2057	1,928,435	-	818,040,000	402,983,000	41,620,443	10.3%
2058	1,545,483	-	844,753,000	399,386,000	35,911,948	9.0%
2059	1,231,307	-	871,442,000	394,955,000	30,733,028	7.8%
2060	975,577	-	898,096,000	389,699,000	26,153,674	6.7%
2061	768,384	-	924,706,000	383,628,000	22,232,407	5.8%
2062	599,264	-	951,262,000	376,753,000	18,942,042	5.0%
2063	472,102	-	977,754,000	369,086,000	15,900,245	4.3%
2064	367,769	-	1004,174,000	360,630,000	13,268,054	3.7%
2065	284,633	-	1030,513,000	351,388,000	10,995,498	3.1%
2066	218,953	-	1056,765,000	341,364,000	9,091,656	2.7%
2067	167,268	-	1082,923,000	330,560,000	7,498,661	2.3%
2068	126,932	-	1108,980,000	318,979,000	6,135,320	1.9%
2069	95,410	-	1134,927,000	306,623,000	4,944,947	1.6%
2070	70,868	-	1160,757,000	293,495,000	3,930,225	1.3%
2071	51,872	-	1186,462,000	279,596,000	3,087,368	1.1%
2072	37,332	-	1212,034,000	264,929,000	2,392,884	0.9%
2073	26,381	-	1237,465,000	249,494,000	1,824,734	0.7%
2074	18,241	-	1262,744,000	233,293,000	1,363,117	0.6%
2075	12,297	-	1287,866,000	216,327,000	995,632	0.5%
2076	7,975	-	1312,815,000	198,597,000	709,950	0.4%
Past Experience	526,152,924	-	526,152,924	27,559,635	5.2%	
Anticipated Experience	1,179,583,987	-	1,179,583,987	1,119,156,614	94.9%	
Lifetime Experience	1,705,736,911	-	1,705,736,911	1,146,716,049	67.2%	
Past Experience @ 4%	616,555,830	-	616,555,830	30,371,038	4.9%	
Anticipated Experience @ 4%	781,104,876	-	781,104,876	1,330,539,614	170.3%	
Lifetime Experience @ 4%	1,397,660,706	-	1,397,660,706	1,360,910,692	97.4%	

Minimum Required Loss Ratio	58%	85%
Minimum PV Incurred Claims	810,645,210	441,552,697
Dual Loss Ratio Test Met	1,360,910,692	>
		1,254,195,907

