Filing at a Glance

Company:	United of Omaha Life Insurance Company
Product Name:	United of Omaha LTC Rate Increase - LTC09U
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-133092605
SERFF Status:	Closed-Approved
State Tr Num:	MUTA-133092605
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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

General Information

Project Name: LTC09U
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 79%

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 a rate increase for Policy Series LTC09U. The proposed increase amount is summarized below:

The revised Virginia increase for LTCi policy series LTC09U will range from 13.50% to 97.82%, with an overall average increase of 79.00%. 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 26.30%.

2024

The proposed rate increase for 2024 will range from 9.00% to 18.18%, with an average increase of 15.71%.

2025

The proposed rate increase for 2025 will range from 0.00% to 30.77%, with an average increase of 22.49%.

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
3300 Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0322111	

State:	*Virginia*	**Filing Company:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	06/06/2022	06/06/2022
Info has been requested from company	Bill Dismore	04/08/2022	04/08/2022
Info has been requested from company	Bill Dismore	02/09/2022	02/09/2022
Info has been requested from company	Bill Dismore	01/04/2022	01/04/2022

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	02/01/2022	02/01/2022

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	Jeff LaFond	09/13/2022	09/13/2022
Supporting Document	Exhibit for 09/12/2022 Response	Jeff LaFond	09/13/2022	09/13/2022
Rate	rate schedules	Jeff LaFond	09/09/2022	09/09/2022

State: *Virginia*
Filing Company: *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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):
United of Omaha Life Insurance Company	101.200%	79.000%	$1,463,537	827	$1,852,578	97.820%	9.000%

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	Exhibit for 02/01/2022 Response (Objection 1)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 02/01/2022 Response (Objection 5)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 02/01/2022 Response (Objections 6, 7, 9 and 10)	Received & Acknowledged	Yes
Supporting Document	Exhibits for 02/01/2022 Response (Objection 11)	Received & Acknowledged	Yes
Supporting Document	Exhibit 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: *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Exhibit for 09/12/2022 Response	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

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:

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

Objection 1

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

Comments: Please revise the Minimum % change to 9% as stated under the Rate/Rule Schedule tab.

Conclusion:

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

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

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:

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

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

Objection 1

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Objection Letter

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

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 LTC09U filed separately from United of Omaha Life Insurance Company s other current rate filing for forms LTC06UI?

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Do you consider the experience for the policy forms LTC09U to be fully credible nationwide with 24,834 policyholders in force and premium of $53.0 million or in Virginia with 827 policyholders and $1.9 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 United 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 2 dated 04/08/2022? 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 334 over the period from 2009 to 2019 for policy forms LTC09U. 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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/08/2022
Submitted Date	04/08/2022
Respond By Date	05/09/2022

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 the outstanding objections 4 and 5 submitted in our objection letter dated February 9, 2022.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please clarify what is meant by The experience projections do not reflect the impact of policyholders reducing benefit levels to reduce or eliminate the impact of the requested premium increase. in the response to objection 6 dated February 9, 2022.

Objection 6 asked the Company to please provide a comparison of actual incurred claims to expected incurred claims under the 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.

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

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	

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 66.9% from Attachment 3 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 there has been no prior rate increases approved for these forms, as disclosed in Exhibit 4 and 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 those policy forms that are the subject of this filing. If not, please provide Exhibit 6A with experience for 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: 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.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a comparison of actual incurred claims to expected incurred claims under the 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 7

- 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 8

- 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 9

- 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 10

- 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 11

- 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.

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/04/2022
Submitted Date	01/04/2022
Respond By Date	02/01/2022

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

- rate schedules, [LTC09U-AG, LTC09U-5ML, LTC09U-10ML] (Rate)

Comments: Please remove LTC09U Pre and Post Current Rates from the Rate/Rule Schedule and place them under the Supporting Documentation tab.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: a) Please provide the original anticipated lifetime loss ratio.

b) What rate increase is required to achieve the original anticipated lifetime loss ratio?

Objection 3

- rate schedules, [LTC09U-AG, LTC09U-5ML, LTC09U-10ML] (Rate)

Comments: Please fully explain the difference between pre and post rates.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the SERFF Tr. Num under which the policyholder notification letter and any accompanying forms were previously approved.

If these forms where not previously approved, they forms need to be placed under the Form Schedule tab for review and approval. If there are any changes to a previously approved form, please provide a redline version signifying the changes made.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

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

Objection 6

- 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 use the appropriate maximum valuation interest rate for accumulation and discounting of this block.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: 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 8

- 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 9

- L&H Actuarial Memorandum (Supporting Document)

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

Objection 10

- 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 11

- 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.

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.

State:	Virginia	**Filing Company:**	United of Omaha Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	United of Omaha LTC Rate Increase - LTC09U		
Project Name/Number:	LTC09U/		

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:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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:

The Range of Requested Rate Changes on the Long Term Care Insurance Rate Request Summary has been revised to match the range of rate increases on the Rate/Rule Schedule tab.

Related Objection 1

Applies To:

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

Comments: Please revise the Minimum % change to 9% as stated under the Rate/Rule Schedule tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 - United (LTC09U) - Revised.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA LTC Rate Increase Summary.pdf* *LTCi Rate Request Summary - United (LTC09U) - Revised.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*LTCi Rate Request Summary - United (LTC09U).pdf* *VA LTC Rate Increase Summary.pdf*

Conclusion:

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 79.0%. As it is our intention to spread the increase over three years, the average increase of 79.0% 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 01/01/2023.

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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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 - United (LTC09U) - Revised.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*LTCi Rate Request Summary - United (LTC09U).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 - United (LTC09U) - Revised.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*LTCi Rate Request Summary - United (LTC09U).pdf* *VA LTC Rate Increase Summary.pdf*

Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09U).pdf Actuarial Memorandum - LTC09U (VA) - revised.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA) - Revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09U).pdf

Conclusion:

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

Sincerely,

Jeff LaFond

State: Virginia
Filing Company: United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Sincerely,
Jeff LaFond

State: Virginia
Filing Company: United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 6, 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 LTC09U filed separately from United of Omaha Life Insurance Company s other current rate filing for forms LTC06UI?

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 LTC09U to be fully credible nationwide with 24,834 policyholders in force and premium of $53.0 million or in Virginia with 827 policyholders and $1.9 million in premium?

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 United 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 2 dated 04/08/2022? 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 334 over the period from 2009 to 2019 for policy forms LTC09U. 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 (Objections 2 & 3)
Comments:	
Attachment(s):	Attachment 1 - Morbidity Assumption Description.pdf

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

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
Filing Company: United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 8, 2022, regarding the above-captioned filing.

Response 1

Comments:

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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

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 1

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

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

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The initial statement for Objection 6 was mis-placed.

A.Please find a rough projection of the expected incurred claims under the current assumptions compared to the actual incurred claims in LTC09U 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 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please clarify what is meant by The experience projections do not reflect the impact of policyholders reducing benefit levels to reduce or eliminate the impact of the requested premium increase. in the response to objection 6 dated February 9, 2022.

Objection 6 asked the Company to please provide a comparison of actual incurred claims to expected incurred claims under the 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.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit for 05/13/2022 Response
Comments:	
Attachment(s):	LTC09U Attachment J.pdf

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:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

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 66.9%.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm that the original lifetime loss ratio of 66.9% from Attachment 3 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: 24,834
Inactive: 8,466
Incomplete: 1,723
Rejected: 10,568
Withdraw:1,806
Total: 47,397

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.

Response 3

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 91.9%.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please confirm there has been no prior rate increases approved for these forms, as disclosed in Exhibit 4 and 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)

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 those policy forms that are the subject of this filing. If not, please provide Exhibit 6A with experience for 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: 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.

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 provide a comparison of actual incurred claims to expected incurred claims under the 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 7

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 7

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 8

Comments:

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

Related Objection 8

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 9

Comments:

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

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

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

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 10

Comments:

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

Related Objection 10

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 11

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 11

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:**	United of Omaha Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	United of Omaha LTC Rate Increase - LTC09U		
Project Name/Number:	LTC09U/		

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:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/01/2022
Submitted Date	02/01/2022

Dear Bill Dismore,

Introduction:

This is in response to your objection letter dated January 4, 2022, regarding the above-captioned filing.

Response 1

Comments:

The LTC09U Current Rates files have been removed from the Rate/Rule Schedule tab and placed under the Supporting Documentation tab.

Related Objection 1

Applies To:

- rate schedules, [LTC09U-AG, LTC09U-5ML, LTC09U-10ML] (Rate)

Comments: Please remove LTC09U Pre and Post Current Rates from the Rate/Rule Schedule and place them under the Supporting Documentation tab.

Changed Items:

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	LTC09U-AG, LTC09U-5ML, LTC09U-10ML	Revised	Previous State Filing Number: Percent Rate Change Request: 101.2	LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,	02/01/2022 By: Jeff LaFond
Previous Version						
1	*rate schedules*	*LTC09U-AG, LTC09U-5ML, LTC09U-10ML*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *101.2*	*LTC09U Pre Current Rates.pdf, LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Current Rates.pdf, LTC09U Post Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,*	*12/23/2021* *By: Jeff LaFond*

Supporting Document Schedule Item Changes

Satisfied - Item:	Exhibit for 02/01/2022 Response (Objection 1)
Comments:	
Attachment(s):	LTC09U Pre Current Rates.pdf LTC09U Post Current Rates.pdf

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Response 2

Comments:

a)The original anticipated lifetime loss ratio is 66.9%
b)The rate increase required to achieve the original anticipated lifetime loss ratio is 111.5%.

Related Objection 2

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

Comments: a) Please provide the original anticipated lifetime loss ratio.

b) What rate increase is required to achieve the original anticipated lifetime loss ratio?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

The Pre and Post in the proposed LTC09U rates refers to the rates before (Pre) and after (Post) an adjustment to the inflation rider factors in 2011.

Related Objection 3

Applies To:
- rate schedules, [LTC09U-AG, LTC09U-5ML, LTC09U-10ML] (Rate)

Comments: Please fully explain the difference between pre and post rates.

Changed Items:

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	LTC09U-AG, LTC09U-5ML, LTC09U-10ML	Revised	Previous State Filing Number: Percent Rate Change Request: 101.2	LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,	02/01/2022 By: Jeff LaFond
Previous Version						
1	*rate schedules*	*LTC09U-AG, LTC09U-5ML, LTC09U-10ML*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *101.2*	*LTC09U Pre Current Rates.pdf, LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Current Rates.pdf, LTC09U Post Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,*	*12/23/2021* *By: Jeff LaFond*

No Supporting Documents changed.

Response 4

Comments:

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

A separate form filing has recently been made for the policyholder notification letter. Please refer to SERFF Tracking # MUTM-133106376.

The SERFF Tracking Number for the original rate filing in Virginia for Form LTC09U Pre is MUTM-125899792. The SERFF Tracking Number for the original rate filing in Virginia for Form LTC09U Post is MUTM-127297968.

Related Objection 4

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

Comments: Please provide the SERFF Tr. Num under which the policyholder notification letter and any accompanying forms were previously approved.

If these forms where not previously approved, they forms need to be placed under the Form Schedule tab for review and approval. If there are any changes to a previously approved form, please provide a redline version signifying the changes made.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

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

Related Objection 5

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.

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 02/01/2022 Response (Objection 5)
Comments:	
Attachment(s):	Exhibit 7A - Nationwide Historical Experience (LTC09U) - EXCEL.xlsx Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U) - EXCEL.xlsx Exhibit 8B - Virginia Lifetime Experience Projection - EXCEL.xlsx

Response 6

Comments:

The projections requested in Objections 6, 7, 9, and 10 are included in VA LTC09U Projections Sent. 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 6

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 use 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.

State: Virginia **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits for 02/01/2022 Response (Objections 6, 7, 9 and 10)
Comments:	
Attachment(s):	VA LTC09U Projections Sent.pdf VA LTC09U Projections Sent.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 7

Comments:

Please refer to Response 6.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 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 8

Comments:

The active life reserve balance for Form LTC09U as of 12/31/2019 and based on a nationwide basis is $257,644,200.

Related Objection 8

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 9

Comments:

Please refer to Response 6.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide 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 10

Comments:

Please refer to Response 6.

Related Objection 10

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 11

Comments:

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 11

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 02/01/2022 Response (Objection 11)
Comments:	
Attachment(s):	Attachment 1 - Rate Increase History.pdf Attachment 1 - Rate Increase History.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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

Amendment Letter

Submitted Date: 09/13/2022
Comments:
RE: Supporting Documentation Revisions

Dear Mr. Dismore:

The following changes have been made to the Actuarial Memorandum section of the Supporting Documentation tab:

•Exhibit 2 has been revised to show that the first year of increase in Virginia is 2003.
•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 79%.
•The original documents described below have been replace with the revised versions:
oActuarial Memorandum
oExhibit 2 – Policies in-Force Annualized Premium and Avg Annual Premium VA.pdf
oExhibit 8A – Nationwide Lifetime Experience Projections (LTC09M).pdf
oExhibit 8B – Virginia Lifetime Experience Projections (LTC09M).pdf

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

Sincerely,

Jeff LaFond
Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (LTC09U).pdf Exhibit 1 - Benefit Summary (LTC09U).pdf Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09U).pdf LTC Rate Increase Template (LTC09U).pdf Supplementary Info (LTC09U).pdf Attachment 1 - Covered Lives and Claim Counts.pdf Attachment 5 - Sample Notification Letter (United).pdf Attachment 6 - Distribution.pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Rate Increase History (LTC09U - VA_.pdf Exhibit 5 - Rate Increase Splits (National) - LTC09U.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 7A - Nationwide Historical Experience (LTC09U).pdf Attachment 3 - Nationwide Lifetime Experience Projection with Actual to Expected (LTC09U).pdf Attachment 2A - Nationwide Projection (Marital Status) - LTC09U.pdf Attachment 2B - Nationwide Projection (Inflation Option) - LTC09U.pdf Attachment 2C - Nationwide Projection (Benefit Period) - LTC09U.pdf Attachment 4 - Original Pricing Assumptions (LTC09U).pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (LTC09U) - revised.pdf Actuarial Memorandum - LTC09U (VA) - revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09U).pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memorandum -LTC09U (VA).pdf* *Actuarial Certification (LTC09U).pdf* *Exhibit 1 - Benefit Summary (LTC09U).pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA).pdf* *Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09U).pdf* *Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U).pdf* *Exhibit 8B - Virginia Experience (LTC09U).pdf* *LTC Rate Increase Template (LTC09U).pdf* *Supplementary Info (LTC09U).pdf* *Attachment 1 - Covered Lives and Claim Counts.pdf* *Attachment 5 - Sample Notification Letter (United).pdf* *Attachment 6 - Distribution.pdf* *Exhibit 4 - Rate Increase History (LTC09U - VA_.pdf* *Exhibit 5 - Rate Increase Splits (National) - LTC09U.pdf* *Exhibit 6A - Actual to Revised (Lapse Rates).pdf* *Exhibit 6B - Actual to Revised (Mortality Rates).pdf*

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

	Exhibit 7A - Nationwide Historical Experience (LTC09U).pdf *Attachment 2A - Nationwide Projection (Marital Status) - LTC09U.pdf* *Attachment 2B - Nationwide Projection (Inflation Option) - LTC09U.pdf* *Attachment 2C - Nationwide Projection (Benefit Period) - LTC09U.pdf* *Attachment 3 - Nationwide Lifetime Experience Projection with Actual to Expected (LTC09U).pdf* *Attachment 4 - Original Pricing Assumptions (LTC09U).pdf*

Satisfied - Item:	Exhibit for 09/12/2022 Response
Comments:	
Attachment(s):	Cover Letter (VA - LTC09U).pdf
Previous Version	
Satisfied - Item:	*Exhibit for 09/12/2022 Response*
Comments:	
Attachment(s):	*Cover Letter (VA - LTC09U).pdf* *Actuarial Memorandum - LTC09U (VA) - revised.pdf* *Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (VA) - Revised.pdf* *Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U).pdf* *Exhibit 8B - Virginia Lifetime Experience Projection (LTC09U).pdf*

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	LTC09U-AG, LTC09U-5ML, LTC09U-10ML	Revised	Previous State Filing Number: Percent Rate Change Request: 79	LTC09U Pre Proposed Rates Yr 3 - VA.pdf, LTC09U Post Proposed Rates Yr 1 - VA.pdf, LTC09U Post Proposed Rates Yr 2 - VA.pdf, LTC09U Post Proposed Rates Yr 3 - VA.pdf, LTC09U Pre Proposed Rates Yr 1 - VA.pdf, LTC09U Pre Proposed Rates Yr 2 - VA.pdf,	09/09/2022 By: Jeff LaFond
Previous Version						
1	*rate schedules*	*LTC09U-AG, LTC09U-5ML, LTC09U-10ML*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *101.2*	*LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,*	*02/01/2022* *By: Jeff LaFond*
Previous Version						
1	*rate schedules*	*LTC09U-AG, LTC09U-5ML, LTC09U-10ML*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *101.2*	*LTC09U Pre Current Rates.pdf, LTC09U Pre Proposed Rates Yr 1.pdf, LTC09U Pre Proposed Rates Yr 2.pdf, LTC09U Pre Proposed Rates Yr 3.pdf, LTC09U Post Current Rates.pdf, LTC09U Post*	*12/23/2021* *By: Jeff LaFond*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: United of Omaha LTC Rate Increase - LTC09U
Project Name/Number: LTC09U/

Filing Company: United of Omaha Life Insurance Company

Rate/Rule Schedule Item Changes

					Proposed Rates Yr 1.pdf, LTC09U Post Proposed Rates Yr 2.pdf, LTC09U Post Proposed Rates Yr 3.pdf,	

No Supporting Documents Changed.

State:	*Virginia*	**Filing Company:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Reviewer Note

Created By:

Bill Dismore on 07/12/2022 02:22 PM

Last Edited By:

Bill Dismore

Submitted On:

09/13/2022 01:47 PM

Subject:

Actuarial Summary & Opinion Report

Comments:

7/12/2022 - Rec'd attached actuarial summary & opinion report.

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

United of Omaha Life Insurance Company
State Tracking Number: MUTA-133092605

Dear Mr. Dismore:

At your request, we have reviewed the above captioned rate increase filing made by United of Omaha Life Insurance Company (the Company) for a closed block of Individual long-term care policies (policy forms LTC09U-AG, LTC09U-5ML, LTC09U-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	101.2%
Other Rate Increase Tests	
Present Value of Future Loss	90.0%
Prospective Present Value	88.6%
If-Knew/Makeup	67.3%
State Rate Equity	91.9%

BACKGROUND

The Company is requesting an average rate increase of 101.2% for a closed block of 827 individual long-term care policies (policy forms LTC09U-AG, LTC09U-5ML, LTC09U-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 32.0%, in 2023 with an average rate increase of 23.8%, and in 2024 with an average rate increase of 22.6%. These policies were originally issued between 2009 and 2015 in Virginia. As of Dec 2019, there were 827 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 91.9%.

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

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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.

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
66.9%	134.5%	98.9%	81.3%	72.9%	51.7%

*After deducting ALR

The original lifetime loss ratio adjusted to reflect the actual mix of business sold is 66.9%. The Company projects the lifetime loss ratio to be 98.9% and 72.9%, 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 134.5% and 81.3%, without and with the proposed increase, respectively. When assuming the proposed rates would have been implemented since inception, the lifetime loss ratio would be 51.7%.

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Present Value of Future Loss Test

Original	Current	Proposed	Allowed Rate Increase
-$126.1 M	-$466.3 M	-$70.2 M	90.0%

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 90.0%. 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 88.6%. 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 67.3%.

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%	101.2%	0.0%	91.9%	91.9%

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 101.2%. Nationwide, if all pending rate increase are approved, the nationwide cumulative average rate increase would be 91.9%. 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 101.2% would have to be reduced to 91.9%.

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.

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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 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.

© Oliver Wyman

State:	*Virginia*	**Filing Company:**	*United of Omaha Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*United of Omaha LTC Rate Increase - LTC09U*		
Project Name/Number:	*LTC09U/*		

Reviewer Note

Created By:

Bill Dismore on 12/29/2021 01:55 PM

Last Edited By:

Bill Dismore

Submitted On:

09/13/2022 01:44 PM

Subject:

RRS

Comments:

Rate Review Summary

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: United of Omaha Life Insurance Company – NAIC # 69868

SERFF Tracking Number: MUTA-133092605

Disposition: Approved

Approval Date: 9/13/2022

Current Average Annual Premium Per Member: $2,271

Rate Changes:

Average Percentage Rate Change Per Member: 79%

Minimum Requested Percentage Rate Change Per Member: 9%

Maximum Requested Percentage Rate Change Per Member: 97.82%

Number of Virginia Policy Holders Affected: 827

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

The Company requested an 101.2% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 79%.

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 83.6%, 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

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

Company Name and NAIC Number: United of Omaha Life Insurance Company (69868)

SERFF Tracking Number: MUTA-133092605

Revised Rates

Average Annual Premium Per Member: 2,271

Average Requested Percentage Rate Change Per Member: 79.0%

Range of Requested Rate Changes: 9.00% - 97.82%

Number of Virginia Policyholders Affected: 827

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
LTC09U-AG, LTC09U-5ML, LTC09U-10ML		2009-2015	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.