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase: 30.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	955,612	-	0.0%
2010	9,658,192	-	0.0%
2011	29,888,736	307,487	1.0%
2012	65,992,606	355,435	0.5%
2013	105,698,878	599,878	0.6%
2014	127,536,116	1,994,818	1.6%
2015	130,710,112	2,773,499	2.1%
2016	130,910,770	1,778,807	1.4%
2017	128,578,380	5,405,004	4.2%
2018	126,404,436	6,764,818	5.4%
2019	124,352,783	7,579,689	6.1%
2020	121,677,143	9,832,288	8.1%
2021	118,418,293	12,726,840	10.7%
2022	114,361,319	15,506,612	13.6%
2023	111,363,700	18,550,907	16.7%
2024	108,737,872	21,938,226	20.2%
2025	105,871,258	25,782,653	24.4%
2026	103,030,033	30,135,719	29.3%
2027	100,092,987	35,022,993	35.0%
2028	97,037,548	40,610,783	41.7%
2029	93,802,207	46,630,549	49.5%
2030	90,390,680	53,062,418	58.7%
2031	86,804,561	60,262,009	69.4%
2032	83,069,890	67,798,570	81.6%
2033	79,210,615	75,460,223	95.3%
2034	75,220,806	83,214,255	110.6%
2035	71,122,370	91,268,970	128.3%
2036	66,922,405	99,530,220	148.7%
2037	62,640,494	107,947,964	172.3%
2038	58,303,750	113,860,343	195.3%
2039	53,953,688	118,904,194	220.4%
2040	49,636,880	123,557,762	248.9%
2041	45,330,510	128,117,530	282.6%
2042	41,103,797	131,314,522	319.5%
2043	36,986,738	132,175,287	357.4%
2044	33,020,390	130,713,885	395.9%
2045	29,245,054	127,738,020	436.8%
2046	25,690,863	123,985,997	482.6%
2047	22,378,352	119,114,144	532.3%
2048	19,330,654	112,590,390	582.6%
2049	16,553,669	104,645,176	632.2%
2050	14,054,571	96,129,089	683.8%
2051	11,834,859	87,781,360	741.7%
2052	9,884,207	79,542,897	804.7%
2053	8,191,903	71,196,395	869.1%
2054	6,737,028	62,882,297	933.6%
2055	5,499,846	55,012,297	1000.0%
2056	4,460,451	47,943,925	1074.9%
2057	3,594,603	41,620,443	1157.8%
2058	2,880,761	35,911,948	1246.6%
2059	2,295,157	30,733,028	1339.0%
2060	1,818,476	26,153,674	1437.9%
2061	1,432,122	22,232,407	1549.9%
2062	1,116,632	18,942,042	1695.7%
2063	880,744	15,900,245	1805.0%
2064	685,522	13,268,054	1935.0%
2065	530,556	10,995,498	2071.7%
2066	408,128	9,091,656	2227.6%
2067	311,787	7,498,661	2405.1%
2068	236,601	6,135,320	2593.1%
2069	177,844	4,944,947	2780.1%
2070	132,097	3,930,225	2975.2%
2071	96,689	3,087,368	3193.1%
2072	69,588	2,392,884	3438.7%
2073	49,174	1,824,734	3709.9%
2074	34,000	1,363,117	4008.1%
2075	22,921	995,632	4343.7%
2076	14,866	709,950	4775.8%
Past Experience	980,749,051	27,559,635	2.8%
Anticipated Experience	2,198,744,512	1,119,156,614	141.9%
Lifetime Experience	3,179,493,603	1,146,716,049	99.0%
Past Experience @ 4%	1,149,260,067	30,371,038	2.6%
Anticipated Experience @ 4%	1,455,978,490	1,330,539,614	91.4%
Lifetime Experience @ 4%	2,605,239,557	1,360,910,692	52.2%

Proj d: Actual Historical Experience and Future Projections Based on the Prior Assumptions