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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):
United of Omaha Life Insurance Company	101.200%	79.000%	$1,463,537	827	$1,852,578	97.820%	9.000%

State: *Virginia*
Filing Company: *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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	LTC09U-AG, LTC09U-5ML, LTC09U-10ML	Revised	Previous State Filing Number: Percent Rate Change Request: 79	LTC09U Pre Proposed Rates Yr 3 - VA.pdf, LTC09U Post Proposed Rates Yr 1 - VA.pdf, LTC09U Post Proposed Rates Yr 2 - VA.pdf, LTC09U Post Proposed Rates Yr 3 - VA.pdf, LTC09U Pre Proposed Rates Yr 1 - VA.pdf, LTC09U Pre Proposed Rates Yr 2 - VA.pdf,

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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	96.63	110.96	125.55	140.32	170.54	201.66
36	81.53	97.82	112.53	127.35	142.33	172.69	203.61
37	82.45	99.04	114.09	129.16	144.33	174.81	205.56
38	84.00	100.31	115.70	130.99	146.23	176.50	206.52
39	85.52	101.51	117.24	132.78	148.14	178.38	207.96
40	86.37	102.66	118.71	134.51	150.09	180.48	209.91
41	87.20	103.86	120.25	136.34	152.15	182.85	212.40
42	88.00	105.08	121.83	138.25	154.34	185.53	215.41
43	88.84	106.13	123.11	139.72	155.99	187.52	217.68
44	89.85	107.41	124.63	141.48	157.97	189.92	220.44
45	91.07	108.93	126.41	143.53	160.28	192.72	223.72
46	92.54	110.71	128.52	145.94	162.99	195.97	227.48
47	94.31	112.87	131.02	148.80	166.17	199.75	231.78
48	95.62	114.64	133.18	151.29	168.92	202.84	234.92
49	96.88	116.35	135.26	153.65	171.51	205.61	237.60
50	98.05	117.97	137.25	155.94	174.01	208.30	240.11
51	99.88	120.42	140.22	159.32	177.71	212.28	243.94
52	101.14	122.26	142.52	161.95	180.52	215.16	246.43
53	103.44	125.24	146.09	166.01	185.00	220.16	251.55
54	106.01	128.55	150.06	170.52	189.96	225.74	257.38
55	108.96	132.29	154.52	175.61	195.58	232.14	264.18
56	112.39	136.66	159.67	181.50	202.10	239.66	272.36
57	114.91	139.85	163.50	185.88	206.96	245.27	278.43
58	118.67	144.54	169.07	192.27	214.12	253.89	288.32
59	124.09	151.43	177.36	201.86	224.96	266.89	303.16
60	130.69	159.90	187.59	213.77	238.40	283.09	321.65
61	137.70	168.96	198.58	226.55	252.88	300.60	341.72
62	147.08	181.01	213.14	243.47	272.02	323.72	368.25
63	159.98	197.20	232.45	265.68	296.94	353.50	402.12
64	168.03	212.84	251.01	287.02	320.86	382.04	434.55
65	176.85	232.69	274.41	313.78	350.81	417.74	475.21
66	194.57	263.83	310.99	356.08	398.02	473.95	539.29
67	206.20	279.05	328.54	387.25	432.70	517.71	589.27
68	230.22	308.23	360.85	424.20	473.62	573.04	655.96
69	253.29	337.11	393.36	461.54	514.89	633.79	726.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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	94.67	110.90	127.36	144.09	161.05	195.73	231.45
36	95.57	112.27	129.15	146.17	163.35	198.20	233.69
37	96.52	113.68	130.94	148.24	165.65	200.64	235.93
38	97.42	115.13	132.80	150.34	167.84	202.57	237.02
39	98.29	116.51	134.56	152.39	170.02	204.73	238.68
40	99.13	117.83	136.24	154.38	172.27	207.14	240.92
41	100.08	119.20	138.01	156.48	174.62	209.86	243.78
42	100.51	120.00	139.14	157.88	176.27	211.89	246.00
43	101.53	121.29	140.70	159.68	178.28	214.30	248.78
44	102.76	122.84	142.53	161.81	180.67	217.21	252.12
45	103.70	124.04	143.94	163.44	182.52	219.46	254.75
46	105.46	126.16	146.45	166.31	185.73	223.32	259.22
47	106.99	128.05	148.64	168.81	188.52	226.61	262.96
48	108.71	130.33	151.41	172.00	192.04	230.61	267.08
49	108.63	130.45	151.66	172.27	192.30	230.53	266.40
50	110.76	133.26	155.05	176.15	196.57	235.30	271.24
51	112.36	135.47	157.75	179.23	199.92	238.81	274.43
52	112.74	136.27	158.86	180.52	201.21	239.83	274.68
53	114.71	138.89	162.01	184.10	205.16	244.15	278.96
54	117.63	142.65	166.52	189.22	210.80	250.49	285.61
55	120.98	146.90	171.58	195.00	217.17	257.77	293.34
56	124.88	151.84	177.42	201.67	224.55	266.29	302.62
57	127.93	155.70	182.03	206.94	230.42	273.06	309.98
58	132.21	161.03	188.35	214.20	238.55	282.85	321.21
59	138.25	168.70	197.59	224.89	250.63	297.35	337.75
60	144.72	177.08	207.74	236.73	264.00	313.48	356.19
61	152.58	187.22	220.04	251.04	280.22	333.09	378.66
62	162.98	200.58	236.18	269.80	301.43	358.72	408.06
63	176.59	218.52	257.57	294.40	329.04	391.72	445.59
64	183.81	236.01	278.33	318.26	355.79	423.63	481.85
65	192.36	256.43	302.41	345.80	386.61	460.37	523.70
66	210.29	285.15	336.12	392.67	438.92	522.64	594.70
67	221.35	299.54	352.66	415.68	464.48	567.69	646.16
68	245.89	329.22	385.42	453.08	505.87	625.14	715.59
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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	107.32	125.72	144.38	163.35	182.58	221.89	262.38
36	108.34	127.28	146.41	165.70	185.19	224.69	264.92
37	109.42	128.87	148.45	168.06	187.79	227.45	267.47
38	110.44	130.52	150.54	170.44	190.27	229.65	268.71
39	111.42	132.08	152.55	172.76	192.75	232.09	270.58
40	112.38	133.57	154.45	175.02	195.29	234.83	273.12
41	113.46	135.13	156.46	177.40	197.96	237.91	276.36
42	113.01	134.93	156.45	177.52	198.19	238.24	276.60
43	114.22	136.46	158.28	179.64	200.56	241.09	279.87
44	114.64	137.04	159.01	180.51	201.55	242.31	281.26
45	115.81	138.52	160.75	182.52	203.83	245.08	284.49
46	117.30	140.32	162.89	184.97	206.57	248.39	288.32
47	119.13	142.57	165.50	187.95	209.90	252.31	292.78
48	120.66	144.66	168.06	190.92	213.16	255.97	296.45
49	121.55	145.96	169.69	192.76	215.17	257.94	298.08
50	122.86	147.82	171.99	195.40	218.05	261.02	300.88
51	124.85	150.52	175.28	199.15	222.13	265.35	304.93
52	126.27	152.62	177.92	202.18	225.36	268.61	307.64
53	127.98	154.95	180.74	205.38	228.87	272.37	311.21
54	129.94	157.58	183.94	209.02	232.86	276.71	315.50
55	133.72	162.36	189.64	215.53	240.03	284.90	324.22
56	138.10	167.92	196.20	223.02	248.33	294.49	334.67
57	141.72	172.48	201.65	229.25	255.25	302.49	343.39
58	146.55	178.49	208.78	237.43	264.42	313.53	356.04
59	152.41	185.98	217.83	247.92	276.29	327.80	372.34
60	159.63	195.32	229.14	261.12	291.20	345.78	392.89
61	168.40	206.63	242.85	277.06	309.27	367.62	417.91
62	179.88	221.38	260.66	297.76	332.68	395.90	450.36
63	191.21	239.84	282.70	323.12	361.14	429.94	489.07
64	198.36	259.17	305.65	349.50	390.71	465.21	529.15
65	206.84	280.18	330.41	377.82	422.40	503.00	572.20
66	225.19	305.36	359.93	424.56	474.57	568.09	646.41
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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	123.73	144.94	166.45	188.32	210.49	255.81	302.48
36	124.90	146.74	168.79	191.03	213.49	259.03	305.41
37	126.14	148.57	171.14	193.74	216.49	262.22	308.35
38	126.83	149.90	172.90	195.75	218.52	263.74	308.60
39	127.48	151.11	174.53	197.66	220.53	265.54	309.57
40	128.08	152.24	176.04	199.47	222.58	267.64	311.29
41	127.82	152.24	176.27	199.87	223.03	268.04	311.36
42	127.01	151.65	175.83	199.52	222.75	267.76	310.87
43	127.42	152.22	176.57	200.40	223.74	268.95	312.22
44	128.07	153.09	177.63	201.65	225.16	270.69	314.20
45	129.49	154.89	179.75	204.09	227.92	274.04	318.12
46	130.21	155.77	180.82	205.34	229.32	275.73	320.06
47	131.81	157.75	183.12	207.97	232.25	279.18	323.96
48	134.32	161.04	187.08	212.53	237.29	284.94	330.01
49	135.05	162.18	188.55	214.18	239.08	286.60	331.20
50	136.17	163.84	190.63	216.58	241.69	289.30	333.49
51	137.96	166.33	193.68	220.06	245.46	293.21	336.95
52	140.44	169.76	197.89	224.88	250.66	298.76	342.17
53	141.90	171.81	200.41	227.73	253.78	302.01	345.07
54	143.62	174.16	203.31	231.02	257.37	305.84	348.71
55	146.45	177.82	207.70	236.05	262.89	312.04	355.10
56	151.32	184.00	214.99	244.38	272.11	322.68	366.71
57	155.51	189.26	221.27	251.55	280.09	331.93	376.81
58	160.88	195.95	229.20	260.66	290.29	344.20	390.87
59	167.40	204.27	239.25	272.31	303.47	360.04	408.97
60	175.42	214.64	251.80	286.94	320.00	379.98	431.75
61	185.15	227.18	267.00	304.62	340.02	404.18	459.47
62	196.77	242.17	285.14	325.73	363.92	433.09	492.66
63	209.36	261.16	307.83	351.84	393.24	468.15	532.54
64	216.13	280.89	331.26	378.78	423.45	504.19	573.49
65	224.22	302.34	356.55	407.70	455.81	542.78	617.45
66	242.74	329.14	387.97	457.63	511.53	610.29	694.43
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	709.29	811.92
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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	99.92	114.75	129.83	145.11	176.35	208.53
36	84.31	101.16	116.36	131.70	147.18	178.57	210.55
37	85.26	102.42	117.98	133.56	149.25	180.77	212.57
38	86.86	103.73	119.65	135.46	151.22	182.51	213.56
39	88.43	104.97	121.24	137.30	153.19	184.46	215.05
40	89.31	106.16	122.75	139.10	155.21	186.63	217.07
41	90.17	107.40	124.35	140.99	157.33	189.08	219.64
42	91.00	108.66	125.99	142.96	159.61	191.86	222.75
43	91.89	109.77	127.33	144.51	161.34	193.95	225.14
44	93.47	111.73	129.64	147.17	164.33	197.56	229.31
45	94.75	113.34	131.52	149.33	166.77	200.52	232.77
46	96.31	115.22	133.75	151.88	169.62	203.95	236.74
47	98.17	117.49	136.38	154.89	172.97	207.92	241.27
48	101.31	121.46	141.10	160.30	178.97	214.91	248.91
49	103.93	124.81	145.10	164.83	183.99	220.56	254.88
50	107.12	128.89	149.96	170.38	190.13	227.59	262.34
51	109.87	132.46	154.25	175.25	195.48	233.51	268.34
52	113.38	137.05	159.77	181.55	202.36	241.20	276.25
53	115.38	139.69	162.95	185.16	206.34	245.56	280.57
54	119.00	144.31	168.45	191.42	213.25	253.41	288.93
55	122.40	148.62	173.58	197.28	219.71	260.79	296.77
56	127.08	154.52	180.55	205.23	228.52	270.99	307.96
57	131.00	159.43	186.39	211.90	235.94	279.60	317.41
58	135.40	164.91	192.89	219.36	244.30	289.67	328.95
59	141.58	172.77	202.35	230.31	256.66	304.51	345.89
60	149.11	182.44	214.03	243.90	272.00	322.98	366.98
61	157.23	192.93	226.75	258.70	288.76	343.25	390.20
62	167.95	206.70	243.38	278.02	310.62	369.66	420.50
63	181.60	223.85	263.86	301.58	337.07	401.28	456.46
64	192.04	243.25	286.87	328.02	366.70	436.62	496.63
65	200.91	264.35	311.74	356.47	398.54	474.58	539.87
66	221.23	299.98	353.59	404.86	452.55	538.87	613.17
67	234.65	317.54	373.85	440.66	492.38	589.12	670.54
68	262.41	351.34	411.32	483.53	539.86	653.19	747.70
69	288.97	384.59	448.76	526.54	587.41	723.06	829.33
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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	209.09	242.63
48	89.15	117.57	136.58	160.10	178.75	216.12	250.30
49	93.44	123.43	143.50	166.69	186.06	223.05	257.76
50	98.33	130.14	151.42	172.30	192.27	230.16	265.31
51	103.01	134.72	156.88	178.24	198.81	237.49	272.91
52	108.08	139.39	162.49	184.65	205.81	245.31	280.96
53	113.08	143.71	167.63	190.49	212.27	252.61	288.64
54	118.21	148.45	173.30	196.92	219.38	260.69	297.23
55	124.13	152.91	178.60	202.98	226.06	268.32	305.35
56	130.52	158.99	185.77	211.16	235.12	278.82	316.86
57	134.83	164.09	191.84	218.09	242.84	287.78	326.69
58	140.18	170.73	199.70	227.11	252.92	299.89	340.56
59	146.58	178.87	209.50	238.44	265.72	315.26	358.10
60	154.37	188.88	221.59	252.51	281.60	334.38	379.94
61	162.82	199.78	234.80	267.88	299.02	355.43	404.05
62	173.92	214.04	252.02	287.89	321.65	382.78	435.43
63	184.84	227.85	268.57	306.97	343.08	408.44	464.61
64	197.15	243.25	286.87	328.02	366.70	436.62	496.63
65	212.96	262.77	309.88	354.34	396.15	471.74	536.64
66	240.80	296.84	349.89	399.98	447.10	532.38	605.78
67	258.84	323.27	380.60	434.79	485.82	578.40	658.35
68	290.90	363.06	425.04	484.25	540.67	645.17	738.52
69	318.34	406.70	474.56	539.64	602.03	718.59	824.21
70	345.38	453.28	527.89	599.57	668.30	796.91	913.72
71	370.98	491.91	572.42	653.96	740.91	882.04	1,009.57
72	395.72	512.04	597.30	674.68	769.62	948.84	1,100.35
73	422.25	549.34	640.63	722.84	825.36	1,015.40	1,186.34
74	450.11	582.74	679.22	765.68	875.38	1,075.51	1,283.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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	77.33	90.59	104.03	117.70	131.55	159.88	189.05
36	78.06	91.71	105.49	119.39	133.43	161.89	190.88
37	78.36	92.29	106.31	120.35	134.49	162.89	191.55
38	79.09	93.48	107.81	122.06	136.26	164.46	192.44
39	79.80	94.59	109.25	123.72	138.04	166.22	193.78
40	80.48	95.66	110.61	125.34	139.86	168.17	195.60
41	80.76	96.19	111.36	126.27	140.91	169.34	196.71
42	81.00	96.72	112.14	127.25	142.07	170.78	198.27
43	82.24	98.25	113.96	129.34	144.40	173.59	201.51
44	83.14	99.38	115.32	130.91	146.17	175.73	203.97
45	84.75	101.37	117.64	133.57	149.17	179.35	208.20
46	86.09	102.99	119.55	135.76	151.61	182.30	211.61
47	88.24	105.61	122.59	139.22	155.48	186.90	216.87
48	91.06	109.18	126.83	144.09	160.87	193.18	223.74
49	93.95	112.82	131.16	148.99	166.31	199.38	230.40
50	96.84	116.51	135.56	154.01	171.87	205.73	237.15
51	99.88	120.42	140.22	159.32	177.71	212.28	243.94
52	103.07	124.59	145.24	165.05	183.97	219.27	251.14
53	106.09	128.45	149.84	170.27	189.74	225.80	258.00
54	109.43	132.70	154.90	176.02	196.09	233.02	265.68
55	112.49	136.59	159.54	181.32	201.93	239.68	272.76
56	116.80	142.02	165.94	188.62	210.02	249.06	283.04
57	121.04	147.31	172.22	195.79	218.00	258.35	293.28
58	125.84	153.27	179.28	203.88	227.06	269.22	305.73
59	131.59	160.57	188.07	214.05	238.55	283.02	321.48
60	138.58	169.56	198.92	226.68	252.80	300.18	341.08
61	146.07	179.23	210.65	240.33	268.26	318.87	362.50
62	156.03	192.02	226.10	258.28	288.57	343.41	390.65
63	164.36	203.86	240.30	274.65	306.97	365.45	415.71
64	170.00	218.63	257.84	294.83	329.59	392.44	446.38
65	178.77	237.44	280.01	320.19	357.97	426.27	484.91
66	195.17	264.64	311.94	363.40	406.20	483.68	550.37
67	205.62	278.26	327.61	386.16	431.48	524.85	597.39
68	234.08	313.40	366.91	431.32	481.57	589.07	674.30
69	261.41	347.91	405.96	476.33	531.40	656.11	752.54
70	291.65	387.05	450.76	528.25	588.80	722.66	828.59
71	321.27	425.99	495.71	566.32	644.97	791.91	915.51
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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	89.98	105.41	121.05	136.96	153.08	186.04	219.99
36	90.84	106.72	122.76	138.93	155.27	188.39	222.12
37	91.26	107.49	123.81	140.17	156.63	189.71	223.08
38	92.11	108.86	125.56	142.16	158.70	191.54	224.12
39	92.93	110.16	127.23	144.09	160.77	193.58	225.68
40	93.73	111.41	128.82	145.97	162.89	195.86	227.80
41	94.13	112.12	129.81	147.19	164.25	197.39	229.30
42	94.50	112.84	130.83	148.46	165.74	199.24	231.32
43	95.95	114.62	132.96	150.90	168.47	202.52	235.09
44	97.08	116.05	134.65	152.87	170.69	205.20	238.18
45	98.96	118.37	137.37	155.97	174.18	209.43	243.11
46	100.62	120.36	139.72	158.67	177.20	213.07	247.32
47	103.13	123.43	143.28	162.72	181.72	218.44	253.47
48	106.43	127.61	148.24	168.40	188.02	225.78	261.49
49	109.80	131.86	153.30	174.14	194.38	233.02	269.28
50	113.18	136.17	158.44	180.00	200.87	240.44	277.17
51	116.73	140.74	163.89	186.20	207.69	248.10	285.11
52	120.47	145.62	169.75	192.90	215.01	256.27	293.52
53	124.00	150.13	175.12	199.00	221.76	263.90	301.54
54	127.89	155.09	181.04	205.72	229.18	272.34	310.51
55	131.60	159.78	186.63	212.11	236.22	280.38	319.08
56	136.63	166.13	194.11	220.65	245.69	291.35	331.10
57	140.96	171.55	200.56	228.01	253.87	300.86	341.54
58	145.75	177.52	207.64	236.14	262.98	311.82	354.11
59	152.41	185.98	217.83	247.92	276.29	327.80	372.34
60	160.51	196.39	230.40	262.55	292.80	347.68	395.05
61	169.33	207.77	244.19	278.60	310.98	369.65	420.22
62	180.87	222.60	262.10	299.41	334.52	398.09	452.85
63	191.22	237.17	279.56	319.53	357.13	425.16	483.63
64	197.02	253.38	298.82	341.69	381.98	454.81	517.33
65	206.18	273.85	322.94	369.28	412.86	491.63	559.26
66	222.67	301.94	355.90	414.62	463.45	551.86	627.94
67	235.00	318.02	374.41	441.32	493.12	599.83	682.74
68	265.93	356.04	416.83	490.00	547.09	669.22	766.05
69	296.98	395.25	461.20	541.14	603.69	745.37	854.93
70	333.59	442.72	515.59	604.23	673.49	826.61	947.77
71	360.88	478.51	556.83	636.14	724.49	889.54	1,028.39
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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	103.57	121.33	139.34	157.65	176.20	214.14	253.21
36	104.56	122.84	141.30	159.92	178.72	216.84	255.67
37	105.12	123.81	142.61	161.45	180.41	218.51	256.95
38	106.10	125.39	144.63	163.74	182.79	220.62	258.14
39	107.04	126.89	146.55	165.97	185.17	222.97	259.95
40	107.96	128.32	148.38	168.14	187.62	225.60	262.39
41	108.50	129.23	149.62	169.65	189.32	227.52	264.30
42	109.01	130.15	150.91	171.24	191.18	229.81	266.81
43	110.67	132.21	153.36	174.05	194.32	233.59	271.17
44	111.54	133.34	154.71	175.63	196.11	235.77	273.66
45	113.70	136.00	157.83	179.20	200.12	240.62	279.32
46	116.22	139.03	161.39	183.28	204.68	246.11	285.68
47	119.13	142.57	165.50	187.95	209.90	252.31	292.78
48	122.93	147.39	171.23	194.52	217.18	260.80	302.04
49	126.83	152.31	177.07	201.14	224.52	269.16	311.04
50	130.73	157.29	183.01	207.92	232.02	277.73	320.15
51	134.83	162.56	189.30	215.08	239.90	286.58	329.32
52	139.15	168.20	196.08	222.82	248.36	296.02	339.03
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	147.72	179.14	209.12	237.62	264.72	314.57	358.67
55	152.11	184.70	215.73	245.18	273.05	324.10	368.82
56	157.93	192.04	224.38	255.05	284.00	336.78	382.73
57	164.70	200.45	234.35	266.42	296.65	351.55	399.08
58	171.24	208.57	243.95	277.43	308.97	366.35	416.03
59	179.06	218.50	255.92	291.28	324.60	385.12	437.45
60	188.57	230.74	270.69	308.46	344.00	408.48	464.13
61	199.10	244.30	287.13	327.58	365.65	434.64	494.10
62	212.67	261.74	308.19	352.05	393.33	468.09	532.47
63	226.67	281.14	331.39	378.77	423.34	503.98	573.30
64	233.05	299.71	353.46	404.17	451.83	537.98	611.92
65	240.74	319.75	377.08	431.18	482.07	574.04	653.01
66	259.35	351.67	414.52	482.91	539.79	642.75	731.37
67	268.57	363.45	427.90	504.37	563.57	685.52	780.27
68	294.59	394.42	461.76	542.82	606.06	741.35	848.61
69	318.32	423.65	494.34	580.02	647.07	798.93	916.36
70	341.58	453.33	527.94	618.70	689.63	846.40	970.47
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	138.35	158.88	179.76	200.92	244.18	288.73
36	113.96	136.73	157.28	178.01	198.93	241.37	284.59
37	112.43	135.06	155.58	176.13	196.81	238.38	280.31
38	111.68	133.37	153.83	174.16	194.43	234.66	274.57
39	110.78	131.50	151.88	172.01	191.91	231.08	269.40
40	109.43	130.07	150.41	170.43	190.18	228.67	265.97
41	107.51	128.05	148.26	168.10	187.59	225.44	261.88
42	105.51	125.97	146.06	165.74	185.04	222.43	258.24
43	104.07	124.33	144.21	163.67	182.73	219.66	255.00
44	102.76	122.84	142.53	161.81	180.67	217.21	252.12
45	102.12	122.15	141.75	160.95	179.74	216.11	250.87
46	101.15	121.01	140.47	159.52	178.15	214.20	248.64
47	100.38	120.13	139.45	158.37	176.86	212.60	246.69
48	101.31	121.46	141.10	160.30	178.97	214.91	248.91
49	102.17	122.69	142.64	162.03	180.87	216.82	250.56
50	102.28	123.06	143.19	162.68	181.53	217.30	250.49
51	103.00	124.18	144.61	164.30	183.26	218.91	251.57
52	103.72	125.37	146.15	166.08	185.12	220.64	252.71
53	104.11	126.05	147.03	167.07	186.18	221.57	253.16
54	104.64	126.89	148.12	168.32	187.51	222.82	254.06
55	104.71	127.14	148.50	168.77	187.96	223.10	253.89
56	105.78	128.62	150.28	170.83	190.21	225.56	256.34
57	107.25	130.53	152.60	173.48	193.17	228.92	259.87
58	109.11	132.90	155.45	176.78	196.88	233.44	265.10
59	112.43	137.20	160.69	182.89	203.82	241.82	274.68
60	115.78	141.66	166.19	189.38	211.20	250.79	284.95
61	120.95	148.41	174.42	199.00	222.13	264.04	300.16
62	128.20	157.78	185.78	212.22	237.10	282.16	320.98
63	138.36	170.55	201.03	229.78	256.81	305.73	347.78
64	146.31	185.33	218.57	249.92	279.39	332.66	378.39
65	152.79	201.03	237.07	271.09	303.08	360.91	410.56
66	169.25	229.50	270.52	309.74	346.23	412.27	469.11
67	179.18	242.48	285.49	336.50	376.00	449.87	512.05
68	198.02	265.12	310.38	364.87	407.38	492.90	564.21
69	214.05	284.88	332.41	390.03	435.12	535.60	614.32
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	93.88	107.81	121.98	136.34	165.69	195.93
36	79.22	95.04	109.33	123.74	138.28	167.78	197.83
37	79.64	95.67	110.20	124.76	139.41	168.85	198.56
38	81.14	96.89	111.76	126.53	141.25	170.48	199.48
39	82.11	97.47	112.58	127.50	142.25	171.28	199.69
40	82.93	98.58	113.99	129.16	144.12	173.30	201.56
41	83.23	99.14	114.78	130.14	145.23	174.54	202.75
42	84.00	100.30	116.30	131.96	147.33	177.10	205.62
43	84.78	101.28	117.48	133.33	148.86	178.94	207.73
44	86.24	103.09	119.61	135.79	151.62	182.28	211.58
45	87.38	104.52	121.29	137.72	153.80	184.92	214.66
46	89.32	106.85	124.03	140.85	157.30	189.14	219.55
47	91.00	108.91	126.42	143.58	160.34	192.74	223.65
48	92.20	110.55	128.42	145.89	162.88	195.60	226.53
49	92.77	111.41	129.52	147.13	164.24	196.88	227.52
50	93.81	112.87	131.32	149.20	166.49	199.30	229.74
51	94.88	114.40	133.21	151.35	168.82	201.66	231.75
52	95.99	116.03	135.26	153.70	171.32	204.20	233.87
53	96.15	116.41	135.79	154.30	171.95	204.63	233.81
54	97.12	117.77	137.47	156.22	174.03	206.80	235.79
55	98.34	119.41	139.47	158.51	176.53	209.53	238.45
56	99.17	120.58	140.89	160.15	178.32	211.47	240.32
57	101.12	123.07	143.88	163.57	182.13	215.83	245.02
58	104.34	127.08	148.64	169.04	188.26	223.22	253.49
59	109.10	133.13	155.93	177.48	197.78	234.65	266.54
60	114.02	139.51	163.67	186.51	208.00	246.99	280.63
61	120.95	148.41	174.42	199.00	222.13	264.04	300.16
62	128.20	157.78	185.78	212.22	237.10	282.16	320.98
63	138.36	170.55	201.03	229.78	256.81	305.73	347.78
64	146.31	185.33	218.57	249.92	279.39	332.66	378.39
65	152.79	201.03	237.07	271.09	303.08	360.91	410.56
66	169.25	229.50	270.52	309.74	346.23	412.27	469.11
67	179.18	242.48	285.49	336.50	376.00	449.87	512.05
68	198.02	265.12	310.38	364.87	407.38	492.90	564.21
69	214.05	284.88	332.41	390.03	435.12	535.60	614.32
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	101.57	116.64	131.97	147.50	179.26	211.97
36	85.70	102.83	118.28	133.87	149.60	181.52	214.02
37	86.67	104.11	119.92	135.77	151.71	183.75	216.08
38	88.29	105.44	121.62	137.69	153.71	185.52	217.08
39	89.89	106.70	123.24	139.57	155.71	187.50	218.59
40	90.78	107.91	124.78	141.39	157.77	189.71	220.65
41	91.66	109.17	126.39	143.31	159.93	192.20	223.26
42	92.50	110.45	128.06	145.32	162.24	195.02	226.42
43	93.41	111.59	129.44	146.91	164.01	197.16	228.88
44	94.50	112.96	131.07	148.80	166.15	199.75	231.85
45	95.80	114.60	132.98	150.99	168.62	202.75	235.35
46	97.39	116.50	135.24	153.58	171.51	206.23	239.39
47	99.27	118.81	137.92	156.63	174.91	210.26	243.98
48	100.17	120.10	139.52	158.50	176.96	212.50	246.11
49	101.58	121.99	141.82	161.10	179.83	215.58	249.12
50	102.89	123.79	144.03	163.64	182.61	218.59	251.97
51	104.25	125.69	146.36	166.29	185.48	221.57	254.61
52	105.65	127.71	148.87	169.17	188.57	224.75	257.41
53	108.08	130.86	152.65	173.46	193.30	230.03	262.84
54	110.79	134.35	156.84	178.22	198.54	235.93	269.00
55	113.91	138.31	161.54	183.60	204.47	242.70	276.19
56	116.80	142.02	165.94	188.62	210.02	249.06	283.04
57	119.51	145.44	170.04	193.31	215.24	255.08	289.56
58	123.45	150.36	175.87	200.01	222.75	264.11	299.93
59	129.09	157.52	184.50	209.99	234.02	277.64	315.37
60	135.95	166.34	195.15	222.38	248.00	294.48	334.60
61	142.35	174.67	205.28	234.20	261.43	310.75	353.26
62	152.05	187.13	220.34	251.70	281.21	334.66	380.69
63	165.39	203.86	240.30	274.65	306.97	365.45	415.71
64	173.75	220.08	259.55	296.78	331.78	395.04	449.34
65	182.87	240.60	283.74	324.46	362.74	431.95	491.38
66	199.90	271.06	319.51	365.84	408.93	486.93	554.07
67	211.89	286.75	337.60	397.93	444.64	531.99	605.52
68	236.66	316.85	370.94	436.06	486.87	589.07	674.30
69	260.43	346.61	404.44	474.54	529.40	651.64	747.42
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	98.42	115.29	132.40	149.80	167.43	203.48	240.61
36	99.35	116.72	134.27	151.96	169.82	206.05	242.94
37	100.34	118.18	136.13	154.11	172.21	208.58	245.27
38	101.27	119.69	138.05	156.30	174.48	210.59	246.41
39	102.18	121.12	139.89	158.43	176.76	212.84	248.13
40	103.05	122.49	141.64	160.50	179.09	215.34	250.46
41	104.04	123.92	143.48	162.68	181.54	218.17	253.43
42	104.51	124.78	144.68	164.17	183.28	220.32	255.80
43	105.59	126.15	146.32	166.07	185.41	222.88	258.73
44	106.38	127.16	147.55	167.50	187.03	224.85	260.99
45	107.38	128.45	149.06	169.24	189.01	227.25	263.80
46	109.22	130.66	151.68	172.25	192.36	231.30	268.48
47	110.85	132.67	154.01	174.90	195.32	234.79	272.45
48	112.69	135.11	156.96	178.31	199.08	239.06	276.87
49	112.74	135.39	157.40	178.79	199.58	239.25	276.48
50	114.39	137.63	160.13	181.93	203.02	243.02	280.13
51	116.11	139.98	163.01	185.21	206.58	246.77	283.58
52	116.60	140.94	164.30	186.71	208.11	248.05	284.10
53	118.69	143.71	167.63	190.49	212.27	252.61	288.64
54	121.74	147.62	172.33	195.82	218.15	259.23	295.57
55	124.52	151.19	176.59	200.70	223.52	265.31	301.92
56	128.55	156.31	182.63	207.60	231.16	274.12	311.52
57	131.76	160.36	187.48	213.14	237.32	281.24	319.26
58	136.19	165.88	194.03	220.65	245.74	291.37	330.89
59	142.41	173.79	203.54	231.67	258.17	306.30	347.93
60	149.11	182.44	214.03	243.90	272.00	322.98	366.98
61	157.23	192.93	226.75	258.70	288.76	343.25	390.20
62	166.96	205.48	241.94	276.38	308.78	367.47	418.02
63	180.90	223.85	263.86	301.58	337.07	401.28	456.46
64	188.32	241.80	285.16	326.07	364.52	434.02	493.68
65	197.10	262.77	309.88	354.34	396.15	471.74	536.64
66	215.52	292.24	344.47	402.42	449.82	535.62	609.47
67	225.52	305.19	359.31	423.53	473.24	578.40	658.35
68	250.62	335.55	392.83	461.80	515.60	637.16	729.35
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	110.14	129.02	148.16	167.63	187.36	227.71	269.26
36	111.18	130.62	150.25	170.05	190.04	230.58	271.86
37	112.29	132.25	152.34	172.46	192.71	233.41	274.47
38	113.33	133.94	154.49	174.91	195.26	235.66	275.75
39	114.34	135.54	156.54	177.29	197.80	238.18	277.67
40	115.32	137.07	158.50	179.60	200.41	240.98	280.28
41	116.43	138.67	160.56	182.05	203.15	244.14	283.61
42	116.01	138.51	160.60	182.24	203.45	244.57	283.95
43	117.27	140.09	162.50	184.43	205.91	247.52	287.34
44	117.74	140.74	163.30	185.39	207.00	248.86	288.86
45	118.96	142.30	165.13	187.50	209.39	251.76	292.25
46	119.99	143.54	166.62	189.22	211.31	254.08	294.93
47	121.88	145.87	169.33	192.30	214.75	258.15	299.56
48	123.50	148.08	172.02	195.42	218.19	262.00	303.44
49	124.48	149.49	173.79	197.42	220.37	264.17	305.28
50	125.89	151.46	176.23	200.22	223.42	267.45	308.29
51	127.97	154.28	179.66	204.13	227.68	271.98	312.55
52	128.84	155.74	181.55	206.31	229.96	274.09	313.92
53	130.63	158.16	184.49	209.64	233.62	278.02	317.66
54	132.68	160.89	187.82	213.42	237.76	282.53	322.14
55	136.55	165.80	193.65	220.09	245.11	290.93	331.08
56	141.04	171.49	200.38	227.77	253.61	300.75	341.79
57	144.79	176.21	206.01	234.20	260.77	309.04	350.82
58	149.73	182.37	213.32	242.59	270.17	320.34	363.78
59	155.74	190.05	222.59	253.34	282.33	334.96	380.48
60	162.26	198.54	232.92	265.42	296.00	351.48	399.36
61	171.19	210.06	246.88	281.66	314.39	373.71	424.83
62	182.86	225.04	264.98	302.70	338.19	402.47	457.83
63	194.40	243.83	287.42	328.51	367.16	437.10	497.22
64	201.69	263.52	310.77	355.35	397.26	473.01	538.02
65	210.35	284.93	336.01	384.22	429.56	511.52	581.89
66	229.05	310.59	366.10	431.84	482.70	577.82	657.49
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	125.13	146.59	168.34	190.46	212.88	258.71	305.92
36	126.32	148.40	170.71	193.20	215.92	261.97	308.88
37	127.58	150.26	173.08	195.94	218.95	265.20	311.85
38	128.28	151.61	174.87	197.98	221.01	266.75	312.12
39	128.94	152.84	176.53	199.92	223.05	268.58	313.12
40	129.55	153.99	178.06	201.77	225.14	270.72	314.87
41	129.31	154.01	178.32	202.19	225.62	271.16	314.98
42	128.51	153.44	177.90	201.87	225.38	270.92	314.54
43	128.95	154.04	178.68	202.79	226.41	272.17	315.95
44	129.62	154.94	179.78	204.09	227.88	273.97	318.00
45	131.07	156.78	181.94	206.58	230.70	277.38	322.00
46	131.82	157.70	183.06	207.88	232.16	279.15	324.03
47	133.47	159.73	185.42	210.58	235.16	282.68	328.02
48	136.02	163.09	189.46	215.23	240.31	288.57	334.21
49	136.81	164.30	191.01	216.97	242.19	290.34	335.52
50	137.99	166.02	193.17	219.47	244.91	293.16	337.94
51	139.83	168.58	196.31	223.05	248.79	297.19	341.52
52	141.73	171.31	199.71	226.94	252.95	301.50	345.31
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	144.99	175.82	205.24	233.22	259.82	308.75	352.03
55	147.87	179.54	209.71	238.33	265.43	315.05	358.53
56	152.79	185.78	217.07	246.75	274.75	325.81	370.27
57	157.04	191.13	223.45	254.03	282.85	335.20	380.52
58	162.48	197.89	231.47	263.24	293.16	347.60	394.74
59	169.06	206.31	241.63	275.02	306.49	363.62	413.04
60	177.17	216.78	254.32	289.81	323.20	383.78	436.06
61	187.01	229.46	269.69	307.68	343.44	408.24	464.09
62	198.76	244.61	288.02	329.02	367.60	437.46	497.64
63	211.49	263.82	310.97	355.43	397.26	472.93	537.97
64	218.36	283.79	334.68	382.69	427.82	509.39	579.41
65	225.40	303.92	358.41	409.84	458.20	545.63	620.69
66	244.03	330.90	390.04	460.07	514.26	613.53	698.12
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	713.30	816.50
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	101.02	116.01	131.25	146.70	178.29	210.82
36	85.24	102.27	117.64	133.14	148.80	180.54	212.86
37	86.20	103.55	119.28	135.03	150.89	182.76	214.91
38	87.82	104.87	120.96	136.95	152.88	184.52	215.90
39	89.40	106.13	122.57	138.81	154.87	186.49	217.41
40	90.29	107.33	124.10	140.62	156.92	188.68	219.45
41	91.16	108.58	125.71	142.54	159.06	191.16	222.06
42	92.00	109.85	127.37	144.53	161.36	193.97	225.20
43	92.90	110.98	128.74	146.11	163.12	196.09	227.63
44	93.98	112.35	130.36	147.99	165.24	198.65	230.58
45	95.28	113.97	132.25	150.16	167.70	201.63	234.06
46	96.85	115.86	134.49	152.73	170.57	205.09	238.06
47	98.72	118.15	137.15	155.76	173.94	209.09	242.63
48	99.60	119.42	138.72	157.60	175.96	211.29	244.71
49	100.99	121.28	141.00	160.17	178.79	214.33	247.68
50	101.68	122.33	142.34	161.71	180.46	216.01	249.00
51	103.62	124.93	145.48	165.29	184.37	220.24	253.09
52	104.36	126.15	147.06	167.11	186.27	222.01	254.28
53	106.76	129.26	150.77	171.33	190.93	227.21	259.61
54	108.74	131.87	153.93	174.92	194.87	231.56	264.02
55	111.79	135.73	158.53	180.18	200.66	238.17	271.04
56	114.59	139.34	162.81	185.06	206.06	244.36	277.70
57	117.21	142.65	166.77	189.59	211.10	250.17	284.00
58	121.06	147.45	172.47	196.14	218.43	259.00	294.12
59	125.76	153.46	179.74	204.57	227.98	270.48	307.23
60	132.44	162.05	190.11	216.64	241.60	286.88	325.97
61	138.63	170.10	199.92	228.08	254.59	302.63	344.02
62	148.08	182.24	214.58	245.12	273.86	325.91	370.74
63	161.06	198.53	234.02	267.47	298.95	355.89	404.84
64	168.03	212.84	251.01	287.02	320.86	382.04	434.55
65	176.85	232.69	274.41	313.78	350.81	417.74	475.21
66	194.57	263.83	310.99	356.08	398.02	473.95	539.29
67	206.20	279.05	328.54	387.25	432.70	517.71	589.27
68	230.22	308.23	360.85	424.20	473.62	573.04	655.96
69	253.29	337.11	393.36	461.54	514.89	633.79	726.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	97.95	114.74	131.77	149.09	166.63	202.51	239.47
36	98.88	116.17	133.63	151.23	169.01	205.07	241.79
37	99.86	117.62	135.48	153.38	171.39	207.59	244.11
38	100.79	119.12	137.40	155.55	173.65	209.59	245.24
39	101.69	120.55	139.22	157.67	175.92	211.82	246.95
40	102.56	121.91	140.96	159.73	178.24	214.32	249.27
41	103.55	123.33	142.79	161.91	180.67	217.13	252.23
42	104.01	124.18	143.98	163.38	182.41	219.27	254.57
43	105.09	125.54	145.62	165.27	184.52	221.80	257.48
44	106.38	127.16	147.55	167.50	187.03	224.85	260.99
45	107.38	128.45	149.06	169.24	189.01	227.25	263.80
46	109.22	130.66	151.68	172.25	192.36	231.30	268.48
47	110.85	132.67	154.01	174.90	195.32	234.79	272.45
48	112.12	134.43	156.16	177.41	198.08	237.86	275.47
49	112.15	134.68	156.58	177.86	198.54	238.01	275.04
50	113.78	136.90	159.28	180.96	201.94	241.73	278.65
51	115.48	139.23	162.13	184.21	205.47	245.45	282.06
52	115.31	139.39	162.49	184.65	205.81	245.31	280.96
53	117.37	142.10	165.76	188.36	209.90	249.79	285.41
54	120.37	145.97	170.39	193.62	215.70	256.32	292.25
55	123.11	149.47	174.59	198.42	220.98	262.29	298.49
56	127.08	154.52	180.55	205.23	228.52	270.99	307.96
57	130.23	158.50	185.30	210.66	234.56	277.97	315.55
58	133.81	162.97	190.62	216.78	241.43	286.26	325.08
59	139.91	170.74	199.97	227.60	253.64	300.93	341.82
60	146.47	179.22	210.26	239.60	267.20	317.28	360.51
61	153.51	188.36	221.38	252.57	281.93	335.12	380.97
62	163.98	201.81	237.62	271.44	303.27	360.91	410.55
63	177.67	219.85	259.14	296.20	331.05	394.11	448.31
64	183.81	236.01	278.33	318.26	355.79	423.63	481.85
65	192.36	256.43	302.41	345.80	386.61	460.37	523.70
66	210.29	285.15	336.12	392.67	438.92	522.64	594.70
67	221.35	299.54	352.66	415.68	464.48	567.69	646.16
68	245.89	329.22	385.42	453.08	505.87	625.14	715.59
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	109.67	128.47	147.53	166.92	186.57	226.74	268.11
36	110.71	130.06	149.61	169.32	189.23	229.60	270.71
37	111.81	131.68	151.69	171.73	191.89	232.42	273.31
38	112.85	133.37	153.83	174.16	194.43	234.66	274.57
39	113.86	134.96	155.88	176.53	196.96	237.16	276.49
40	114.83	136.49	157.83	178.84	199.56	239.95	279.09
41	115.93	138.08	159.87	181.27	202.28	243.10	282.40
42	115.51	137.91	159.91	181.45	202.58	243.51	282.72
43	116.76	139.49	161.80	183.63	205.02	246.45	286.09
44	117.22	140.13	162.59	184.58	206.09	247.77	287.59
45	118.44	141.67	164.40	186.67	208.46	250.65	290.96
46	119.99	143.54	166.62	189.22	211.31	254.08	294.93
47	121.88	145.87	169.33	192.30	214.75	258.15	299.56
48	123.50	148.08	172.02	195.42	218.19	262.00	303.44
49	123.89	148.78	172.97	196.49	219.33	262.93	303.84
50	125.28	150.73	175.38	199.25	222.35	266.16	306.81
51	127.34	153.53	178.78	203.13	226.57	270.65	311.03
52	128.20	154.96	180.64	205.28	228.81	272.72	312.35
53	129.97	157.36	183.55	208.58	232.43	276.61	316.05
54	131.99	160.06	186.85	212.32	236.53	281.08	320.48
55	135.13	164.08	191.65	217.81	242.57	287.92	327.65
56	139.57	169.71	198.29	225.40	250.97	297.62	338.23
57	143.25	174.34	203.83	231.72	258.01	305.77	347.11
58	148.14	180.43	211.05	240.01	267.29	316.93	359.91
59	153.24	187.00	219.02	249.28	277.80	329.59	374.38
60	160.51	196.39	230.40	262.55	292.80	347.68	395.05
61	169.33	207.77	244.19	278.60	310.98	369.65	420.22
62	180.87	222.60	262.10	299.41	334.52	398.09	452.85
63	191.21	239.84	282.70	323.12	361.14	429.94	489.07
64	198.36	259.17	305.65	349.50	390.71	465.21	529.15
65	206.84	280.18	330.41	377.82	422.40	503.00	572.20
66	225.19	305.36	359.93	424.56	474.57	568.09	646.41
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	125.13	146.59	168.34	190.46	212.88	258.71	305.92
36	126.32	148.40	170.71	193.20	215.92	261.97	308.88
37	127.58	150.26	173.08	195.94	218.95	265.20	311.85
38	128.28	151.61	174.87	197.98	221.01	266.75	312.12
39	128.94	152.84	176.53	199.92	223.05	268.58	313.12
40	129.55	153.99	178.06	201.77	225.14	270.72	314.87
41	129.31	154.01	178.32	202.19	225.62	271.16	314.98
42	128.51	153.44	177.90	201.87	225.38	270.92	314.54
43	128.95	154.04	178.68	202.79	226.41	272.17	315.95
44	129.62	154.94	179.78	204.09	227.88	273.97	318.00
45	131.07	156.78	181.94	206.58	230.70	277.38	322.00
46	131.82	157.70	183.06	207.88	232.16	279.15	324.03
47	133.47	159.73	185.42	210.58	235.16	282.68	328.02
48	136.02	163.09	189.46	215.23	240.31	288.57	334.21
49	136.23	163.59	190.19	216.04	241.16	289.10	334.08
50	137.39	165.30	192.33	218.51	243.83	291.88	336.45
51	139.20	167.83	195.44	222.05	247.68	295.86	339.99
52	141.73	171.31	199.71	226.94	252.95	301.50	345.31
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	144.30	174.99	204.28	232.12	258.59	307.29	350.37
55	147.16	178.68	208.70	237.19	264.16	313.55	356.82
56	152.05	184.89	216.03	245.56	273.43	324.25	368.49
57	156.28	190.19	222.36	252.79	281.47	333.56	378.66
58	161.68	196.92	230.34	261.95	291.72	345.90	392.81
59	168.23	205.29	240.44	273.66	304.98	361.83	411.00
60	176.30	215.71	253.06	288.38	321.60	381.88	433.90
61	185.15	227.18	267.00	304.62	340.02	404.18	459.47
62	196.77	242.17	285.14	325.73	363.92	433.09	492.66
63	209.36	261.16	307.83	351.84	393.24	468.15	532.54
64	216.13	280.89	331.26	378.78	423.45	504.19	573.49
65	224.22	302.34	356.55	407.70	455.81	542.78	617.45
66	242.74	329.14	387.97	457.63	511.53	610.29	694.43
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	709.29	811.92
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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%	1.101
75%	1.104
100%	1.106

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.106
75%	1.110
100%	1.112

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.228
75%	1.232
100%	1.234

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.