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	512,667	-	0.0%
2010	5,181,434	-	0.0%
2011	16,035,266	307,487	1.9%
2012	35,403,775	355,435	1.0%
2013	56,705,943	599,878	1.1%
2014	68,420,643	1,994,818	2.9%
2015	70,134,395	2,773,499	4.0%
2016	70,252,159	1,778,807	2.5%
2017	68,980,354	5,405,004	7.8%
2018	67,811,002	6,764,818	10.0%
2019	66,712,867	7,579,689	11.4%
2020	65,277,437	9,832,288	15.1%
2021	63,529,127	12,726,840	20.0%
2022	61,354,785	15,506,612	25.3%
2023	59,744,674	18,550,907	31.1%
2024	58,101,768	21,938,226	37.8%
2025	56,797,885	25,782,653	45.4%
2026	55,268,296	30,135,719	54.5%
2027	53,697,954	35,022,993	65.2%
2028	52,053,416	40,610,783	77.7%
2029	50,323,072	46,630,549	92.3%
2030	48,492,854	53,062,418	109.4%
2031	46,568,971	60,262,009	129.4%
2032	44,565,246	67,798,570	152.1%
2033	42,494,987	75,460,223	177.6%
2034	40,354,295	83,214,255	206.2%
2035	38,155,778	91,268,970	239.2%
2036	35,902,578	99,530,220	277.2%
2037	33,605,415	107,947,964	319.4%
2038	31,278,836	113,860,343	364.0%
2039	28,945,004	118,904,194	410.8%
2040	26,623,863	123,557,762	464.1%
2041	24,318,943	128,117,530	526.8%
2042	22,051,393	131,314,522	595.5%
2043	19,842,671	132,175,287	666.1%
2044	17,714,802	130,713,885	737.9%
2045	15,689,407	127,738,020	814.2%
2046	13,782,612	123,985,997	899.6%
2047	12,005,554	119,114,144	992.2%
2048	10,370,523	112,590,390	1085.7%
2049	8,880,724	104,645,176	1178.3%
2050	7,540,006	96,129,089	1274.9%
2051	6,349,173	87,781,360	1382.6%
2052	5,302,686	79,542,897	1500.0%
2053	4,394,798	71,196,395	1620.0%
2054	3,614,286	62,882,297	1739.8%
2055	2,950,541	55,012,297	1864.5%
2056	2,392,946	47,943,925	2003.6%
2057	1,928,435	41,620,443	2158.2%
2058	1,545,483	35,911,948	2323.7%
2059	1,231,307	30,733,028	2496.0%
2060	975,577	26,153,674	2680.3%
2061	768,384	22,232,407	2898.8%
2062	599,264	18,942,042	3160.4%
2063	472,102	15,900,245	3365.1%
2064	367,769	13,268,054	3607.7%
2065	284,633	10,995,498	3864.0%
2066	218,953	9,091,656	4152.2%
2067	167,268	7,498,661	4483.0%
2068	126,932	6,135,320	4833.6%
2069	95,410	4,944,947	5182.8%
2070	70,868	3,930,225	5545.9%
2071	51,872	3,087,368	5951.9%
2072	37,332	2,392,884	6409.7%
2073	26,381	1,824,734	6916.9%
2074	18,241	1,363,117	7473.0%
2075	12,297	995,632	8096.8%
2076	7,975	709,950	8902.0%
Past Experience	526,152,924	27,559,635	5.2%
Anticipated Experience	1,179,583,987	1,119,156,614	264.4%
Lifetime Experience	1,705,736,911	1,146,716,049	184.5%
Past Experience @ 4%	616,555,830	30,371,038	4.9%
Anticipated Experience @ 4%	781,104,876	1,330,539,614	170.3%
Lifetime Experience @ 4%	1,397,660,706	1,360,910,692	97.4%

Minimum Required Loss Ratio	58%	85%
Minimum PV Incurred Claims	810,645,210	441,552,697
Dual Loss Ratio Test Met	1,360,910,692	>
		1,254,195,907