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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	101.57	116.64	131.97	147.50	179.26	211.97
36	81.53	102.83	118.28	133.87	149.60	181.52	214.02
37	82.45	104.11	119.92	135.77	151.71	183.75	216.08
38	84.00	106.58	122.93	139.18	155.37	187.53	219.42
39	85.52	109.59	126.57	143.34	159.92	192.57	224.50
40	87.02	111.99	129.50	146.74	163.74	196.89	228.99
41	88.67	115.07	133.23	151.06	168.57	202.59	235.33
42	90.28	117.62	136.37	154.74	172.76	207.67	241.11
43	91.84	120.69	139.99	158.88	177.39	213.23	247.53
44	93.62	123.10	142.83	162.62	181.58	218.30	253.38
45	95.64	125.84	146.03	167.58	187.15	225.03	261.22
46	97.92	128.86	149.59	172.25	192.36	231.30	268.48
47	100.53	132.34	153.63	177.51	198.23	238.29	276.52
48	103.20	136.10	158.11	184.61	206.12	247.51	286.66
49	105.89	139.88	162.62	190.60	212.76	255.45	295.20
50	108.64	143.78	167.29	196.11	218.85	263.59	303.85
51	111.45	147.81	172.12	201.78	225.07	274.63	315.60
52	114.37	152.07	177.27	207.86	231.68	282.31	323.34
53	116.33	154.93	180.72	211.90	236.13	289.31	330.56
54	118.52	158.09	184.55	216.38	241.05	297.10	338.74
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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	123.53	141.86	160.50	179.39	218.02	257.80
36	103.83	125.06	143.86	162.81	181.95	220.76	260.30
37	104.91	126.62	145.85	165.12	184.51	223.48	262.79
38	106.57	129.95	149.89	169.70	189.44	228.64	267.53
39	108.18	133.23	153.88	174.27	194.43	234.12	272.94
40	109.87	136.49	157.83	178.84	199.56	239.95	279.09
41	111.14	140.44	162.61	184.37	205.74	247.26	287.23
42	112.29	143.29	166.14	188.52	210.47	253.00	293.74
43	113.88	146.77	170.24	193.21	215.72	259.31	301.02
44	115.74	150.62	174.76	198.40	221.53	266.33	309.13
45	117.93	153.63	178.29	202.43	226.07	271.81	315.53
46	120.37	158.34	183.81	208.73	233.11	280.29	325.35
47	123.24	162.24	188.33	214.93	240.02	288.52	334.80
48	125.80	165.91	192.73	222.43	248.35	298.22	345.39
49	128.23	169.39	196.93	227.22	253.63	304.05	351.36
50	130.73	173.01	201.31	235.83	263.17	315.02	363.13
51	133.38	176.89	205.98	241.48	269.35	325.05	373.54
52	136.22	181.12	211.14	247.57	275.95	331.65	379.84
53	137.75	183.47	214.01	250.92	279.62	337.29	385.38
54	139.53	186.12	217.26	254.73	283.78	346.61	395.20
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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	147.68	169.60	191.89	214.47	260.65	308.21
36	123.16	149.51	171.99	194.65	217.53	263.94	311.20
37	124.61	151.38	174.38	197.41	220.59	267.18	314.18
38	126.48	155.60	179.47	203.19	226.83	273.77	320.33
39	128.29	159.77	184.52	208.97	233.15	280.74	327.30
40	130.37	163.91	189.53	214.76	239.64	288.15	335.14
41	131.19	168.18	194.72	220.78	246.37	296.09	343.95
42	131.83	170.15	197.29	223.87	249.93	300.44	348.81
43	133.47	174.66	202.60	229.94	256.72	308.60	358.24
44	135.45	177.78	206.28	234.18	261.48	314.35	364.87
45	137.86	181.39	210.49	240.59	268.68	323.06	375.01
46	140.48	184.85	214.59	246.91	275.75	331.56	384.87
47	143.63	189.08	219.49	254.08	283.75	341.09	395.80
48	145.99	192.54	223.68	262.06	292.59	351.35	406.92
49	148.06	195.58	227.37	266.50	297.48	358.88	414.72
50	150.21	198.81	231.32	271.16	302.60	369.02	425.38
51	152.64	202.44	235.74	276.36	308.25	380.77	437.57
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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	178.98	205.54	232.55	259.92	315.88	373.52
36	153.24	181.20	208.43	235.89	263.63	319.86	377.14
37	155.72	183.46	211.33	239.24	267.34	323.80	380.76
38	157.49	188.09	216.94	245.61	274.19	330.93	387.22
39	159.36	192.64	222.49	251.97	281.13	338.51	394.65
40	161.31	197.15	227.97	258.32	288.25	346.60	403.12
41	161.65	200.04	231.61	262.61	293.05	352.19	409.12
42	160.73	202.39	234.67	266.28	297.29	357.37	414.90
43	162.44	206.20	239.18	271.46	303.07	364.32	422.92
44	164.73	209.88	243.52	276.46	308.69	371.11	430.75
45	167.30	215.34	249.89	283.73	316.86	380.98	442.26
46	170.03	220.13	255.54	290.19	324.08	389.67	452.32
47	173.45	225.73	262.04	297.59	332.33	399.49	463.57
48	175.63	231.63	269.09	307.99	343.87	412.93	478.24
49	177.13	233.98	272.02	314.75	351.34	421.18	486.71
50	178.51	236.26	274.89	321.50	358.77	429.46	495.05
51	180.46	239.33	278.70	326.73	364.43	440.48	506.18
52	182.89	243.18	283.48	332.39	370.49	454.99	521.11
53	183.32	244.15	284.79	333.91	372.10	458.66	524.06
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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	104.86	120.42	136.25	152.28	185.07	218.84
36	84.18	106.16	122.12	138.21	154.46	187.40	220.96
37	85.12	107.49	123.81	140.17	156.63	189.71	223.08
38	87.14	110.57	127.54	144.39	161.19	194.55	227.64
39	88.22	113.05	130.56	147.86	164.97	198.65	231.59
40	90.20	116.08	134.22	152.09	169.71	204.06	237.34
41	91.86	119.20	138.01	156.48	174.62	209.86	243.78
42	93.49	121.79	141.22	160.24	178.90	215.05	249.68
43	95.07	124.93	144.92	164.47	183.63	220.73	256.24
44	97.36	128.02	148.55	169.13	188.84	227.03	263.52
45	99.43	130.82	151.81	174.22	194.56	233.94	271.56
46	101.78	133.94	155.48	179.03	199.94	240.41	279.06
47	104.97	138.18	160.41	185.34	206.98	248.81	288.71
48	109.24	144.07	167.36	195.42	218.19	262.00	303.44
49	113.64	150.11	174.52	204.55	228.33	274.14	316.80
50	118.71	157.11	182.80	214.29	239.13	288.02	332.01
51	122.22	162.09	188.75	221.28	246.81	301.17	346.09
52	128.25	170.52	198.78	233.08	259.80	316.57	362.58
53	129.95	173.07	201.88	236.70	263.78	323.18	369.26
54	133.04	177.47	207.16	242.89	270.59	333.51	380.26
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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	185.52	217.08
39	77.40	100.92	116.56	136.21	151.97	188.51	219.77
40	79.75	104.27	120.57	140.97	157.30	192.78	224.22
41	81.28	106.49	123.29	144.25	160.97	195.31	226.88
42	83.44	109.59	127.07	148.46	165.74	199.24	231.32
43	86.49	113.66	131.84	151.70	169.36	203.59	236.34
44	89.74	117.29	136.09	154.49	172.50	207.39	240.72
45	93.08	120.26	139.56	158.46	176.96	212.77	246.99
46	98.37	124.23	144.21	163.76	182.89	219.90	255.26
47	102.86	128.05	148.64	168.81	188.52	226.61	262.96
48	110.88	135.79	157.75	179.21	200.09	240.27	278.27
49	114.27	143.14	166.41	189.04	211.01	252.96	292.32
50	121.02	151.46	176.23	200.22	223.42	267.45	308.29
51	126.23	159.55	185.80	211.10	235.46	281.27	323.22
52	131.02	168.98	196.98	223.85	249.51	297.39	340.60
53	137.44	176.63	206.03	234.12	260.89	310.48	354.75
54	144.04	184.95	215.89	245.32	273.30	324.77	370.29
55	150.96	193.29	225.76	256.58	285.74	339.17	385.98
56	158.28	203.65	237.95	270.47	301.17	357.14	405.87
57	165.32	213.50	249.61	283.77	315.96	374.44	425.07
58	170.99	220.21	257.57	292.92	326.21	386.80	439.25
59	177.24	229.68	269.01	306.18	341.21	404.82	459.83
60	185.70	241.47	283.28	322.81	360.00	427.48	485.71
61	195.51	253.44	297.86	339.83	379.32	450.89	512.57
62	209.78	270.30	318.27	363.57	406.20	483.40	549.89
63	216.27	285.14	336.10	384.16	429.36	511.15	581.45
64	225.09	301.16	355.17	406.12	454.01	540.58	614.88
65	238.61	322.92	380.81	435.45	486.84	579.73	659.48
66	262.47	355.90	419.51	485.35	542.51	646.00	735.06
67	281.98	381.59	449.26	523.35	584.79	696.23	792.46
68	315.84	422.86	495.05	571.48	638.06	761.38	871.55
69	346.10	460.63	537.48	626.79	699.25	834.64	957.31
70	382.84	508.07	591.69	685.22	763.77	910.75	1,044.25
71	409.68	543.22	632.13	722.17	822.46	986.13	1,128.72
72	435.54	563.57	657.40	742.57	847.07	1,044.33	1,211.07
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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	77.33	90.59	104.03	117.70	131.55	159.88	189.05
36	78.06	91.71	105.49	119.39	133.43	161.89	190.88
37	78.36	92.29	106.31	120.35	134.49	162.89	191.55
38	79.09	93.48	107.81	122.06	136.26	164.46	192.44
39	79.80	94.59	109.25	123.72	138.04	166.22	193.78
40	80.48	95.66	110.61	125.34	139.86	168.17	195.60
41	79.71	96.19	111.36	126.27	140.91	169.34	196.71
42	77.97	96.72	112.14	127.25	142.07	170.78	198.27
43	78.77	98.25	113.96	129.34	144.40	173.59	201.51
44	79.30	99.38	115.32	130.91	146.17	175.73	203.97
45	79.80	101.37	117.64	133.57	149.17	179.35	208.20
46	80.83	102.99	119.55	135.76	151.61	182.30	211.61
47	82.30	105.61	122.59	139.22	155.48	186.90	216.87
48	83.25	109.18	126.83	144.09	160.87	193.18	223.74
49	87.01	114.93	133.62	154.58	172.55	206.85	239.04
50	90.48	119.74	139.32	162.68	181.53	217.30	250.49
51	94.19	124.92	145.46	170.53	190.21	229.53	263.76
52	98.93	131.54	153.34	179.79	200.40	245.31	280.96
53	101.99	135.83	158.44	185.77	207.02	255.44	291.86
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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	90.55	106.07	121.81	137.82	154.04	187.20	221.36
36	91.40	107.38	123.52	139.80	156.24	189.56	223.51
37	91.81	108.13	124.56	141.01	157.57	190.85	224.43
38	93.68	110.72	127.70	144.58	161.40	194.80	227.93
39	95.03	112.64	130.10	147.34	164.38	197.94	230.76
40	96.87	115.14	133.14	150.87	168.34	202.42	235.43
41	96.53	116.48	134.87	152.92	170.64	205.08	238.23
42	95.52	118.48	137.37	155.88	174.03	209.20	242.88
43	97.00	120.99	140.34	159.28	177.83	213.77	248.16
44	98.26	123.15	142.89	162.22	181.13	217.76	252.75
45	99.40	126.28	146.54	166.38	185.81	223.41	259.34
46	103.05	131.31	152.43	173.09	193.31	232.43	269.81
47	108.53	139.27	161.67	183.60	205.04	246.47	286.00
48	113.94	149.44	173.60	197.22	220.20	264.42	306.24
49	118.98	157.17	182.72	211.39	235.96	282.87	326.88
50	123.67	163.67	190.43	222.36	248.13	297.02	342.38
51	129.04	171.13	199.28	233.62	260.58	314.44	361.34
52	135.40	180.03	209.88	246.08	274.29	335.76	384.55
53	139.74	186.11	217.09	254.53	283.65	349.99	399.90
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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	103.57	121.33	139.34	157.65	176.20	214.14	253.21
36	104.56	122.84	141.30	159.92	178.72	216.84	255.67
37	105.12	123.81	142.61	161.45	180.41	218.51	256.95
38	106.10	125.39	144.63	163.74	182.79	220.62	258.14
39	107.04	126.89	146.55	165.97	185.17	222.97	259.95
40	107.96	128.32	148.38	168.14	187.62	225.60	262.39
41	107.09	129.23	149.62	169.65	189.32	227.52	264.30
42	106.85	132.54	153.68	174.38	194.68	234.03	271.71
43	112.32	140.09	162.50	184.43	205.91	247.52	287.34
44	117.71	147.53	171.18	194.33	216.99	260.87	302.79
45	123.41	156.78	181.94	206.58	230.70	277.38	322.00
46	129.83	165.42	192.03	218.06	243.53	292.82	339.90
47	136.83	175.57	203.81	231.46	258.48	310.72	360.55
48	142.56	186.97	217.20	246.75	275.50	330.82	383.15
49	147.81	195.25	226.99	262.60	293.13	351.40	406.08
50	153.65	203.35	236.60	276.26	308.28	369.02	425.38
51	159.53	211.57	246.36	288.82	322.15	388.73	446.72
52	166.35	221.19	257.85	302.33	336.99	412.51	472.45
53	170.16	226.63	264.36	309.96	345.41	426.20	486.97
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	138.35	158.88	179.76	200.92	244.18	288.73
36	108.42	136.73	157.28	178.01	198.93	241.37	284.59
37	106.96	135.06	155.58	176.13	196.81	238.38	280.31
38	105.11	133.37	153.83	174.16	194.43	234.66	274.57
39	102.62	131.50	151.88	172.01	191.91	231.08	269.40
40	101.08	130.07	150.41	170.43	190.18	228.67	265.97
41	98.68	128.05	148.26	168.10	187.59	225.44	261.88
42	96.69	125.97	146.06	165.74	185.04	222.43	258.24
43	94.61	124.33	144.21	163.67	182.73	219.66	255.00
44	93.15	122.48	142.12	161.81	180.67	217.21	252.12
45	94.69	124.59	144.58	165.93	185.30	222.80	258.63
46	95.99	126.32	146.64	168.85	188.57	226.74	263.19
47	98.07	129.10	149.87	173.16	193.38	232.45	269.74
48	99.67	131.46	152.71	178.31	199.08	239.06	276.87
49	101.76	134.42	156.27	183.16	204.46	245.48	283.68
50	102.28	135.37	157.50	184.63	206.03	248.16	286.06
51	102.84	136.38	158.82	186.19	207.67	253.41	291.21
52	105.49	140.26	163.50	191.71	213.69	260.39	298.22
53	105.55	140.57	163.97	192.26	214.25	262.49	299.92
54	105.15	140.27	163.74	191.98	213.88	263.60	300.55
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	93.88	107.81	121.98	136.34	165.69	195.93
36	75.36	95.04	109.33	123.74	138.28	167.78	197.83
37	75.76	95.67	110.20	124.76	139.41	168.85	198.56
38	76.36	96.89	111.76	126.53	141.25	170.48	199.48
39	76.06	97.47	112.58	127.50	142.25	171.28	199.69
40	76.60	98.58	113.99	129.16	144.12	173.30	201.56
41	76.40	99.14	114.78	130.14	145.23	174.54	202.75
42	76.99	100.30	116.30	131.96	147.33	177.10	205.62
43	77.07	101.28	117.48	133.33	148.86	178.94	207.73
44	78.17	102.79	119.27	135.79	151.62	182.28	211.58
45	78.59	103.41	120.01	137.72	153.80	184.92	214.66
46	80.08	105.37	122.32	140.85	157.30	189.14	219.55
47	81.31	107.04	124.26	143.58	160.34	192.74	223.65
48	81.55	107.55	124.94	145.89	162.88	195.60	226.53
49	81.61	107.81	125.34	146.90	163.98	196.88	227.52
50	83.20	110.12	128.12	150.19	167.60	201.87	232.70
51	85.61	113.53	132.21	154.99	172.88	210.95	242.42
52	87.72	116.63	135.97	159.42	177.70	216.53	248.00
53	89.09	118.66	138.41	162.28	180.84	221.57	253.16
54	90.63	120.89	141.12	165.47	184.34	227.19	259.04
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	108.16	124.20	140.53	157.07	190.89	225.72
36	86.82	109.50	125.95	142.55	159.31	193.29	227.90
37	87.35	110.30	127.06	143.84	160.73	194.68	228.92
38	88.94	112.85	130.17	147.37	164.51	198.56	232.33
39	90.47	115.93	133.90	151.64	169.18	203.72	237.50
40	92.01	118.41	136.92	155.15	173.12	208.17	242.11
41	93.22	120.97	140.06	158.81	177.21	212.98	247.40
42	94.86	123.59	143.29	162.60	181.53	218.21	253.35
43	96.45	126.75	147.03	166.87	186.30	223.95	259.97
44	98.30	129.26	149.97	170.75	190.66	229.22	266.05
45	100.37	132.07	153.26	175.88	196.42	236.17	274.15
46	102.26	134.57	156.22	179.88	200.89	241.55	280.39
47	104.97	138.18	160.41	185.34	206.98	248.81	288.71
48	107.73	142.08	165.05	192.72	215.17	258.38	299.25
49	110.54	146.02	169.76	198.97	222.10	266.67	308.16
50	113.41	150.09	174.64	204.72	228.45	275.16	317.18
51	115.76	153.52	178.77	209.58	233.77	285.25	327.80
52	118.81	157.97	184.16	215.93	240.68	293.28	335.90
53	120.87	160.98	187.78	220.17	245.35	300.60	343.46
54	123.16	164.29	191.78	224.86	250.51	308.75	352.03
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	129.57	148.79	168.35	188.16	228.68	270.40
36	108.91	131.17	150.89	170.77	190.85	231.56	273.02
37	109.57	132.25	152.34	172.46	192.71	233.41	274.47
38	111.24	135.65	156.46	177.14	197.75	238.67	279.27
39	112.86	139.00	160.54	181.81	202.85	244.26	284.76
40	114.57	142.32	164.57	186.48	208.08	250.21	291.01
41	115.34	145.75	168.75	191.34	213.52	256.61	298.09
42	116.50	148.66	172.37	195.59	218.36	262.49	304.75
43	118.11	152.22	176.57	200.40	223.74	268.95	312.22
44	120.01	156.18	181.21	205.72	229.70	276.15	320.53
45	122.28	159.30	184.86	209.90	234.40	281.84	327.17
46	124.77	164.13	190.53	216.37	241.64	290.54	337.26
47	127.23	167.49	194.43	221.89	247.79	297.87	345.64
48	129.87	171.28	198.98	229.64	256.39	307.88	356.58
49	132.44	174.95	203.39	234.67	261.94	314.02	362.88
50	135.00	178.66	207.88	243.53	271.76	325.31	374.99
51	137.73	182.66	212.71	249.37	278.14	335.66	385.73
52	140.16	186.36	217.25	254.73	283.93	341.24	390.83
53	141.79	188.84	220.28	258.27	287.81	347.17	396.67
54	143.63	191.59	223.65	262.23	292.13	356.81	406.82
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	152.63	175.27	198.31	221.65	269.37	318.52
36	126.82	153.96	177.10	200.44	224.00	271.79	320.45
37	128.31	155.88	179.56	203.28	227.15	275.13	323.53
38	130.19	160.16	184.73	209.14	233.48	281.79	329.72
39	131.99	164.38	189.85	215.01	239.88	288.85	336.75
40	134.08	168.57	194.92	220.87	246.46	296.35	344.68
41	134.87	172.90	200.18	226.98	253.29	304.40	353.60
42	135.06	174.33	202.13	229.36	256.07	307.82	357.38
43	136.71	178.91	207.53	235.53	262.96	316.10	366.95
44	138.75	182.10	211.29	239.87	267.83	321.99	373.74
45	141.18	185.76	215.57	246.40	275.17	330.85	384.07
46	143.85	189.30	219.75	252.85	282.38	339.54	394.13
47	147.07	193.61	224.75	260.18	290.55	349.27	405.28
48	149.00	196.51	228.29	267.46	298.62	358.59	415.31
49	151.14	199.65	232.11	272.05	303.68	366.36	423.35
50	153.36	202.96	236.15	276.83	308.92	376.74	434.28
51	155.83	206.67	240.66	282.14	314.70	388.73	446.72
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	181.72	208.69	236.11	263.90	320.73	379.25
36	155.59	183.97	211.63	239.51	267.67	324.77	382.92
37	158.11	186.27	214.57	242.91	271.44	328.77	386.60
38	159.88	190.94	220.23	249.33	278.34	335.95	393.08
39	161.75	195.53	225.82	255.74	285.34	343.58	400.55
40	163.70	200.07	231.34	262.14	292.51	351.73	409.09
41	163.56	202.40	234.34	265.71	296.51	356.35	413.94
42	162.62	204.78	237.44	269.43	300.79	361.58	419.80
43	164.36	208.63	242.00	274.65	306.64	368.60	427.90
44	166.67	212.35	246.39	279.71	312.32	375.48	435.82
45	169.25	217.86	252.81	287.05	320.57	385.44	447.43
46	172.02	222.71	258.53	293.58	327.87	394.23	457.61
47	175.48	228.37	265.11	301.07	336.22	404.17	468.99
48	177.68	234.34	272.23	311.59	347.89	417.76	483.83
49	179.22	236.75	275.24	318.48	355.50	426.17	492.47
50	180.65	239.09	278.18	325.35	363.07	434.60	500.97
51	182.09	241.49	281.22	329.68	367.73	444.46	510.75
52	184.55	245.38	286.05	335.40	373.84	459.10	525.82
53	185.01	246.40	287.42	337.00	375.54	462.89	528.90
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	107.61	123.57	139.81	156.27	189.92	224.57
36	86.38	108.94	125.31	141.83	158.50	192.31	226.75
37	87.35	110.30	127.06	143.84	160.73	194.68	228.92
38	88.49	112.28	129.51	146.62	163.68	197.56	231.16
39	90.02	115.35	133.23	150.88	168.34	202.70	236.31
40	91.56	117.83	136.24	154.38	172.27	207.14	240.92
41	93.22	120.97	140.06	158.81	177.21	212.98	247.40
42	94.40	122.99	142.60	161.81	180.65	217.16	252.12
43	95.99	126.14	146.32	166.07	185.41	222.88	258.73
44	97.83	128.64	149.26	169.94	189.75	228.12	264.79
45	99.90	131.45	152.54	175.05	195.49	235.05	272.86
46	101.78	133.94	155.48	179.03	199.94	240.41	279.06
47	104.47	137.53	159.66	184.47	206.01	247.64	287.36
48	107.22	141.41	164.28	191.82	214.16	257.17	297.85
49	109.51	144.66	168.17	197.11	220.02	264.17	305.28
50	112.35	148.69	173.01	202.81	226.32	272.59	314.22
51	114.68	152.09	177.11	207.63	231.59	282.60	324.75
52	117.70	156.50	182.43	213.91	238.43	290.54	332.76
53	119.17	158.71	185.13	217.07	241.89	296.36	338.62
54	121.42	161.97	189.07	221.68	246.96	304.38	347.05
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	129.02	148.16	167.63	187.36	227.71	269.26
36	108.45	130.62	150.25	170.05	190.04	230.58	271.86
37	109.57	132.25	152.34	172.46	192.71	233.41	274.47
38	110.78	135.08	155.80	176.39	196.92	237.67	278.09
39	112.39	138.42	159.87	181.06	202.01	243.24	283.58
40	114.10	141.74	163.90	185.72	207.23	249.18	289.82
41	115.34	145.75	168.75	191.34	213.52	256.61	298.09
42	116.03	148.06	171.67	194.80	217.48	261.44	303.53
43	117.64	151.62	175.87	199.60	222.85	267.88	310.97
44	119.54	155.56	180.49	204.90	228.79	275.06	319.26
45	121.79	158.67	184.13	209.07	233.48	280.73	325.87
46	124.29	163.49	189.79	215.52	240.69	289.40	335.93
47	126.73	166.83	193.67	221.02	246.82	296.70	344.29
48	129.36	170.61	198.19	228.74	255.39	306.68	355.18
49	131.91	174.25	202.58	233.73	260.91	312.77	361.44
50	133.93	177.25	206.24	241.61	269.61	322.74	372.03
51	136.64	181.22	211.03	247.39	275.94	333.01	382.68
52	139.04	184.86	215.50	252.68	281.65	338.50	387.69
53	140.64	187.30	218.48	256.17	285.47	344.35	393.45
54	141.87	189.24	220.91	259.02	288.55	352.44	401.84
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	152.08	174.64	197.59	220.85	268.40	317.38
36	126.82	153.96	177.10	200.44	224.00	271.79	320.45
37	128.31	155.88	179.56	203.28	227.15	275.13	323.53
38	129.72	159.59	184.07	208.40	232.65	280.79	328.55
39	131.53	163.80	189.19	214.25	239.04	287.84	335.57
40	133.62	167.99	194.25	220.11	245.61	295.33	343.49
41	134.41	172.31	199.50	226.20	252.42	303.36	352.40
42	135.06	174.33	202.13	229.36	256.07	307.82	357.38
43	136.71	178.91	207.53	235.53	262.96	316.10	366.95
44	138.28	181.48	210.58	239.06	266.92	320.90	372.48
45	140.71	185.14	214.85	245.57	274.24	329.74	382.77
46	143.37	188.67	219.01	252.01	281.43	338.40	392.80
47	146.58	192.96	224.00	259.31	289.58	348.10	403.93
48	149.00	196.51	228.29	267.46	298.62	358.59	415.31
49	150.63	198.98	231.32	271.13	302.65	365.11	421.92
50	152.83	202.27	235.35	275.89	307.87	375.45	432.79
51	154.77	205.26	239.02	280.21	312.55	386.08	443.67
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	181.72	208.69	236.11	263.90	320.73	379.25
36	155.59	183.97	211.63	239.51	267.67	324.77	382.92
37	158.11	186.27	214.57	242.91	271.44	328.77	386.60
38	159.88	190.94	220.23	249.33	278.34	335.95	393.08
39	161.27	194.95	225.16	254.99	284.50	342.57	399.37
40	163.22	199.49	230.67	261.38	291.66	350.70	407.90
41	163.56	202.40	234.34	265.71	296.51	356.35	413.94
42	162.62	204.78	237.44	269.43	300.79	361.58	419.80
43	164.36	208.63	242.00	274.65	306.64	368.60	427.90
44	166.67	212.35	246.39	279.71	312.32	375.48	435.82
45	169.25	217.86	252.81	287.05	320.57	385.44	447.43
46	172.02	222.71	258.53	293.58	327.87	394.23	457.61
47	174.97	227.71	264.34	300.20	335.25	403.00	467.64
48	177.17	233.67	271.45	310.69	346.88	416.55	482.43
49	178.70	236.06	274.44	317.54	354.46	424.92	491.03
50	180.11	238.38	277.36	324.39	361.99	433.31	499.49
51	182.09	241.49	281.22	329.68	367.73	444.46	510.75
52	183.99	244.64	285.19	334.39	372.72	457.73	524.25
53	184.44	245.65	286.54	335.97	374.39	461.48	527.28
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 LTC09U [-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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%	1.101
75%	1.104
100%	1.106

Cash Benefit 40%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.106
75%	1.110
100%	1.112

Cash Benefit 50%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.228
75%	1.232
100%	1.234

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.

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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	101.57	116.64	131.97	147.50	179.26	211.97
36	81.53	102.83	118.28	133.87	149.60	181.52	214.02
37	82.45	104.11	119.92	135.77	151.71	183.75	216.08
38	84.00	106.58	122.93	139.18	155.37	187.53	219.42
39	85.52	109.59	126.57	143.34	159.92	192.57	224.50
40	87.02	111.99	129.50	146.74	163.74	196.89	228.99
41	88.67	115.07	133.23	151.06	168.57	202.59	235.33
42	90.28	117.62	136.37	154.74	172.76	207.67	241.11
43	91.84	120.69	139.99	158.88	177.39	213.23	247.53
44	93.62	123.10	142.83	162.62	181.58	218.30	253.38
45	95.64	125.84	146.03	167.58	187.15	225.03	261.22
46	97.92	128.86	149.59	172.25	192.36	231.30	268.48
47	100.53	132.34	153.63	177.51	198.23	238.29	276.52
48	103.20	136.10	158.11	184.61	206.12	247.51	286.66
49	105.89	139.88	162.62	190.60	212.76	255.45	295.20
50	108.64	143.78	167.29	196.11	218.85	263.59	303.85
51	111.45	147.81	172.12	201.78	225.07	274.63	315.60
52	114.37	152.07	177.27	207.86	231.68	282.31	323.34
53	116.33	154.93	180.72	211.90	236.13	289.31	330.56
54	118.52	158.09	184.55	216.38	241.05	297.10	338.74
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
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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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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	123.53	141.86	160.50	179.39	218.02	257.80
36	103.83	125.06	143.86	162.81	181.95	220.76	260.30
37	104.91	126.62	145.85	165.12	184.51	223.48	262.79
38	106.57	129.95	149.89	169.70	189.44	228.64	267.53
39	108.18	133.23	153.88	174.27	194.43	234.12	272.94
40	109.87	136.49	157.83	178.84	199.56	239.95	279.09
41	111.14	140.44	162.61	184.37	205.74	247.26	287.23
42	112.29	143.29	166.14	188.52	210.47	253.00	293.74
43	113.88	146.77	170.24	193.21	215.72	259.31	301.02
44	115.74	150.62	174.76	198.40	221.53	266.33	309.13
45	117.93	153.63	178.29	202.43	226.07	271.81	315.53
46	120.37	158.34	183.81	208.73	233.11	280.29	325.35
47	123.24	162.24	188.33	214.93	240.02	288.52	334.80
48	125.80	165.91	192.73	222.43	248.35	298.22	345.39
49	128.23	169.39	196.93	227.22	253.63	304.05	351.36
50	130.73	173.01	201.31	235.83	263.17	315.02	363.13
51	133.38	176.89	205.98	241.48	269.35	325.05	373.54
52	136.22	181.12	211.14	247.57	275.95	331.65	379.84
53	137.75	183.47	214.01	250.92	279.62	337.29	385.38
54	139.53	186.12	217.26	254.73	283.78	346.61	395.20
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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	147.68	169.60	191.89	214.47	260.65	308.21
36	123.16	149.51	171.99	194.65	217.53	263.94	311.20
37	124.61	151.38	174.38	197.41	220.59	267.18	314.18
38	126.48	155.60	179.47	203.19	226.83	273.77	320.33
39	128.29	159.77	184.52	208.97	233.15	280.74	327.30
40	130.37	163.91	189.53	214.76	239.64	288.15	335.14
41	131.19	168.18	194.72	220.78	246.37	296.09	343.95
42	131.83	170.15	197.29	223.87	249.93	300.44	348.81
43	133.47	174.66	202.60	229.94	256.72	308.60	358.24
44	135.45	177.78	206.28	234.18	261.48	314.35	364.87
45	137.86	181.39	210.49	240.59	268.68	323.06	375.01
46	140.48	184.85	214.59	246.91	275.75	331.56	384.87
47	143.63	189.08	219.49	254.08	283.75	341.09	395.80
48	145.99	192.54	223.68	262.06	292.59	351.35	406.92
49	148.06	195.58	227.37	266.50	297.48	358.88	414.72
50	150.21	198.81	231.32	271.16	302.60	369.02	425.38
51	152.64	202.44	235.74	276.36	308.25	380.77	437.57
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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	178.98	205.54	232.55	259.92	315.88	373.52
36	153.24	181.20	208.43	235.89	263.63	319.86	377.14
37	155.72	183.46	211.33	239.24	267.34	323.80	380.76
38	157.49	188.09	216.94	245.61	274.19	330.93	387.22
39	159.36	192.64	222.49	251.97	281.13	338.51	394.65
40	161.31	197.15	227.97	258.32	288.25	346.60	403.12
41	161.65	200.04	231.61	262.61	293.05	352.19	409.12
42	160.73	202.39	234.67	266.28	297.29	357.37	414.90
43	162.44	206.20	239.18	271.46	303.07	364.32	422.92
44	164.73	209.88	243.52	276.46	308.69	371.11	430.75
45	167.30	215.34	249.89	283.73	316.86	380.98	442.26
46	170.03	220.13	255.54	290.19	324.08	389.67	452.32
47	173.45	225.73	262.04	297.59	332.33	399.49	463.57
48	175.63	231.63	269.09	307.99	343.87	412.93	478.24
49	177.13	233.98	272.02	314.75	351.34	421.18	486.71
50	178.51	236.26	274.89	321.50	358.77	429.46	495.05
51	180.46	239.33	278.70	326.73	364.43	440.48	506.18
52	182.89	243.18	283.48	332.39	370.49	454.99	521.11
53	183.32	244.15	284.79	333.91	372.10	458.66	524.06
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.