Prospective PV Approach (PPV) with Delay

Rate Increase: 81.3%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
65,277,437	10,815,517	65,138,973	8,610,303	138,464	2,205,208
63,529,127	13,999,084	63,488,094	10,131,131	41,033	3,867,953
61,354,785	17,057,274	61,757,219	11,840,716	(402,434)	5,216,558
58,744,674	20,405,997	59,952,609	13,727,730	(208,134)	6,678,267
58,101,768	24,132,048	58,083,363	15,832,342	252,405	8,299,706
56,797,885	28,360,919	56,154,162	18,209,197	643,723	10,151,722
55,268,296	33,149,291	54,165,517	20,897,305	1,102,779	12,251,987
53,697,954	38,525,292	52,119,297	23,907,409	1,578,657	14,617,884
52,053,416	44,477,161	50,018,414	27,182,181	2,035,002	17,294,980
50,323,072	51,070,604	47,864,965	30,698,065	2,458,108	20,375,539
48,492,854	58,368460	45,670,225	34,441,864	2,822,629	23,726,796
46,568,971	66,288,210	43,430,100	39,176,861	3,138,871	27,111,349
44,565,246	74,578,427	41,150,140	44,110,877	3,415,206	30,467,550
42,494,987	83,006,245	38,838,256	48,943,960	3,656,731	34,062,285
40,354,295	91,335,681	36,505,787	53,552,509	3,848,508	37,783,171
38,155,778	100,395,867	34,166,647	58,218,870	3,989,130	42,176,997
35,902,578	109,481,662	31,830,014	62,884,600	4,072,563	46,596,752
33,605,415	118,082,757	29,508,225	67,575,289	4,097,190	50,507,468
31,278,836	125,246,377	27,215,514	71,694,466	4,063,322	53,551,911
28,945,004	130,794,613	24,966,888	75,157,816	3,978,117	55,636,797
26,623,863	135,953,538	22,777,781	78,092,860	3,846,082	57,860,678
24,318,943	140,929,283	20,660,459	80,617,359	3,658,484	60,311,924
22,051,393	144,445,974	18,627,024	82,467,560	3,424,370	61,978,424
19,842,671	145,392,925	16,689,734	83,221,984	3,152,937	62,170,941
17,714,802	143,785,274	14,860,602	82,679,025	2,854,110	61,105,673
15,689,407	140,511,822	13,152,113	81,317,232	2,537,293	59,194,589
13,782,612	136,386,596	11,567,585	79,530,558	2,215,067	56,854,038
12,005,554	131,025,559	10,108,809	77,188,103	1,896,744	53,841,456
10,370,523	123,849,429	8,777,603	74,000,217	1,592,920	49,849,212
8,880,724	115,109,684	7,574,541	69,937,238	1,306,182	45,172,456
7,540,006	105,741,998	6,498,620	65,567,812	1,041,386	40,174,186
6,349,173	96,561,696	5,543,244	61,264,803	805,929	35,296,893
5,302,686	87,497,186	4,700,285	56,875,474	602,402	30,621,712
4,394,798	78,316,035	3,962,600	52,252,555	432,198	26