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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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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	104.86	120.42	136.25	152.28	185.07	218.84
36	84.18	106.16	122.12	138.21	154.46	187.40	220.96
37	85.12	107.49	123.81	140.17	156.63	189.71	223.08
38	87.14	110.57	127.54	144.39	161.19	194.55	227.64
39	88.22	113.05	130.56	147.86	164.97	198.65	231.59
40	90.20	116.08	134.22	152.09	169.71	204.06	237.34
41	91.86	119.20	138.01	156.48	174.62	209.86	243.78
42	93.49	121.79	141.22	160.24	178.90	215.05	249.68
43	95.07	124.93	144.92	164.47	183.63	220.73	256.24
44	97.36	128.02	148.55	169.13	188.84	227.03	263.52
45	99.43	130.82	151.81	174.22	194.56	233.94	271.56
46	101.78	133.94	155.48	179.03	199.94	240.41	279.06
47	104.97	138.18	160.41	185.34	206.98	248.81	288.71
48	109.24	144.07	167.36	195.42	218.19	262.00	303.44
49	113.64	150.11	174.52	204.55	228.33	274.14	316.80
50	118.71	157.11	182.80	214.29	239.13	288.02	332.01
51	122.22	162.09	188.75	221.28	246.81	301.17	346.09
52	128.25	170.52	198.78	233.08	259.80	316.57	362.58
53	129.95	173.07	201.88	236.70	263.78	323.18	369.26
54	133.04	177.47	207.16	242.89	270.59	333.51	380.26
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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	185.52	217.08
39	77.40	100.92	116.56	136.21	151.97	188.51	219.77
40	79.75	104.27	120.57	140.97	157.30	192.78	224.22
41	81.28	106.49	123.29	144.25	160.97	195.31	226.88
42	83.44	109.59	127.07	148.46	165.74	199.24	231.32
43	86.49	113.66	131.84	151.70	169.36	203.59	236.34
44	89.74	117.29	136.09	154.49	172.50	207.39	240.72
45	93.08	120.26	139.56	158.46	176.96	212.77	246.99
46	98.37	124.23	144.21	163.76	182.89	219.90	255.26
47	102.86	128.05	148.64	168.81	188.52	226.61	262.96
48	110.88	135.79	157.75	179.21	200.09	240.27	278.27
49	114.27	143.14	166.41	189.04	211.01	252.96	292.32
50	121.02	151.46	176.23	200.22	223.42	267.45	308.29
51	126.23	159.55	185.80	211.10	235.46	281.27	323.22
52	131.02	168.98	196.98	223.85	249.51	297.39	340.60
53	137.44	176.63	206.03	234.12	260.89	310.48	354.75
54	144.04	184.95	215.89	245.32	273.30	324.77	370.29
55	150.96	193.29	225.76	256.58	285.74	339.17	385.98
56	158.28	203.65	237.95	270.47	301.17	357.14	405.87
57	165.32	213.50	249.61	283.77	315.96	374.44	425.07
58	170.99	220.21	257.57	292.92	326.21	386.80	439.25
59	177.24	229.68	269.01	306.18	341.21	404.82	459.83
60	185.70	241.47	283.28	322.81	360.00	427.48	485.71
61	195.51	253.44	297.86	339.83	379.32	450.89	512.57
62	209.78	270.30	318.27	363.57	406.20	483.40	549.89
63	216.27	285.14	336.10	384.16	429.36	511.15	581.45
64	225.09	301.16	355.17	406.12	454.01	540.58	614.88
65	238.61	322.92	380.81	435.45	486.84	579.73	659.48
66	262.47	355.90	419.51	485.35	542.51	646.00	735.06
67	281.98	381.59	449.26	523.35	584.79	696.23	792.46
68	315.84	422.86	495.05	571.48	638.06	761.38	871.55
69	346.10	460.63	537.48	626.79	699.25	834.64	957.31
70	382.84	508.07	591.69	685.22	763.77	910.75	1,044.25
71	409.68	543.22	632.13	722.17	822.46	986.13	1,128.72
72	435.54	563.57	657.40	742.57	847.07	1,044.33	1,211.07
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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	77.33	90.59	104.03	117.70	131.55	159.88	189.05
36	78.06	91.71	105.49	119.39	133.43	161.89	190.88
37	78.36	92.29	106.31	120.35	134.49	162.89	191.55
38	79.09	93.48	107.81	122.06	136.26	164.46	192.44
39	79.80	94.59	109.25	123.72	138.04	166.22	193.78
40	80.48	95.66	110.61	125.34	139.86	168.17	195.60
41	79.71	96.19	111.36	126.27	140.91	169.34	196.71
42	77.97	96.72	112.14	127.25	142.07	170.78	198.27
43	78.77	98.25	113.96	129.34	144.40	173.59	201.51
44	79.30	99.38	115.32	130.91	146.17	175.73	203.97
45	79.80	101.37	117.64	133.57	149.17	179.35	208.20
46	80.83	102.99	119.55	135.76	151.61	182.30	211.61
47	82.30	105.61	122.59	139.22	155.48	186.90	216.87
48	83.25	109.18	126.83	144.09	160.87	193.18	223.74
49	87.01	114.93	133.62	154.58	172.55	206.85	239.04
50	90.48	119.74	139.32	162.68	181.53	217.30	250.49
51	94.19	124.92	145.46	170.53	190.21	229.53	263.76
52	98.93	131.54	153.34	179.79	200.40	245.31	280.96
53	101.99	135.83	158.44	185.77	207.02	255.44	291.86
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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	90.55	106.07	121.81	137.82	154.04	187.20	221.36
36	91.40	107.38	123.52	139.80	156.24	189.56	223.51
37	91.81	108.13	124.56	141.01	157.57	190.85	224.43
38	93.68	110.72	127.70	144.58	161.40	194.80	227.93
39	95.03	112.64	130.10	147.34	164.38	197.94	230.76
40	96.87	115.14	133.14	150.87	168.34	202.42	235.43
41	96.53	116.48	134.87	152.92	170.64	205.08	238.23
42	95.52	118.48	137.37	155.88	174.03	209.20	242.88
43	97.00	120.99	140.34	159.28	177.83	213.77	248.16
44	98.26	123.15	142.89	162.22	181.13	217.76	252.75
45	99.40	126.28	146.54	166.38	185.81	223.41	259.34
46	103.05	131.31	152.43	173.09	193.31	232.43	269.81
47	108.53	139.27	161.67	183.60	205.04	246.47	286.00
48	113.94	149.44	173.60	197.22	220.20	264.42	306.24
49	118.98	157.17	182.72	211.39	235.96	282.87	326.88
50	123.67	163.67	190.43	222.36	248.13	297.02	342.38
51	129.04	171.13	199.28	233.62	260.58	314.44	361.34
52	135.40	180.03	209.88	246.08	274.29	335.76	384.55
53	139.74	186.11	217.09	254.53	283.65	349.99	399.90
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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	103.57	121.33	139.34	157.65	176.20	214.14	253.21
36	104.56	122.84	141.30	159.92	178.72	216.84	255.67
37	105.12	123.81	142.61	161.45	180.41	218.51	256.95
38	106.10	125.39	144.63	163.74	182.79	220.62	258.14
39	107.04	126.89	146.55	165.97	185.17	222.97	259.95
40	107.96	128.32	148.38	168.14	187.62	225.60	262.39
41	107.09	129.23	149.62	169.65	189.32	227.52	264.30
42	106.85	132.54	153.68	174.38	194.68	234.03	271.71
43	112.32	140.09	162.50	184.43	205.91	247.52	287.34
44	117.71	147.53	171.18	194.33	216.99	260.87	302.79
45	123.41	156.78	181.94	206.58	230.70	277.38	322.00
46	129.83	165.42	192.03	218.06	243.53	292.82	339.90
47	136.83	175.57	203.81	231.46	258.48	310.72	360.55
48	142.56	186.97	217.20	246.75	275.50	330.82	383.15
49	147.81	195.25	226.99	262.60	293.13	351.40	406.08
50	153.65	203.35	236.60	276.26	308.28	369.02	425.38
51	159.53	211.57	246.36	288.82	322.15	388.73	446.72
52	166.35	221.19	257.85	302.33	336.99	412.51	472.45
53	170.16	226.63	264.36	309.96	345.41	426.20	486.97
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	138.35	158.88	179.76	200.92	244.18	288.73
36	108.42	136.73	157.28	178.01	198.93	241.37	284.59
37	106.96	135.06	155.58	176.13	196.81	238.38	280.31
38	105.11	133.37	153.83	174.16	194.43	234.66	274.57
39	102.62	131.50	151.88	172.01	191.91	231.08	269.40
40	101.08	130.07	150.41	170.43	190.18	228.67	265.97
41	98.68	128.05	148.26	168.10	187.59	225.44	261.88
42	96.69	125.97	146.06	165.74	185.04	222.43	258.24
43	94.61	124.33	144.21	163.67	182.73	219.66	255.00
44	93.15	122.48	142.12	161.81	180.67	217.21	252.12
45	94.69	124.59	144.58	165.93	185.30	222.80	258.63
46	95.99	126.32	146.64	168.85	188.57	226.74	263.19
47	98.07	129.10	149.87	173.16	193.38	232.45	269.74
48	99.67	131.46	152.71	178.31	199.08	239.06	276.87
49	101.76	134.42	156.27	183.16	204.46	245.48	283.68
50	102.28	135.37	157.50	184.63	206.03	248.16	286.06
51	102.84	136.38	158.82	186.19	207.67	253.41	291.21
52	105.49	140.26	163.50	191.71	213.69	260.39	298.22
53	105.55	140.57	163.97	192.26	214.25	262.49	299.92
54	105.15	140.27	163.74	191.98	213.88	263.60	300.55
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	93.88	107.81	121.98	136.34	165.69	195.93
36	75.36	95.04	109.33	123.74	138.28	167.78	197.83
37	75.76	95.67	110.20	124.76	139.41	168.85	198.56
38	76.36	96.89	111.76	126.53	141.25	170.48	199.48
39	76.06	97.47	112.58	127.50	142.25	171.28	199.69
40	76.60	98.58	113.99	129.16	144.12	173.30	201.56
41	76.40	99.14	114.78	130.14	145.23	174.54	202.75
42	76.99	100.30	116.30	131.96	147.33	177.10	205.62
43	77.07	101.28	117.48	133.33	148.86	178.94	207.73
44	78.17	102.79	119.27	135.79	151.62	182.28	211.58
45	78.59	103.41	120.01	137.72	153.80	184.92	214.66
46	80.08	105.37	122.32	140.85	157.30	189.14	219.55
47	81.31	107.04	124.26	143.58	160.34	192.74	223.65
48	81.55	107.55	124.94	145.89	162.88	195.60	226.53
49	81.61	107.81	125.34	146.90	163.98	196.88	227.52
50	83.20	110.12	128.12	150.19	167.60	201.87	232.70
51	85.61	113.53	132.21	154.99	172.88	210.95	242.42
52	87.72	116.63	135.97	159.42	177.70	216.53	248.00
53	89.09	118.66	138.41	162.28	180.84	221.57	253.16
54	90.63	120.89	141.12	165.47	184.34	227.19	259.04
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	108.16	124.20	140.53	157.07	190.89	225.72
36	86.82	109.50	125.95	142.55	159.31	193.29	227.90
37	87.35	110.30	127.06	143.84	160.73	194.68	228.92
38	88.94	112.85	130.17	147.37	164.51	198.56	232.33
39	90.47	115.93	133.90	151.64	169.18	203.72	237.50
40	92.01	118.41	136.92	155.15	173.12	208.17	242.11
41	93.22	120.97	140.06	158.81	177.21	212.98	247.40
42	94.86	123.59	143.29	162.60	181.53	218.21	253.35
43	96.45	126.75	147.03	166.87	186.30	223.95	259.97
44	98.30	129.26	149.97	170.75	190.66	229.22	266.05
45	100.37	132.07	153.26	175.88	196.42	236.17	274.15
46	102.26	134.57	156.22	179.88	200.89	241.55	280.39
47	104.97	138.18	160.41	185.34	206.98	248.81	288.71
48	107.73	142.08	165.05	192.72	215.17	258.38	299.25
49	110.54	146.02	169.76	198.97	222.10	266.67	308.16
50	113.41	150.09	174.64	204.72	228.45	275.16	317.18
51	115.76	153.52	178.77	209.58	233.77	285.25	327.80
52	118.81	157.97	184.16	215.93	240.68	293.28	335.90
53	120.87	160.98	187.78	220.17	245.35	300.60	343.46
54	123.16	164.29	191.78	224.86	250.51	308.75	352.03
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	129.57	148.79	168.35	188.16	228.68	270.40
36	108.91	131.17	150.89	170.77	190.85	231.56	273.02
37	109.57	132.25	152.34	172.46	192.71	233.41	274.47
38	111.24	135.65	156.46	177.14	197.75	238.67	279.27
39	112.86	139.00	160.54	181.81	202.85	244.26	284.76
40	114.57	142.32	164.57	186.48	208.08	250.21	291.01
41	115.34	145.75	168.75	191.34	213.52	256.61	298.09
42	116.50	148.66	172.37	195.59	218.36	262.49	304.75
43	118.11	152.22	176.57	200.40	223.74	268.95	312.22
44	120.01	156.18	181.21	205.72	229.70	276.15	320.53
45	122.28	159.30	184.86	209.90	234.40	281.84	327.17
46	124.77	164.13	190.53	216.37	241.64	290.54	337.26
47	127.23	167.49	194.43	221.89	247.79	297.87	345.64
48	129.87	171.28	198.98	229.64	256.39	307.88	356.58
49	132.44	174.95	203.39	234.67	261.94	314.02	362.88
50	135.00	178.66	207.88	243.53	271.76	325.31	374.99
51	137.73	182.66	212.71	249.37	278.14	335.66	385.73
52	140.16	186.36	217.25	254.73	283.93	341.24	390.83
53	141.79	188.84	220.28	258.27	287.81	347.17	396.67
54	143.63	191.59	223.65	262.23	292.13	356.81	406.82
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	152.63	175.27	198.31	221.65	269.37	318.52
36	126.82	153.96	177.10	200.44	224.00	271.79	320.45
37	128.31	155.88	179.56	203.28	227.15	275.13	323.53
38	130.19	160.16	184.73	209.14	233.48	281.79	329.72
39	131.99	164.38	189.85	215.01	239.88	288.85	336.75
40	134.08	168.57	194.92	220.87	246.46	296.35	344.68
41	134.87	172.90	200.18	226.98	253.29	304.40	353.60
42	135.06	174.33	202.13	229.36	256.07	307.82	357.38
43	136.71	178.91	207.53	235.53	262.96	316.10	366.95
44	138.75	182.10	211.29	239.87	267.83	321.99	373.74
45	141.18	185.76	215.57	246.40	275.17	330.85	384.07
46	143.85	189.30	219.75	252.85	282.38	339.54	394.13
47	147.07	193.61	224.75	260.18	290.55	349.27	405.28
48	149.00	196.51	228.29	267.46	298.62	358.59	415.31
49	151.14	199.65	232.11	272.05	303.68	366.36	423.35
50	153.36	202.96	236.15	276.83	308.92	376.74	434.28
51	155.83	206.67	240.66	282.14	314.70	388.73	446.72
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	181.72	208.69	236.11	263.90	320.73	379.25
36	155.59	183.97	211.63	239.51	267.67	324.77	382.92
37	158.11	186.27	214.57	242.91	271.44	328.77	386.60
38	159.88	190.94	220.23	249.33	278.34	335.95	393.08
39	161.75	195.53	225.82	255.74	285.34	343.58	400.55
40	163.70	200.07	231.34	262.14	292.51	351.73	409.09
41	163.56	202.40	234.34	265.71	296.51	356.35	413.94
42	162.62	204.78	237.44	269.43	300.79	361.58	419.80
43	164.36	208.63	242.00	274.65	306.64	368.60	427.90
44	166.67	212.35	246.39	279.71	312.32	375.48	435.82
45	169.25	217.86	252.81	287.05	320.57	385.44	447.43
46	172.02	222.71	258.53	293.58	327.87	394.23	457.61
47	175.48	228.37	265.11	301.07	336.22	404.17	468.99
48	177.68	234.34	272.23	311.59	347.89	417.76	483.83
49	179.22	236.75	275.24	318.48	355.50	426.17	492.47
50	180.65	239.09	278.18	325.35	363.07	434.60	500.97
51	182.09	241.49	281.22	329.68	367.73	444.46	510.75
52	184.55	245.38	286.05	335.40	373.84	459.10	525.82
53	185.01	246.40	287.42	337.00	375.54	462.89	528.90
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	107.61	123.57	139.81	156.27	189.92	224.57
36	86.38	108.94	125.31	141.83	158.50	192.31	226.75
37	87.35	110.30	127.06	143.84	160.73	194.68	228.92
38	88.49	112.28	129.51	146.62	163.68	197.56	231.16
39	90.02	115.35	133.23	150.88	168.34	202.70	236.31
40	91.56	117.83	136.24	154.38	172.27	207.14	240.92
41	93.22	120.97	140.06	158.81	177.21	212.98	247.40
42	94.40	122.99	142.60	161.81	180.65	217.16	252.12
43	95.99	126.14	146.32	166.07	185.41	222.88	258.73
44	97.83	128.64	149.26	169.94	189.75	228.12	264.79
45	99.90	131.45	152.54	175.05	195.49	235.05	272.86
46	101.78	133.94	155.48	179.03	199.94	240.41	279.06
47	104.47	137.53	159.66	184.47	206.01	247.64	287.36
48	107.22	141.41	164.28	191.82	214.16	257.17	297.85
49	109.51	144.66	168.17	197.11	220.02	264.17	305.28
50	112.35	148.69	173.01	202.81	226.32	272.59	314.22
51	114.68	152.09	177.11	207.63	231.59	282.60	324.75
52	117.70	156.50	182.43	213.91	238.43	290.54	332.76
53	119.17	158.71	185.13	217.07	241.89	296.36	338.62
54	121.42	161.97	189.07	221.68	246.96	304.38	347.05
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	129.02	148.16	167.63	187.36	227.71	269.26
36	108.45	130.62	150.25	170.05	190.04	230.58	271.86
37	109.57	132.25	152.34	172.46	192.71	233.41	274.47
38	110.78	135.08	155.80	176.39	196.92	237.67	278.09
39	112.39	138.42	159.87	181.06	202.01	243.24	283.58
40	114.10	141.74	163.90	185.72	207.23	249.18	289.82
41	115.34	145.75	168.75	191.34	213.52	256.61	298.09
42	116.03	148.06	171.67	194.80	217.48	261.44	303.53
43	117.64	151.62	175.87	199.60	222.85	267.88	310.97
44	119.54	155.56	180.49	204.90	228.79	275.06	319.26
45	121.79	158.67	184.13	209.07	233.48	280.73	325.87
46	124.29	163.49	189.79	215.52	240.69	289.40	335.93
47	126.73	166.83	193.67	221.02	246.82	296.70	344.29
48	129.36	170.61	198.19	228.74	255.39	306.68	355.18
49	131.91	174.25	202.58	233.73	260.91	312.77	361.44
50	133.93	177.25	206.24	241.61	269.61	322.74	372.03
51	136.64	181.22	211.03	247.39	275.94	333.01	382.68
52	139.04	184.86	215.50	252.68	281.65	338.50	387.69
53	140.64	187.30	218.48	256.17	285.47	344.35	393.45
54	141.87	189.24	220.91	259.02	288.55	352.44	401.84
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	152.08	174.64	197.59	220.85	268.40	317.38
36	126.82	153.96	177.10	200.44	224.00	271.79	320.45
37	128.31	155.88	179.56	203.28	227.15	275.13	323.53
38	129.72	159.59	184.07	208.40	232.65	280.79	328.55
39	131.53	163.80	189.19	214.25	239.04	287.84	335.57
40	133.62	167.99	194.25	220.11	245.61	295.33	343.49
41	134.41	172.31	199.50	226.20	252.42	303.36	352.40
42	135.06	174.33	202.13	229.36	256.07	307.82	357.38
43	136.71	178.91	207.53	235.53	262.96	316.10	366.95
44	138.28	181.48	210.58	239.06	266.92	320.90	372.48
45	140.71	185.14	214.85	245.57	274.24	329.74	382.77
46	143.37	188.67	219.01	252.01	281.43	338.40	392.80
47	146.58	192.96	224.00	259.31	289.58	348.10	403.93
48	149.00	196.51	228.29	267.46	298.62	358.59	415.31
49	150.63	198.98	231.32	271.13	302.65	365.11	421.92
50	152.83	202.27	235.35	275.89	307.87	375.45	432.79
51	154.77	205.26	239.02	280.21	312.55	386.08	443.67
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	181.72	208.69	236.11	263.90	320.73	379.25
36	155.59	183.97	211.63	239.51	267.67	324.77	382.92
37	158.11	186.27	214.57	242.91	271.44	328.77	386.60
38	159.88	190.94	220.23	249.33	278.34	335.95	393.08
39	161.27	194.95	225.16	254.99	284.50	342.57	399.37
40	163.22	199.49	230.67	261.38	291.66	350.70	407.90
41	163.56	202.40	234.34	265.71	296.51	356.35	413.94
42	162.62	204.78	237.44	269.43	300.79	361.58	419.80
43	164.36	208.63	242.00	274.65	306.64	368.60	427.90
44	166.67	212.35	246.39	279.71	312.32	375.48	435.82
45	169.25	217.86	252.81	287.05	320.57	385.44	447.43
46	172.02	222.71	258.53	293.58	327.87	394.23	457.61
47	174.97	227.71	264.34	300.20	335.25	403.00	467.64
48	177.17	233.67	271.45	310.69	346.88	416.55	482.43
49	178.70	236.06	274.44	317.54	354.46	424.92	491.03
50	180.11	238.38	277.36	324.39	361.99	433.31	499.49
51	182.09	241.49	281.22	329.68	367.73	444.46	510.75
52	183.99	244.64	285.19	334.39	372.72	457.73	524.25
53	184.44	245.65	286.54	335.97	374.39	461.48	527.28
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	181.84	213.02	244.63	276.77	309.35	375.96	444.56
36	183.56	215.66	248.07	280.76	313.76	380.70	448.87
37	185.39	218.35	251.52	284.74	318.18	385.38	453.17
38	188.08	222.29	256.39	290.27	324.04	391.10	457.62
39	191.22	226.67	261.79	296.48	330.79	398.31	464.36
40	193.84	230.40	266.42	301.88	336.86	405.05	471.11
41	194.13	234.27	271.24	307.54	343.19	412.45	479.11
42	192.53	238.81	276.89	314.20	350.78	421.67	489.56
43	194.01	241.98	280.69	318.56	355.66	427.54	496.31
44	196.02	245.68	285.07	323.62	361.34	434.42	504.24
45	198.75	252.49	293.00	332.68	371.53	446.71	518.55
46	201.56	256.82	298.13	338.55	378.09	454.61	527.71
47	205.24	263.36	305.72	347.19	387.72	466.08	540.83
48	206.56	270.91	314.71	357.52	399.17	479.33	555.14
49	207.03	273.49	317.95	367.83	410.59	492.21	568.79
50	207.72	274.91	319.86	373.48	416.77	498.89	575.08
51	209.07	277.27	322.88	378.52	422.21	509.47	585.46
52	211.12	280.71	327.23	383.69	427.67	523.51	599.59
53	210.73	280.66	327.38	383.85	427.76	527.81	603.07
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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%	1.101
75%	1.104
100%	1.106

Cash Benefit 40%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.106
75%	1.110
100%	1.112

Cash Benefit 50%

RIder: 0ME9M

% Basic HHC	Factor
50%	1.228
75%	1.232
100%	1.234

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.

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
No Inflation

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound

Form:	LTC09U						
	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	96.63	110.96	125.55	140.32	170.54	201.66
36	81.53	97.82	112.53	127.35	142.33	172.69	203.61
37	82.45	99.04	114.09	129.16	144.33	174.81	205.56
38	84.00	100.31	115.70	130.99	146.23	176.50	206.52
39	85.52	101.51	117.24	132.78	148.14	178.38	207.96
40	86.37	102.66	118.71	134.51	150.09	180.48	209.91
41	87.20	103.86	120.25	136.34	152.15	182.85	212.40
42	88.00	105.08	121.83	138.25	154.34	185.53	215.41
43	88.84	106.13	123.11	139.72	155.99	187.52	217.68
44	89.85	107.41	124.63	141.48	157.97	189.92	220.44
45	91.07	108.93	126.41	143.53	160.28	192.72	223.72
46	92.54	110.71	128.52	145.94	162.99	195.97	227.48
47	94.31	112.87	131.02	148.80	166.17	199.75	231.78
48	95.62	114.64	133.18	151.29	168.92	202.84	234.92
49	96.88	116.35	135.26	153.65	171.51	205.61	237.60
50	98.05	117.97	137.25	155.94	174.01	208.30	240.11
51	99.88	120.42	140.22	159.32	177.71	212.28	243.94
52	101.14	122.26	142.52	161.95	180.52	215.16	246.43
53	103.44	125.24	146.09	166.01	185.00	220.16	251.55
54	106.01	128.55	150.06	170.52	189.96	225.74	257.38
55	108.96	132.29	154.52	175.61	195.58	232.14	264.18
56	112.39	136.66	159.67	181.50	202.10	239.66	272.36
57	114.91	139.85	163.50	185.88	206.96	245.27	278.43
58	118.67	144.54	169.07	192.27	214.12	253.89	288.32
59	124.09	151.43	177.36	201.86	224.96	266.89	303.16
60	130.69	159.90	187.59	213.77	238.40	283.09	321.65
61	137.70	168.96	198.58	226.55	252.88	300.60	341.72
62	147.08	181.01	213.14	243.47	272.02	323.72	368.25
63	159.98	197.20	232.45	265.68	296.94	353.50	402.12
64	168.03	212.84	251.01	287.02	320.86	382.04	434.55
65	176.85	232.69	274.41	313.78	350.81	417.74	475.21
66	194.57	263.83	310.99	356.08	398.02	473.95	539.29
67	206.20	279.05	328.54	387.25	432.70	517.71	589.27
68	230.22	308.23	360.85	424.20	473.62	573.04	655.96
69	253.29	337.11	393.36	461.54	514.89	633.79	726.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound

Form:	LTC09U						
	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	94.67	110.90	127.36	144.09	161.05	195.73	231.45
36	95.57	112.27	129.15	146.17	163.35	198.20	233.69
37	96.52	113.68	130.94	148.24	165.65	200.64	235.93
38	97.42	115.13	132.80	150.34	167.84	202.57	237.02
39	98.29	116.51	134.56	152.39	170.02	204.73	238.68
40	99.13	117.83	136.24	154.38	172.27	207.14	240.92
41	100.08	119.20	138.01	156.48	174.62	209.86	243.78
42	100.51	120.00	139.14	157.88	176.27	211.89	246.00
43	101.53	121.29	140.70	159.68	178.28	214.30	248.78
44	102.76	122.84	142.53	161.81	180.67	217.21	252.12
45	103.70	124.04	143.94	163.44	182.52	219.46	254.75
46	105.46	126.16	146.45	166.31	185.73	223.32	259.22
47	106.99	128.05	148.64	168.81	188.52	226.61	262.96
48	108.71	130.33	151.41	172.00	192.04	230.61	267.08
49	108.63	130.45	151.66	172.27	192.30	230.53	266.40
50	110.76	133.26	155.05	176.15	196.57	235.30	271.24
51	112.36	135.47	157.75	179.23	199.92	238.81	274.43
52	112.74	136.27	158.86	180.52	201.21	239.83	274.68
53	114.71	138.89	162.01	184.10	205.16	244.15	278.96
54	117.63	142.65	166.52	189.22	210.80	250.49	285.61
55	120.98	146.90	171.58	195.00	217.17	257.77	293.34
56	124.88	151.84	177.42	201.67	224.55	266.29	302.62
57	127.93	155.70	182.03	206.94	230.42	273.06	309.98
58	132.21	161.03	188.35	214.20	238.55	282.85	321.21
59	138.25	168.70	197.59	224.89	250.63	297.35	337.75
60	144.72	177.08	207.74	236.73	264.00	313.48	356.19
61	152.58	187.22	220.04	251.04	280.22	333.09	378.66
62	162.98	200.58	236.18	269.80	301.43	358.72	408.06
63	176.59	218.52	257.57	294.40	329.04	391.72	445.59
64	183.81	236.01	278.33	318.26	355.79	423.63	481.85
65	192.36	256.43	302.41	345.80	386.61	460.37	523.70
66	210.29	285.15	336.12	392.67	438.92	522.64	594.70
67	221.35	299.54	352.66	415.68	464.48	567.69	646.16
68	245.89	329.22	385.42	453.08	505.87	625.14	715.59
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound

Form:	LTC09U						
	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	107.32	125.72	144.38	163.35	182.58	221.89	262.38
36	108.34	127.28	146.41	165.70	185.19	224.69	264.92
37	109.42	128.87	148.45	168.06	187.79	227.45	267.47
38	110.44	130.52	150.54	170.44	190.27	229.65	268.71
39	111.42	132.08	152.55	172.76	192.75	232.09	270.58
40	112.38	133.57	154.45	175.02	195.29	234.83	273.12
41	113.46	135.13	156.46	177.40	197.96	237.91	276.36
42	113.01	134.93	156.45	177.52	198.19	238.24	276.60
43	114.22	136.46	158.28	179.64	200.56	241.09	279.87
44	114.64	137.04	159.01	180.51	201.55	242.31	281.26
45	115.81	138.52	160.75	182.52	203.83	245.08	284.49
46	117.30	140.32	162.89	184.97	206.57	248.39	288.32
47	119.13	142.57	165.50	187.95	209.90	252.31	292.78
48	120.66	144.66	168.06	190.92	213.16	255.97	296.45
49	121.55	145.96	169.69	192.76	215.17	257.94	298.08
50	122.86	147.82	171.99	195.40	218.05	261.02	300.88
51	124.85	150.52	175.28	199.15	222.13	265.35	304.93
52	126.27	152.62	177.92	202.18	225.36	268.61	307.64
53	127.98	154.95	180.74	205.38	228.87	272.37	311.21
54	129.94	157.58	183.94	209.02	232.86	276.71	315.50
55	133.72	162.36	189.64	215.53	240.03	284.90	324.22
56	138.10	167.92	196.20	223.02	248.33	294.49	334.67
57	141.72	172.48	201.65	229.25	255.25	302.49	343.39
58	146.55	178.49	208.78	237.43	264.42	313.53	356.04
59	152.41	185.98	217.83	247.92	276.29	327.80	372.34
60	159.63	195.32	229.14	261.12	291.20	345.78	392.89
61	168.40	206.63	242.85	277.06	309.27	367.62	417.91
62	179.88	221.38	260.66	297.76	332.68	395.90	450.36
63	191.21	239.84	282.70	323.12	361.14	429.94	489.07
64	198.36	259.17	305.65	349.50	390.71	465.21	529.15
65	206.84	280.18	330.41	377.82	422.40	503.00	572.20
66	225.19	305.36	359.93	424.56	474.57	568.09	646.41
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound

Form:	LTC09U						
	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	123.73	144.94	166.45	188.32	210.49	255.81	302.48
36	124.90	146.74	168.79	191.03	213.49	259.03	305.41
37	126.14	148.57	171.14	193.74	216.49	262.22	308.35
38	126.83	149.90	172.90	195.75	218.52	263.74	308.60
39	127.48	151.11	174.53	197.66	220.53	265.54	309.57
40	128.08	152.24	176.04	199.47	222.58	267.64	311.29
41	127.82	152.24	176.27	199.87	223.03	268.04	311.36
42	127.01	151.65	175.83	199.52	222.75	267.76	310.87
43	127.42	152.22	176.57	200.40	223.74	268.95	312.22
44	128.07	153.09	177.63	201.65	225.16	270.69	314.20
45	129.49	154.89	179.75	204.09	227.92	274.04	318.12
46	130.21	155.77	180.82	205.34	229.32	275.73	320.06
47	131.81	157.75	183.12	207.97	232.25	279.18	323.96
48	134.32	161.04	187.08	212.53	237.29	284.94	330.01
49	135.05	162.18	188.55	214.18	239.08	286.60	331.20
50	136.17	163.84	190.63	216.58	241.69	289.30	333.49
51	137.96	166.33	193.68	220.06	245.46	293.21	336.95
52	140.44	169.76	197.89	224.88	250.66	298.76	342.17
53	141.90	171.81	200.41	227.73	253.78	302.01	345.07
54	143.62	174.16	203.31	231.02	257.37	305.84	348.71
55	146.45	177.82	207.70	236.05	262.89	312.04	355.10
56	151.32	184.00	214.99	244.38	272.11	322.68	366.71
57	155.51	189.26	221.27	251.55	280.09	331.93	376.81
58	160.88	195.95	229.20	260.66	290.29	344.20	390.87
59	167.40	204.27	239.25	272.31	303.47	360.04	408.97
60	175.42	214.64	251.80	286.94	320.00	379.98	431.75
61	185.15	227.18	267.00	304.62	340.02	404.18	459.47
62	196.77	242.17	285.14	325.73	363.92	433.09	492.66
63	209.36	261.16	307.83	351.84	393.24	468.15	532.54
64	216.13	280.89	331.26	378.78	423.45	504.19	573.49
65	224.22	302.34	356.55	407.70	455.81	542.78	617.45
66	242.74	329.14	387.97	457.63	511.53	610.29	694.43
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	709.29	811.92
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Simple

Form:	LTC09U						
	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	99.92	114.75	129.83	145.11	176.35	208.53
36	84.31	101.16	116.36	131.70	147.18	178.57	210.55
37	85.26	102.42	117.98	133.56	149.25	180.77	212.57
38	86.86	103.73	119.65	135.46	151.22	182.51	213.56
39	88.43	104.97	121.24	137.30	153.19	184.46	215.05
40	89.31	106.16	122.75	139.10	155.21	186.63	217.07
41	90.17	107.40	124.35	140.99	157.33	189.08	219.64
42	91.00	108.66	125.99	142.96	159.61	191.86	222.75
43	91.89	109.77	127.33	144.51	161.34	193.95	225.14
44	93.47	111.73	129.64	147.17	164.33	197.56	229.31
45	94.75	113.34	131.52	149.33	166.77	200.52	232.77
46	96.31	115.22	133.75	151.88	169.62	203.95	236.74
47	98.17	117.49	136.38	154.89	172.97	207.92	241.27
48	101.31	121.46	141.10	160.30	178.97	214.91	248.91
49	103.93	124.81	145.10	164.83	183.99	220.56	254.88
50	107.12	128.89	149.96	170.38	190.13	227.59	262.34
51	109.87	132.46	154.25	175.25	195.48	233.51	268.34
52	113.38	137.05	159.77	181.55	202.36	241.20	276.25
53	115.38	139.69	162.95	185.16	206.34	245.56	280.57
54	119.00	144.31	168.45	191.42	213.25	253.41	288.93
55	122.40	148.62	173.58	197.28	219.71	260.79	296.77
56	127.08	154.52	180.55	205.23	228.52	270.99	307.96
57	131.00	159.43	186.39	211.90	235.94	279.60	317.41
58	135.40	164.91	192.89	219.36	244.30	289.67	328.95
59	141.58	172.77	202.35	230.31	256.66	304.51	345.89
60	149.11	182.44	214.03	243.90	272.00	322.98	366.98
61	157.23	192.93	226.75	258.70	288.76	343.25	390.20
62	167.95	206.70	243.38	278.02	310.62	369.66	420.50
63	181.60	223.85	263.86	301.58	337.07	401.28	456.46
64	192.04	243.25	286.87	328.02	366.70	436.62	496.63
65	200.91	264.35	311.74	356.47	398.54	474.58	539.87
66	221.23	299.98	353.59	404.86	452.55	538.87	613.17
67	234.65	317.54	373.85	440.66	492.38	589.12	670.54
68	262.41	351.34	411.32	483.53	539.86	653.19	747.70
69	288.97	384.59	448.76	526.54	587.41	723.06	829.33
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound for 20 Years

Form:	LTC09U						
	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	209.09	242.63
48	89.15	117.57	136.58	160.10	178.75	216.12	250.30
49	93.44	123.43	143.50	166.69	186.06	223.05	257.76
50	98.33	130.14	151.42	172.30	192.27	230.16	265.31
51	103.01	134.72	156.88	178.24	198.81	237.49	272.91
52	108.08	139.39	162.49	184.65	205.81	245.31	280.96
53	113.08	143.71	167.63	190.49	212.27	252.61	288.64
54	118.21	148.45	173.30	196.92	219.38	260.69	297.23
55	124.13	152.91	178.60	202.98	226.06	268.32	305.35
56	130.52	158.99	185.77	211.16	235.12	278.82	316.86
57	134.83	164.09	191.84	218.09	242.84	287.78	326.69
58	140.18	170.73	199.70	227.11	252.92	299.89	340.56
59	146.58	178.87	209.50	238.44	265.72	315.26	358.10
60	154.37	188.88	221.59	252.51	281.60	334.38	379.94
61	162.82	199.78	234.80	267.88	299.02	355.43	404.05
62	173.92	214.04	252.02	287.89	321.65	382.78	435.43
63	184.84	227.85	268.57	306.97	343.08	408.44	464.61
64	197.15	243.25	286.87	328.02	366.70	436.62	496.63
65	212.96	262.77	309.88	354.34	396.15	471.74	536.64
66	240.80	296.84	349.89	399.98	447.10	532.38	605.78
67	258.84	323.27	380.60	434.79	485.82	578.40	658.35
68	290.90	363.06	425.04	484.25	540.67	645.17	738.52
69	318.34	406.70	474.56	539.64	602.03	718.59	824.21
70	345.38	453.28	527.89	599.57	668.30	796.91	913.72
71	370.98	491.91	572.42	653.96	740.91	882.04	1,009.57
72	395.72	512.04	597.30	674.68	769.62	948.84	1,100.35
73	422.25	549.34	640.63	722.84	825.36	1,015.40	1,186.34
74	450.11	582.74	679.22	765.68	875.38	1,075.51	1,283.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 2X Maximum Increase Cap

Form:	LTC09U						
	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	77.33	90.59	104.03	117.70	131.55	159.88	189.05
36	78.06	91.71	105.49	119.39	133.43	161.89	190.88
37	78.36	92.29	106.31	120.35	134.49	162.89	191.55
38	79.09	93.48	107.81	122.06	136.26	164.46	192.44
39	79.80	94.59	109.25	123.72	138.04	166.22	193.78
40	80.48	95.66	110.61	125.34	139.86	168.17	195.60
41	80.76	96.19	111.36	126.27	140.91	169.34	196.71
42	81.00	96.72	112.14	127.25	142.07	170.78	198.27
43	82.24	98.25	113.96	129.34	144.40	173.59	201.51
44	83.14	99.38	115.32	130.91	146.17	175.73	203.97
45	84.75	101.37	117.64	133.57	149.17	179.35	208.20
46	86.09	102.99	119.55	135.76	151.61	182.30	211.61
47	88.24	105.61	122.59	139.22	155.48	186.90	216.87
48	91.06	109.18	126.83	144.09	160.87	193.18	223.74
49	93.95	112.82	131.16	148.99	166.31	199.38	230.40
50	96.84	116.51	135.56	154.01	171.87	205.73	237.15
51	99.88	120.42	140.22	159.32	177.71	212.28	243.94
52	103.07	124.59	145.24	165.05	183.97	219.27	251.14
53	106.09	128.45	149.84	170.27	189.74	225.80	258.00
54	109.43	132.70	154.90	176.02	196.09	233.02	265.68
55	112.49	136.59	159.54	181.32	201.93	239.68	272.76
56	116.80	142.02	165.94	188.62	210.02	249.06	283.04
57	121.04	147.31	172.22	195.79	218.00	258.35	293.28
58	125.84	153.27	179.28	203.88	227.06	269.22	305.73
59	131.59	160.57	188.07	214.05	238.55	283.02	321.48
60	138.58	169.56	198.92	226.68	252.80	300.18	341.08
61	146.07	179.23	210.65	240.33	268.26	318.87	362.50
62	156.03	192.02	226.10	258.28	288.57	343.41	390.65
63	164.36	203.86	240.30	274.65	306.97	365.45	415.71
64	170.00	218.63	257.84	294.83	329.59	392.44	446.38
65	178.77	237.44	280.01	320.19	357.97	426.27	484.91
66	195.17	264.64	311.94	363.40	406.20	483.68	550.37
67	205.62	278.26	327.61	386.16	431.48	524.85	597.39
68	234.08	313.40	366.91	431.32	481.57	589.07	674.30
69	261.41	347.91	405.96	476.33	531.40	656.11	752.54
70	291.65	387.05	450.76	528.25	588.80	722.66	828.59
71	321.27	425.99	495.71	566.32	644.97	791.91	915.51
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 3X Maximum Increase Cap

Form:	LTC09U						
	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	89.98	105.41	121.05	136.96	153.08	186.04	219.99
36	90.84	106.72	122.76	138.93	155.27	188.39	222.12
37	91.26	107.49	123.81	140.17	156.63	189.71	223.08
38	92.11	108.86	125.56	142.16	158.70	191.54	224.12
39	92.93	110.16	127.23	144.09	160.77	193.58	225.68
40	93.73	111.41	128.82	145.97	162.89	195.86	227.80
41	94.13	112.12	129.81	147.19	164.25	197.39	229.30
42	94.50	112.84	130.83	148.46	165.74	199.24	231.32
43	95.95	114.62	132.96	150.90	168.47	202.52	235.09
44	97.08	116.05	134.65	152.87	170.69	205.20	238.18
45	98.96	118.37	137.37	155.97	174.18	209.43	243.11
46	100.62	120.36	139.72	158.67	177.20	213.07	247.32
47	103.13	123.43	143.28	162.72	181.72	218.44	253.47
48	106.43	127.61	148.24	168.40	188.02	225.78	261.49
49	109.80	131.86	153.30	174.14	194.38	233.02	269.28
50	113.18	136.17	158.44	180.00	200.87	240.44	277.17
51	116.73	140.74	163.89	186.20	207.69	248.10	285.11
52	120.47	145.62	169.75	192.90	215.01	256.27	293.52
53	124.00	150.13	175.12	199.00	221.76	263.90	301.54
54	127.89	155.09	181.04	205.72	229.18	272.34	310.51
55	131.60	159.78	186.63	212.11	236.22	280.38	319.08
56	136.63	166.13	194.11	220.65	245.69	291.35	331.10
57	140.96	171.55	200.56	228.01	253.87	300.86	341.54
58	145.75	177.52	207.64	236.14	262.98	311.82	354.11
59	152.41	185.98	217.83	247.92	276.29	327.80	372.34
60	160.51	196.39	230.40	262.55	292.80	347.68	395.05
61	169.33	207.77	244.19	278.60	310.98	369.65	420.22
62	180.87	222.60	262.10	299.41	334.52	398.09	452.85
63	191.22	237.17	279.56	319.53	357.13	425.16	483.63
64	197.02	253.38	298.82	341.69	381.98	454.81	517.33
65	206.18	273.85	322.94	369.28	412.86	491.63	559.26
66	222.67	301.94	355.90	414.62	463.45	551.86	627.94
67	235.00	318.02	374.41	441.32	493.12	599.83	682.74
68	265.93	356.04	416.83	490.00	547.09	669.22	766.05
69	296.98	395.25	461.20	541.14	603.69	745.37	854.93
70	333.59	442.72	515.59	604.23	673.49	826.61	947.77
71	360.88	478.51	556.83	636.14	724.49	889.54	1,028.39
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with 4X Maximum Increase Cap

Form:	LTC09U						
	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	103.57	121.33	139.34	157.65	176.20	214.14	253.21
36	104.56	122.84	141.30	159.92	178.72	216.84	255.67
37	105.12	123.81	142.61	161.45	180.41	218.51	256.95
38	106.10	125.39	144.63	163.74	182.79	220.62	258.14
39	107.04	126.89	146.55	165.97	185.17	222.97	259.95
40	107.96	128.32	148.38	168.14	187.62	225.60	262.39
41	108.50	129.23	149.62	169.65	189.32	227.52	264.30
42	109.01	130.15	150.91	171.24	191.18	229.81	266.81
43	110.67	132.21	153.36	174.05	194.32	233.59	271.17
44	111.54	133.34	154.71	175.63	196.11	235.77	273.66
45	113.70	136.00	157.83	179.20	200.12	240.62	279.32
46	116.22	139.03	161.39	183.28	204.68	246.11	285.68
47	119.13	142.57	165.50	187.95	209.90	252.31	292.78
48	122.93	147.39	171.23	194.52	217.18	260.80	302.04
49	126.83	152.31	177.07	201.14	224.52	269.16	311.04
50	130.73	157.29	183.01	207.92	232.02	277.73	320.15
51	134.83	162.56	189.30	215.08	239.90	286.58	329.32
52	139.15	168.20	196.08	222.82	248.36	296.02	339.03
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	147.72	179.14	209.12	237.62	264.72	314.57	358.67
55	152.11	184.70	215.73	245.18	273.05	324.10	368.82
56	157.93	192.04	224.38	255.05	284.00	336.78	382.73
57	164.70	200.45	234.35	266.42	296.65	351.55	399.08
58	171.24	208.57	243.95	277.43	308.97	366.35	416.03
59	179.06	218.50	255.92	291.28	324.60	385.12	437.45
60	188.57	230.74	270.69	308.46	344.00	408.48	464.13
61	199.10	244.30	287.13	327.58	365.65	434.64	494.10
62	212.67	261.74	308.19	352.05	393.33	468.09	532.47
63	226.67	281.14	331.39	378.77	423.34	503.98	573.30
64	233.05	299.71	353.46	404.17	451.83	537.98	611.92
65	240.74	319.75	377.08	431.18	482.07	574.04	653.01
66	259.35	351.67	414.52	482.91	539.79	642.75	731.37
67	268.57	363.45	427.90	504.37	563.57	685.52	780.27
68	294.59	394.42	461.76	542.82	606.06	741.35	848.61
69	318.32	423.65	494.34	580.02	647.07	798.93	916.36
70	341.58	453.33	527.94	618.70	689.63	846.40	970.47
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5%/3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	138.35	158.88	179.76	200.92	244.18	288.73
36	113.96	136.73	157.28	178.01	198.93	241.37	284.59
37	112.43	135.06	155.58	176.13	196.81	238.38	280.31
38	111.68	133.37	153.83	174.16	194.43	234.66	274.57
39	110.78	131.50	151.88	172.01	191.91	231.08	269.40
40	109.43	130.07	150.41	170.43	190.18	228.67	265.97
41	107.51	128.05	148.26	168.10	187.59	225.44	261.88
42	105.51	125.97	146.06	165.74	185.04	222.43	258.24
43	104.07	124.33	144.21	163.67	182.73	219.66	255.00
44	102.76	122.84	142.53	161.81	180.67	217.21	252.12
45	102.12	122.15	141.75	160.95	179.74	216.11	250.87
46	101.15	121.01	140.47	159.52	178.15	214.20	248.64
47	100.38	120.13	139.45	158.37	176.86	212.60	246.69
48	101.31	121.46	141.10	160.30	178.97	214.91	248.91
49	102.17	122.69	142.64	162.03	180.87	216.82	250.56
50	102.28	123.06	143.19	162.68	181.53	217.30	250.49
51	103.00	124.18	144.61	164.30	183.26	218.91	251.57
52	103.72	125.37	146.15	166.08	185.12	220.64	252.71
53	104.11	126.05	147.03	167.07	186.18	221.57	253.16
54	104.64	126.89	148.12	168.32	187.51	222.82	254.06
55	104.71	127.14	148.50	168.77	187.96	223.10	253.89
56	105.78	128.62	150.28	170.83	190.21	225.56	256.34
57	107.25	130.53	152.60	173.48	193.17	228.92	259.87
58	109.11	132.90	155.45	176.78	196.88	233.44	265.10
59	112.43	137.20	160.69	182.89	203.82	241.82	274.68
60	115.78	141.66	166.19	189.38	211.20	250.79	284.95
61	120.95	148.41	174.42	199.00	222.13	264.04	300.16
62	128.20	157.78	185.78	212.22	237.10	282.16	320.98
63	138.36	170.55	201.03	229.78	256.81	305.73	347.78
64	146.31	185.33	218.57	249.92	279.39	332.66	378.39
65	152.79	201.03	237.07	271.09	303.08	360.91	410.56
66	169.25	229.50	270.52	309.74	346.23	412.27	469.11
67	179.18	242.48	285.49	336.50	376.00	449.87	512.05
68	198.02	265.12	310.38	364.87	407.38	492.90	564.21
69	214.05	284.88	332.41	390.03	435.12	535.60	614.32
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3%/0% Graded Compound Inflation