Pol/Prem updated:	12/31/2019
Increases updated:	01/26/2022

Policy Series LTC09M

State	Current Annualized Premium	Cumulative Increase Prior to Latest Filing	Prior Approval Date	Latest Filing Proposed/Requested Increases	Latest Submission Date	Filing Status	Approved Amounts of Latest Proposed Increases	Filing Approval Date	Cumulative Increase Approved to Date	Comments
		Overall Increase		Overall Increase			Overall Increase		Overall Increase	
Alabama	$ 639,318	0.0%		73.8%	09/03/2021	Approved	14.2%	12/07/2021	14.2%	
Alaska	$ 87,838	0.0%		67.0%	n/a	not filed	67.0%	n/a	67.0%	LTC rate increase filings are not required in Alaska
Arizona	$ 2,092,697	0.0%		77.1%	11/09/2021	Submitted	0.0%		0.0%	
Arkansas	$ 429,223	0.0%		74.3%	09/10/2021	Approved	13.4%	12/02/2021	13.4%	
California	$ -	0.0%		0.0%		not filed	0.0%		0.0%	
Colorado	$ 3,307,396	0.0%		97.0%	10/15/2021	Submitted	0.0%		0.0%	
Connecticut	$ 981,331	0.0%		75.0%	09/24/2021	Submitted	0.0%		0.0%	
District of Columbia	$ 186,390	0.0%		66.4%	09/10/2021	Submitted	0.0%		0.0%	
Delaware	$ 193,095	0.0%		67.9%	10/01/2021	Submitted	0.0%		0.0%	
Florida	$ 4,885,784	0.0%		65.5%	10/22/2021	Submitted	0.0%		0.0%	
Georgia	$ 2,065,133	0.0%		79.1%	09/03/2021	Approved	14.3%	12/07/2021	14.3%	
Hawaii	$ 845,080	0.0%		78.7%	09/03/2021	Submitted	0.0%		0.0%	
Idaho	$ 576,749	0.0%		75.4%	09/17/2021	Submitted	0.0%		0.0%	
Illinois	$ 3,722,393	0.0%		78.1%	09/03/2021	Submitted	0.0%		0.0%	
Indiana	$ 873,484	0.0%		69.2%		Pending Submission	0.0%		0.0%	
Iowa	$ 1,825,869	0.0%		82.8%	10/01/2021	Submitted	0.0%		0.0%	
Kansas	$ 1,812,821	0.0%		85.7%	09/24/2021	Submitted	0.0%		0.0%	
Kentucky	$ 681,248	0.0%		80.4%	09/24/2021	Approved	50.0%	12/24/2021	50.0%	approved multi-year increase
Louisiana	$ 726,456	0.0%		71.5%	09/10/2021	Submitted	0.0%		0.0%	
Maine	$ 434,874	0.0%		73.0%		Pending Submission	0.0%		0.0%	
Maryland	$ 1,393,976	0.0%		71.1%	10/01/2021	Submitted	0.0%		0.0%	
Massachusetts	$ 2,189,183	0.0%		86.5%	10/01/2021	Submitted	0.0%		0.0%	
Michigan	$ 1,594,269	0.0%		78.0%	09/24/2021	Approved	78.0%	11/19/2021	78.0%	approved multi-year increase
Minnesota	$ 2,010,548	0.0%		80.6%	09/03/2021	Approved	72.8%	01/19/2022	72.8%	approved multi-year increase
Mississippi	$ 664,806	0.0%		76.9%	09/10/2021	Submitted	0.0%		0.0%	
Missouri	$ 2,140,544	0.0%		75.6%	09/03/2021	Approved	65.0%	12/08/2021	65.0%	approved multi-year increase
Montana	$ 396,512	0.0%		70.9%	10/01/2021	Submitted	0.0%		0.0%	
Nebraska	$ 2,790,925	0.0%		86.0%	07/16/2021	Approved	86.0%	12/08/2021	86.0%	approved multi-year increase
Nevada	$ 249,391	0.0%		77.4%	09/17/2021	Submitted	0.0%		0.0%	
New Hampshire	$ 602,587	0.0%		69.6%	09/17/2021	Submitted	0.0%		0.0%	
New Jersey	$ 4,130,674	0.0%		71.4%		Pending Submission	0.0%		0.0%	
New Mexico	$ 268,667	0.0%		73.0%		Pending Submission	0.0%		0.0%	
New York	$ 12,866,985	0.0%		71.2%		Pending Submission	0.0%		0.0%	
North Carolina	$ 2,314,664	0.0%		76.8%	09/24/2021	Submitted	0.0%		0.0%	
North Dakota	$ 718,363	0.0%		91.8%	09/03/2021	Approved	39.5%	10/21/2021	39.5%	approved multi-year increase
Ohio	$ 2,385,143	0.0%		83.3%	09/24/2021	Submitted	0.0%		0.0%	
Oklahoma	$ 698,730	0.0%		75.4%	09/17/2021	Approved	32.3%	11/12/2021	32.3%	approved multi-year increase
Oregon	$ 1,652,903	0.0%		87.6%	09/10/2021	Submitted	0.0%		0.0%	
Pennsylvania	$ 3,424,266	0.0%		74.7%	09/03/2021	Submitted	0.0%		0.0%	
Puerto Rico	$ 351,802	0.0%		61.7%	09/17/2021	Submitted	0.0%		0.0%	
Rhode Island	$ 473,260	0.0%		77.9%		Pending Submission	0.0%		0.0%	
South Carolina	$ 1,125,609	0.0%		74.3%	09/03/2021	Approved	14.1%	12/08/2021	14.1%	
South Dakota	$ 1,136,943	0.0%		82.4%	09/03/2021	Approved	82.4%	01/26/2022	82.4%	approved multi-year increase
Tennessee	$ 1,119,700	0.0%		78.0%	09/03/2021	Submitted	0.0%		0.0%	
Texas	$ 3,933,084	0.0%		74.5%	09/24/2021	Submitted	0.0%		0.0%	
Utah	$ 361,999	0.0%		72.0%	09/03/2021	Submitted	0.0%		0.0%	
Vermont	$ 221,718	0.0%		84.3%		Pending Submission	0.0%		0.0%	
Virgin Islands	$ 7,352	0.0%		52.8%		Pending Submission	0.0%		0.0%	
Virginia	**$ 2,650,071**	**0.0%**		**85.9%**	**09/24/2021**	**Submitted**	**0.0%**		**0.0%**	
Washington	$ 2,644,470	0.0%		97.8%	09/03/2021	Submitted	0.0%		0.0%	
West Virginia	$ 152,920	0.0%		79.3%		Pending Submission	0.0%		0.0%	
Wisconsin	$ 1,313,801	0.0%		80.6%	09/03/2021	Submitted	0.0%		0.0%	
Wyoming	$ 186,144	0.0%		79.9%	09/03/2021	Submitted	0.0%		0.0%	
National Average	$ 84,539,188	0.0%		77.8%			10.6%		10.6%	

Notes:

1. **There have not been any previous premium increases for this form.**
2. **The requested rate increase amounts reflect the total increase amount requested are based on each state's distribution of business. These increases will be implemented over a period of time, as shown in the Actuarial Memorandum.**
3. **Some states are approving multi-year rate increases in the current filing; the increase amounts displayed in "Approved Amounts of Latest Proposed Increase" reflect those states that have approved multi-year rate increases.**
4. **Filings are not required in Alaska for LTC rate increases.**

Attachment J

LTC09M Incurred Claim Analysis with Current Assumptions

Year	Expected Claims	Actual Claims	Expected Loss Ratio	Actual Loss Ratio
2009	6,622	-	1.0%	0.0%
2010	85,799	83,394	1.3%	1.3%
2011	322,660	388,589	1.6%	2.0%
2012	879,961	591,324	2.0%	1.4%
2013	1,719,409	918,044	2.5%	1.3%
2014	2,722,504	2,821,681	3.3%	3.3%
2015	3,734,922	4,093,944	4.4%	4.7%
2016	4,967,061	2,564,703	5.9%	3.0%
2017	6,464,370	7,205,804	7.9%	8.5%
2018	8,333,183	8,695,283	10.4%	10.4%
2019	10,629,629	9,655,879	13.5%	11.8%

Methodology for setting the Morbidity assumption

The baseline expected incurred claims were developed from MG17 with adjustments to reflect Mutual's historical underwriting levels and observed utilization, as well as historical morbidity improvement. Several adjustments are applied to Legacy and Modern baseline assumptions consistent with mappings within Mutual's projection models. Below is a summary of these adjustments developed for the baseline expected claims:

Ultimate claim costs: MG17

Underwriting Selection Factors (includes spousal savings factors): Based on MG17

- Legacy – varies by issue era
  - Issue years 1997 to 2000: 33% Loose Underwriting / 67% Moderate Underwriting
  - Issue years 2001 and 2002: 100% Moderate Underwriting
  - Issue years 2003 and later: 100% Tight Underwriting
- Modern – 100% Tight Underwriting

Utilization Factors: Both "dollars" utilization (salvage) and "days" utilization were used.

§ "Days" utilization as follows:
- 70.5% for daily reimbursement plans
- 75.0% for monthly reimbursement plans

§ Total utilization as follows:
- Legacy
  - § Starting Duration: 10
  - § 96% for SNF
  - § 84% for ALF
  - § 54% for HHC
- Modern
  - § Starting Duration: 6
  - § 93% for SNF
  - § 87% for ALF
  - § 48% for HHC

§ LTC Inflation by product, care setting, and policy duration

	Legacy		
Policy duration	**SNF**	**ALF**	**HHC**
1	4.80%	4.60%	2.90%
2	4.60%	4.20%	2.80%
3	4.40%	3.80%	2.70%
4	4.20%	3.40%	2.60%
5	4.00%	3.00%	2.50%
6	4.00%	3.00%	2.50%
7	4.00%	3.00%	2.50%

8	4.00%	3.00%	2.50%
9	4.00%	3.00%	2.50%
10	4.00%	3.00%	2.50%
11	4.07%	3.13%	2.53%
12	4.13%	3.27%	2.57%
13	4.20%	3.40%	2.60%
14	4.27%	3.53%	2.63%
15	4.33%	3.67%	2.67%
16	4.40%	3.80%	2.70%
17	4.47%	3.93%	2.73%
18	4.53%	4.07%	2.77%
19	4.60%	4.20%	2.80%
20	4.67%	4.33%	2.83%
21	4.73%	4.47%	2.87%
22	4.80%	4.60%	2.90%
23	4.87%	4.73%	2.93%
24	4.93%	4.87%	2.97%
25+	5.00%	5.00%	3.00%

	Modern		
Policy duration	**SNF**	**ALF**	**HHC**
1	4.00%	3.00%	2.50%
2	4.00%	3.00%	2.50%
3	4.00%	3.00%	2.50%
4	4.00%	3.00%	2.50%
5	4.00%	3.00%	2.50%
6	4.00%	3.00%	2.50%
7	4.07%	3.13%	2.53%
8	4.13%	3.27%	2.57%
9	4.20%	3.40%	2.60%
10	4.27%	3.53%	2.63%
11	4.33%	3.67%	2.67%
12	4.40%	3.80%	2.70%
13	4.47%	3.93%	2.73%
14	4.53%	4.07%	2.77%
15	4.60%	4.20%	2.80%
16	4.67%	4.33%	2.83%
17	4.73%	4.47%	2.87%
18	4.80%	4.60%	2.90%
19	4.87%	4.73%	2.93%
20	4.93%	4.87%	2.97%
21	5.00%	5.00%	3.00%
22	5.00%	5.00%	3.00%

23	5.00%	5.00%	3.00%
24	5.00%	5.00%	3.00%
25+	5.00%	5.00%	3.00%

Claim Management: 0.95 adjustment factor used.

Morbidity Improvement: G2 varies by attained age and gender (2017 base year).
Note: the G2 scale is listed below.

GPO Loads (Legacy Policies): Duration loads were included for plans with the GPO option:

Durations	GPO Load
1 to 5	1.32
6 to 9	1.15
10 to 11	1.14
12 to 13	1.12
14 to 15	1.11
16 to 17	1.09
18 to 19	1.07
20 to 21	1.04
22+	1.00

Coverage Change Adjustment (Legacy Policies):
Experience analysis assumes current policy features have been in effect since policy inception.
Expected incurred claims adjustments:
- Incurred Years 1997 through 2011: 1% increase to expected incurred claims
  - We estimated a 1% reduction in expected incurred claims from benefit reductions
- Incurred Years 1997 through 2014: 4% increase to expected incurred claims
  - We estimated a 4% reduction in expected incurred claims from benefit reductions after accounting for changes to interest rate.

Modern Cash Adjustment
For Modern policies with a cash alternate benefit rider, expected incurred claims adjustments:

Expected Incidence
Expected HHC incidence after the shift to the cash situs should be 50% of the HHC incidence.
Expected cash incidence should be 70% of the HHC incidence (prior to the shift to cash).

Expected Incurred Claims
- The incurred claims cash load was applied to total expected claims but reflected in the cash care setting.
- Expected HHC severity is unchanged. To preserve total incurred claims (20% incidence load * expected HHC severity) is reflected in reduced cash severity

Other Morbidity Factors (Modern Policies):

G2 Scale Attained Age	Female	Male
under 50	1.00%	1.00%
50	1.00%	1.00%
51	1.00%	1.10%
52	1.10%	1.10%
53	1.10%	1.20%
54	1.10%	1.20%
55	1.20%	1.30%
56	1.20%	1.30%
57	1.20%	1.40%
58	1.20%	1.40%
59	1.30%	1.50%
60	1.30%	1.50%
61	1.30%	1.50%
62	1.30%	1.50%
63	1.30%	1.50%
64	1.30%	1.50%
65	1.30%	1.50%
66	1.30%	1.50%
67	1.30%	1.50%
68	1.30%	1.50%
69	1.30%	1.50%
70	1.30%	1.50%
71	1.30%	1.50%
72	1.30%	1.50%
73	1.30%	1.50%
74	1.30%	1.50%
75	1.30%	1.50%
76	1.30%	1.50%
77	1.30%	1.50%
78	1.30%	1.50%
79	1.30%	1.50%
80	1.30%	1.50%
81	1.20%	1.40%
82	1.20%	1.30%
83	1.10%	1.30%
84	1.00%	1.20%
85	1.00%	1.10%
86	0.90%	1.00%
87	0.80%	0.90%
88	0.70%	0.90%
89	0.70%	0.80%
90	0.60%	0.70%
91	0.60%	0.70%

92	0.50%	0.60%
93	0.50%	0.50%
94	0.40%	0.50%
95	0.40%	0.40%
96	0.40%	0.40%
97	0.30%	0.30%
98	0.30%	0.30%
99	0.20%	0.20%
100	0.20%	0.20%
101	0.20%	0.20%
102	0.10%	0.10%
103	0.10%	0.10%
104	0.00%	0.00%
105+	0.00%	0.00%

Modern Morbidity A/E Analysis

Duration	Active Exposures	Actual Incurred Claims	Expected Incurred Claims	A/E
1	208,746	4,331,202	4,448,838	97%
2	184,521	6,167,928	7,950,071	78%
3	163,311	9,452,914	10,280,624	92%
4	142,949	14,260,271	12,762,566	112%
5	125,563	13,893,300	15,180,084	92%
6	110,561	18,177,129	17,645,915	103%
7	97,377	19,477,690	20,280,498	96%
8	78,740	27,994,802	21,772,189	129%
9	58,211	22,018,351	21,122,618	104%
10	39,575	18,460,248	18,979,229	97%
11	28,734	18,331,968	17,238,292	106%
12	22,928	15,406,759	16,514,997	93%
13	18,128	20,641,518	15,559,295	133%
14	12,331	15,240,261	12,764,093	119%
15	6,909	10,128,494	8,718,333	116%
16	3,237	4,227,050	4,870,998	87%
17	393	1,432,627	738,769	194%
Grand Total	**1,302,215**	**239,642,514**	**226,827,408**	**106%**

Mutual of Omaha Insurance Company
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September 12, 2022

Mr. Bill Dismore, APIR
Senior Insurance Market Examiner
Virginia Bureau of Insurance

RE: SERFF Filing # MUTA-133092595

Dear Mr. Dismore:

This cover letter describes the changes made to the filing material to be consistent with the revised increase amount the Bureau will approve.

The following items have been revised and have been added to the Supporting Documentation tab:

- Actuarial Memorandum - the changes are listed below (these changes have also been highlighted in the Actuarial Memorandum):
  - Section 5 Projection Assumptions – the implementation date has been changed to February 1, 2023.
  - Section 9 Summary of Proposed Rate Increase – this section has been revised to reflect both the revised increase amounts and revised implementation date.
- Exhibit 2 – Policies In-Force, Annualized Premium and Average Annual Premium
- Exhibit 8A – Nationwide Lifetime Experience Projection
- Exhibit 8B – Virginia Lifetime Experience Projection

In addition, rate schedules that reflect the revised increase amounts have been placed in the Rate/Rule Schedule tab. The LTCi Rate Request Summary has also been revised to reflect the revised rate increase amount.

Please let me know if you have any questions or if you need any additional information.

Sincerely,

Jeffrey O. LaFond
Lead Actuarial Analyst
Income and Wealth Planning
Mutual of Omaha Insurance Company

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