Form:	LTC09U						
	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	93.88	107.81	121.98	136.34	165.69	195.93
36	79.22	95.04	109.33	123.74	138.28	167.78	197.83
37	79.64	95.67	110.20	124.76	139.41	168.85	198.56
38	81.14	96.89	111.76	126.53	141.25	170.48	199.48
39	82.11	97.47	112.58	127.50	142.25	171.28	199.69
40	82.93	98.58	113.99	129.16	144.12	173.30	201.56
41	83.23	99.14	114.78	130.14	145.23	174.54	202.75
42	84.00	100.30	116.30	131.96	147.33	177.10	205.62
43	84.78	101.28	117.48	133.33	148.86	178.94	207.73
44	86.24	103.09	119.61	135.79	151.62	182.28	211.58
45	87.38	104.52	121.29	137.72	153.80	184.92	214.66
46	89.32	106.85	124.03	140.85	157.30	189.14	219.55
47	91.00	108.91	126.42	143.58	160.34	192.74	223.65
48	92.20	110.55	128.42	145.89	162.88	195.60	226.53
49	92.77	111.41	129.52	147.13	164.24	196.88	227.52
50	93.81	112.87	131.32	149.20	166.49	199.30	229.74
51	94.88	114.40	133.21	151.35	168.82	201.66	231.75
52	95.99	116.03	135.26	153.70	171.32	204.20	233.87
53	96.15	116.41	135.79	154.30	171.95	204.63	233.81
54	97.12	117.77	137.47	156.22	174.03	206.80	235.79
55	98.34	119.41	139.47	158.51	176.53	209.53	238.45
56	99.17	120.58	140.89	160.15	178.32	211.47	240.32
57	101.12	123.07	143.88	163.57	182.13	215.83	245.02
58	104.34	127.08	148.64	169.04	188.26	223.22	253.49
59	109.10	133.13	155.93	177.48	197.78	234.65	266.54
60	114.02	139.51	163.67	186.51	208.00	246.99	280.63
61	120.95	148.41	174.42	199.00	222.13	264.04	300.16
62	128.20	157.78	185.78	212.22	237.10	282.16	320.98
63	138.36	170.55	201.03	229.78	256.81	305.73	347.78
64	146.31	185.33	218.57	249.92	279.39	332.66	378.39
65	152.79	201.03	237.07	271.09	303.08	360.91	410.56
66	169.25	229.50	270.52	309.74	346.23	412.27	469.11
67	179.18	242.48	285.49	336.50	376.00	449.87	512.05
68	198.02	265.12	310.38	364.87	407.38	492.90	564.21
69	214.05	284.88	332.41	390.03	435.12	535.60	614.32
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	101.57	116.64	131.97	147.50	179.26	211.97
36	85.70	102.83	118.28	133.87	149.60	181.52	214.02
37	86.67	104.11	119.92	135.77	151.71	183.75	216.08
38	88.29	105.44	121.62	137.69	153.71	185.52	217.08
39	89.89	106.70	123.24	139.57	155.71	187.50	218.59
40	90.78	107.91	124.78	141.39	157.77	189.71	220.65
41	91.66	109.17	126.39	143.31	159.93	192.20	223.26
42	92.50	110.45	128.06	145.32	162.24	195.02	226.42
43	93.41	111.59	129.44	146.91	164.01	197.16	228.88
44	94.50	112.96	131.07	148.80	166.15	199.75	231.85
45	95.80	114.60	132.98	150.99	168.62	202.75	235.35
46	97.39	116.50	135.24	153.58	171.51	206.23	239.39
47	99.27	118.81	137.92	156.63	174.91	210.26	243.98
48	100.17	120.10	139.52	158.50	176.96	212.50	246.11
49	101.58	121.99	141.82	161.10	179.83	215.58	249.12
50	102.89	123.79	144.03	163.64	182.61	218.59	251.97
51	104.25	125.69	146.36	166.29	185.48	221.57	254.61
52	105.65	127.71	148.87	169.17	188.57	224.75	257.41
53	108.08	130.86	152.65	173.46	193.30	230.03	262.84
54	110.79	134.35	156.84	178.22	198.54	235.93	269.00
55	113.91	138.31	161.54	183.60	204.47	242.70	276.19
56	116.80	142.02	165.94	188.62	210.02	249.06	283.04
57	119.51	145.44	170.04	193.31	215.24	255.08	289.56
58	123.45	150.36	175.87	200.01	222.75	264.11	299.93
59	129.09	157.52	184.50	209.99	234.02	277.64	315.37
60	135.95	166.34	195.15	222.38	248.00	294.48	334.60
61	142.35	174.67	205.28	234.20	261.43	310.75	353.26
62	152.05	187.13	220.34	251.70	281.21	334.66	380.69
63	165.39	203.86	240.30	274.65	306.97	365.45	415.71
64	173.75	220.08	259.55	296.78	331.78	395.04	449.34
65	182.87	240.60	283.74	324.46	362.74	431.95	491.38
66	199.90	271.06	319.51	365.84	408.93	486.93	554.07
67	211.89	286.75	337.60	397.93	444.64	531.99	605.52
68	236.66	316.85	370.94	436.06	486.87	589.07	674.30
69	260.43	346.61	404.44	474.54	529.40	651.64	747.42
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	98.42	115.29	132.40	149.80	167.43	203.48	240.61
36	99.35	116.72	134.27	151.96	169.82	206.05	242.94
37	100.34	118.18	136.13	154.11	172.21	208.58	245.27
38	101.27	119.69	138.05	156.30	174.48	210.59	246.41
39	102.18	121.12	139.89	158.43	176.76	212.84	248.13
40	103.05	122.49	141.64	160.50	179.09	215.34	250.46
41	104.04	123.92	143.48	162.68	181.54	218.17	253.43
42	104.51	124.78	144.68	164.17	183.28	220.32	255.80
43	105.59	126.15	146.32	166.07	185.41	222.88	258.73
44	106.38	127.16	147.55	167.50	187.03	224.85	260.99
45	107.38	128.45	149.06	169.24	189.01	227.25	263.80
46	109.22	130.66	151.68	172.25	192.36	231.30	268.48
47	110.85	132.67	154.01	174.90	195.32	234.79	272.45
48	112.69	135.11	156.96	178.31	199.08	239.06	276.87
49	112.74	135.39	157.40	178.79	199.58	239.25	276.48
50	114.39	137.63	160.13	181.93	203.02	243.02	280.13
51	116.11	139.98	163.01	185.21	206.58	246.77	283.58
52	116.60	140.94	164.30	186.71	208.11	248.05	284.10
53	118.69	143.71	167.63	190.49	212.27	252.61	288.64
54	121.74	147.62	172.33	195.82	218.15	259.23	295.57
55	124.52	151.19	176.59	200.70	223.52	265.31	301.92
56	128.55	156.31	182.63	207.60	231.16	274.12	311.52
57	131.76	160.36	187.48	213.14	237.32	281.24	319.26
58	136.19	165.88	194.03	220.65	245.74	291.37	330.89
59	142.41	173.79	203.54	231.67	258.17	306.30	347.93
60	149.11	182.44	214.03	243.90	272.00	322.98	366.98
61	157.23	192.93	226.75	258.70	288.76	343.25	390.20
62	166.96	205.48	241.94	276.38	308.78	367.47	418.02
63	180.90	223.85	263.86	301.58	337.07	401.28	456.46
64	188.32	241.80	285.16	326.07	364.52	434.02	493.68
65	197.10	262.77	309.88	354.34	396.15	471.74	536.64
66	215.52	292.24	344.47	402.42	449.82	535.62	609.47
67	225.52	305.19	359.31	423.53	473.24	578.40	658.35
68	250.62	335.55	392.83	461.80	515.60	637.16	729.35
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	110.14	129.02	148.16	167.63	187.36	227.71	269.26
36	111.18	130.62	150.25	170.05	190.04	230.58	271.86
37	112.29	132.25	152.34	172.46	192.71	233.41	274.47
38	113.33	133.94	154.49	174.91	195.26	235.66	275.75
39	114.34	135.54	156.54	177.29	197.80	238.18	277.67
40	115.32	137.07	158.50	179.60	200.41	240.98	280.28
41	116.43	138.67	160.56	182.05	203.15	244.14	283.61
42	116.01	138.51	160.60	182.24	203.45	244.57	283.95
43	117.27	140.09	162.50	184.43	205.91	247.52	287.34
44	117.74	140.74	163.30	185.39	207.00	248.86	288.86
45	118.96	142.30	165.13	187.50	209.39	251.76	292.25
46	119.99	143.54	166.62	189.22	211.31	254.08	294.93
47	121.88	145.87	169.33	192.30	214.75	258.15	299.56
48	123.50	148.08	172.02	195.42	218.19	262.00	303.44
49	124.48	149.49	173.79	197.42	220.37	264.17	305.28
50	125.89	151.46	176.23	200.22	223.42	267.45	308.29
51	127.97	154.28	179.66	204.13	227.68	271.98	312.55
52	128.84	155.74	181.55	206.31	229.96	274.09	313.92
53	130.63	158.16	184.49	209.64	233.62	278.02	317.66
54	132.68	160.89	187.82	213.42	237.76	282.53	322.14
55	136.55	165.80	193.65	220.09	245.11	290.93	331.08
56	141.04	171.49	200.38	227.77	253.61	300.75	341.79
57	144.79	176.21	206.01	234.20	260.77	309.04	350.82
58	149.73	182.37	213.32	242.59	270.17	320.34	363.78
59	155.74	190.05	222.59	253.34	282.33	334.96	380.48
60	162.26	198.54	232.92	265.42	296.00	351.48	399.36
61	171.19	210.06	246.88	281.66	314.39	373.71	424.83
62	182.86	225.04	264.98	302.70	338.19	402.47	457.83
63	194.40	243.83	287.42	328.51	367.16	437.10	497.22
64	201.69	263.52	310.77	355.35	397.26	473.01	538.02
65	210.35	284.93	336.01	384.22	429.56	511.52	581.89
66	229.05	310.59	366.10	431.84	482.70	577.82	657.49
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	125.13	146.59	168.34	190.46	212.88	258.71	305.92
36	126.32	148.40	170.71	193.20	215.92	261.97	308.88
37	127.58	150.26	173.08	195.94	218.95	265.20	311.85
38	128.28	151.61	174.87	197.98	221.01	266.75	312.12
39	128.94	152.84	176.53	199.92	223.05	268.58	313.12
40	129.55	153.99	178.06	201.77	225.14	270.72	314.87
41	129.31	154.01	178.32	202.19	225.62	271.16	314.98
42	128.51	153.44	177.90	201.87	225.38	270.92	314.54
43	128.95	154.04	178.68	202.79	226.41	272.17	315.95
44	129.62	154.94	179.78	204.09	227.88	273.97	318.00
45	131.07	156.78	181.94	206.58	230.70	277.38	322.00
46	131.82	157.70	183.06	207.88	232.16	279.15	324.03
47	133.47	159.73	185.42	210.58	235.16	282.68	328.02
48	136.02	163.09	189.46	215.23	240.31	288.57	334.21
49	136.81	164.30	191.01	216.97	242.19	290.34	335.52
50	137.99	166.02	193.17	219.47	244.91	293.16	337.94
51	139.83	168.58	196.31	223.05	248.79	297.19	341.52
52	141.73	171.31	199.71	226.94	252.95	301.50	345.31
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	144.99	175.82	205.24	233.22	259.82	308.75	352.03
55	147.87	179.54	209.71	238.33	265.43	315.05	358.53
56	152.79	185.78	217.07	246.75	274.75	325.81	370.27
57	157.04	191.13	223.45	254.03	282.85	335.20	380.52
58	162.48	197.89	231.47	263.24	293.16	347.60	394.74
59	169.06	206.31	241.63	275.02	306.49	363.62	413.04
60	177.17	216.78	254.32	289.81	323.20	383.78	436.06
61	187.01	229.46	269.69	307.68	343.44	408.24	464.09
62	198.76	244.61	288.02	329.02	367.60	437.46	497.64
63	211.49	263.82	310.97	355.43	397.26	472.93	537.97
64	218.36	283.79	334.68	382.69	427.82	509.39	579.41
65	225.40	303.92	358.41	409.84	458.20	545.63	620.69
66	244.03	330.90	390.04	460.07	514.26	613.53	698.12
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	713.30	816.50
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 85

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	101.02	116.01	131.25	146.70	178.29	210.82
36	85.24	102.27	117.64	133.14	148.80	180.54	212.86
37	86.20	103.55	119.28	135.03	150.89	182.76	214.91
38	87.82	104.87	120.96	136.95	152.88	184.52	215.90
39	89.40	106.13	122.57	138.81	154.87	186.49	217.41
40	90.29	107.33	124.10	140.62	156.92	188.68	219.45
41	91.16	108.58	125.71	142.54	159.06	191.16	222.06
42	92.00	109.85	127.37	144.53	161.36	193.97	225.20
43	92.90	110.98	128.74	146.11	163.12	196.09	227.63
44	93.98	112.35	130.36	147.99	165.24	198.65	230.58
45	95.28	113.97	132.25	150.16	167.70	201.63	234.06
46	96.85	115.86	134.49	152.73	170.57	205.09	238.06
47	98.72	118.15	137.15	155.76	173.94	209.09	242.63
48	99.60	119.42	138.72	157.60	175.96	211.29	244.71
49	100.99	121.28	141.00	160.17	178.79	214.33	247.68
50	101.68	122.33	142.34	161.71	180.46	216.01	249.00
51	103.62	124.93	145.48	165.29	184.37	220.24	253.09
52	104.36	126.15	147.06	167.11	186.27	222.01	254.28
53	106.76	129.26	150.77	171.33	190.93	227.21	259.61
54	108.74	131.87	153.93	174.92	194.87	231.56	264.02
55	111.79	135.73	158.53	180.18	200.66	238.17	271.04
56	114.59	139.34	162.81	185.06	206.06	244.36	277.70
57	117.21	142.65	166.77	189.59	211.10	250.17	284.00
58	121.06	147.45	172.47	196.14	218.43	259.00	294.12
59	125.76	153.46	179.74	204.57	227.98	270.48	307.23
60	132.44	162.05	190.11	216.64	241.60	286.88	325.97
61	138.63	170.10	199.92	228.08	254.59	302.63	344.02
62	148.08	182.24	214.58	245.12	273.86	325.91	370.74
63	161.06	198.53	234.02	267.47	298.95	355.89	404.84
64	168.03	212.84	251.01	287.02	320.86	382.04	434.55
65	176.85	232.69	274.41	313.78	350.81	417.74	475.21
66	194.57	263.83	310.99	356.08	398.02	473.95	539.29
67	206.20	279.05	328.54	387.25	432.70	517.71	589.27
68	230.22	308.23	360.85	424.20	473.62	573.04	655.96
69	253.29	337.11	393.36	461.54	514.89	633.79	726.94
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
3.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	97.95	114.74	131.77	149.09	166.63	202.51	239.47
36	98.88	116.17	133.63	151.23	169.01	205.07	241.79
37	99.86	117.62	135.48	153.38	171.39	207.59	244.11
38	100.79	119.12	137.40	155.55	173.65	209.59	245.24
39	101.69	120.55	139.22	157.67	175.92	211.82	246.95
40	102.56	121.91	140.96	159.73	178.24	214.32	249.27
41	103.55	123.33	142.79	161.91	180.67	217.13	252.23
42	104.01	124.18	143.98	163.38	182.41	219.27	254.57
43	105.09	125.54	145.62	165.27	184.52	221.80	257.48
44	106.38	127.16	147.55	167.50	187.03	224.85	260.99
45	107.38	128.45	149.06	169.24	189.01	227.25	263.80
46	109.22	130.66	151.68	172.25	192.36	231.30	268.48
47	110.85	132.67	154.01	174.90	195.32	234.79	272.45
48	112.12	134.43	156.16	177.41	198.08	237.86	275.47
49	112.15	134.68	156.58	177.86	198.54	238.01	275.04
50	113.78	136.90	159.28	180.96	201.94	241.73	278.65
51	115.48	139.23	162.13	184.21	205.47	245.45	282.06
52	115.31	139.39	162.49	184.65	205.81	245.31	280.96
53	117.37	142.10	165.76	188.36	209.90	249.79	285.41
54	120.37	145.97	170.39	193.62	215.70	256.32	292.25
55	123.11	149.47	174.59	198.42	220.98	262.29	298.49
56	127.08	154.52	180.55	205.23	228.52	270.99	307.96
57	130.23	158.50	185.30	210.66	234.56	277.97	315.55
58	133.81	162.97	190.62	216.78	241.43	286.26	325.08
59	139.91	170.74	199.97	227.60	253.64	300.93	341.82
60	146.47	179.22	210.26	239.60	267.20	317.28	360.51
61	153.51	188.36	221.38	252.57	281.93	335.12	380.97
62	163.98	201.81	237.62	271.44	303.27	360.91	410.55
63	177.67	219.85	259.14	296.20	331.05	394.11	448.31
64	183.81	236.01	278.33	318.26	355.79	423.63	481.85
65	192.36	256.43	302.41	345.80	386.61	460.37	523.70
66	210.29	285.15	336.12	392.67	438.92	522.64	594.70
67	221.35	299.54	352.66	415.68	464.48	567.69	646.16
68	245.89	329.22	385.42	453.08	505.87	625.14	715.59
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	109.67	128.47	147.53	166.92	186.57	226.74	268.11
36	110.71	130.06	149.61	169.32	189.23	229.60	270.71
37	111.81	131.68	151.69	171.73	191.89	232.42	273.31
38	112.85	133.37	153.83	174.16	194.43	234.66	274.57
39	113.86	134.96	155.88	176.53	196.96	237.16	276.49
40	114.83	136.49	157.83	178.84	199.56	239.95	279.09
41	115.93	138.08	159.87	181.27	202.28	243.10	282.40
42	115.51	137.91	159.91	181.45	202.58	243.51	282.72
43	116.76	139.49	161.80	183.63	205.02	246.45	286.09
44	117.22	140.13	162.59	184.58	206.09	247.77	287.59
45	118.44	141.67	164.40	186.67	208.46	250.65	290.96
46	119.99	143.54	166.62	189.22	211.31	254.08	294.93
47	121.88	145.87	169.33	192.30	214.75	258.15	299.56
48	123.50	148.08	172.02	195.42	218.19	262.00	303.44
49	123.89	148.78	172.97	196.49	219.33	262.93	303.84
50	125.28	150.73	175.38	199.25	222.35	266.16	306.81
51	127.34	153.53	178.78	203.13	226.57	270.65	311.03
52	128.20	154.96	180.64	205.28	228.81	272.72	312.35
53	129.97	157.36	183.55	208.58	232.43	276.61	316.05
54	131.99	160.06	186.85	212.32	236.53	281.08	320.48
55	135.13	164.08	191.65	217.81	242.57	287.92	327.65
56	139.57	169.71	198.29	225.40	250.97	297.62	338.23
57	143.25	174.34	203.83	231.72	258.01	305.77	347.11
58	148.14	180.43	211.05	240.01	267.29	316.93	359.91
59	153.24	187.00	219.02	249.28	277.80	329.59	374.38
60	160.51	196.39	230.40	262.55	292.80	347.68	395.05
61	169.33	207.77	244.19	278.60	310.98	369.65	420.22
62	180.87	222.60	262.10	299.41	334.52	398.09	452.85
63	191.21	239.84	282.70	323.12	361.14	429.94	489.07
64	198.36	259.17	305.65	349.50	390.71	465.21	529.15
65	206.84	280.18	330.41	377.82	422.40	503.00	572.20
66	225.19	305.36	359.93	424.56	474.57	568.09	646.41
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
4.5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	125.13	146.59	168.34	190.46	212.88	258.71	305.92
36	126.32	148.40	170.71	193.20	215.92	261.97	308.88
37	127.58	150.26	173.08	195.94	218.95	265.20	311.85
38	128.28	151.61	174.87	197.98	221.01	266.75	312.12
39	128.94	152.84	176.53	199.92	223.05	268.58	313.12
40	129.55	153.99	178.06	201.77	225.14	270.72	314.87
41	129.31	154.01	178.32	202.19	225.62	271.16	314.98
42	128.51	153.44	177.90	201.87	225.38	270.92	314.54
43	128.95	154.04	178.68	202.79	226.41	272.17	315.95
44	129.62	154.94	179.78	204.09	227.88	273.97	318.00
45	131.07	156.78	181.94	206.58	230.70	277.38	322.00
46	131.82	157.70	183.06	207.88	232.16	279.15	324.03
47	133.47	159.73	185.42	210.58	235.16	282.68	328.02
48	136.02	163.09	189.46	215.23	240.31	288.57	334.21
49	136.23	163.59	190.19	216.04	241.16	289.10	334.08
50	137.39	165.30	192.33	218.51	243.83	291.88	336.45
51	139.20	167.83	195.44	222.05	247.68	295.86	339.99
52	141.73	171.31	199.71	226.94	252.95	301.50	345.31
53	143.23	173.41	202.28	229.86	256.15	304.83	348.30
54	144.30	174.99	204.28	232.12	258.59	307.29	350.37
55	147.16	178.68	208.70	237.19	264.16	313.55	356.82
56	152.05	184.89	216.03	245.56	273.43	324.25	368.49
57	156.28	190.19	222.36	252.79	281.47	333.56	378.66
58	161.68	196.92	230.34	261.95	291.72	345.90	392.81
59	168.23	205.29	240.44	273.66	304.98	361.83	411.00
60	176.30	215.71	253.06	288.38	321.60	381.88	433.90
61	185.15	227.18	267.00	304.62	340.02	404.18	459.47
62	196.77	242.17	285.14	325.73	363.92	433.09	492.66
63	209.36	261.16	307.83	351.84	393.24	468.15	532.54
64	216.13	280.89	331.26	378.78	423.45	504.19	573.49
65	224.22	302.34	356.55	407.70	455.81	542.78	617.45
66	242.74	329.14	387.97	457.63	511.53	610.29	694.43
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	709.29	811.92
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit
5% Compound with Buy-Up Option to Age 65

Form:	LTC09U						
	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	140.13	164.16	188.51	213.29	238.39	289.72	342.58
36	141.46	166.19	191.17	216.36	241.79	293.37	345.90
37	142.87	168.26	193.82	219.43	245.20	296.98	349.22
38	142.75	168.71	194.59	220.31	245.94	296.84	347.32
39	142.56	168.99	195.18	221.04	246.62	296.96	346.20
40	142.31	169.15	195.60	221.64	247.31	297.38	345.88
41	142.19	169.36	196.08	222.33	248.10	298.17	346.36
42	142.51	170.15	197.29	223.87	249.93	300.44	348.81
43	142.14	169.81	196.97	223.55	249.59	300.03	348.29
44	142.01	169.76	196.97	223.61	249.67	300.16	348.40
45	143.71	171.89	199.47	226.49	252.93	304.12	353.03
46	144.20	172.50	200.25	227.40	253.95	305.36	354.45
47	145.60	174.25	202.28	229.72	256.54	308.38	357.84
48	147.98	177.42	206.11	234.14	261.42	313.92	363.57
49	150.32	180.52	209.86	238.39	266.10	319.00	368.64
50	150.70	181.32	210.97	239.68	267.47	320.16	369.06
51	152.31	183.64	213.84	242.96	271.00	323.72	372.01
52	154.61	186.89	217.86	247.57	275.95	328.91	376.70
53	156.49	189.47	221.01	251.14	279.87	333.06	380.55
54	157.98	191.58	223.64	254.13	283.11	336.42	383.58
55	159.90	194.15	226.76	257.72	287.01	340.68	387.69
56	163.81	199.18	232.73	264.54	294.56	349.31	396.97
57	168.53	205.11	239.80	272.62	303.55	359.72	408.36
58	174.42	212.45	248.49	282.59	314.72	373.16	423.77
59	182.39	222.57	260.68	296.70	330.64	392.28	445.59
60	191.21	233.95	274.46	312.77	348.80	414.18	470.60
61	200.96	246.59	289.81	330.64	369.07	438.71	498.72
62	213.67	262.96	309.63	353.70	395.17	470.27	534.96
63	227.74	282.47	332.96	380.57	425.35	506.37	576.01
64	234.18	301.16	355.17	406.12	454.01	540.58	614.88
65	241.93	321.33	378.95	433.32	484.45	576.89	656.25
66	260.66	353.45	416.62	485.35	542.51	646.00	735.06
67	269.97	365.34	430.13	507.00	566.51	689.09	784.33
68	296.18	396.55	464.25	545.75	609.34	745.35	853.20
69	320.09	426.02	497.10	583.26	650.69	803.40	921.48
70	343.58	455.98	531.03	622.32	693.66	851.35	976.15
71	365.28	484.34	563.62	643.90	733.32	900.39	1,040.93
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 LTC09U [-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 - LTC09U-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

United of Omaha Insurance Company

Policy Forms: LTC09U [-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.

United of Omaha Insurance Company

Policy Forms: LTC09U [-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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United of Omaha Insurance Company

Policy Forms: LTC09U [-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%	1.101
75%	1.104
100%	1.106

Cash Benefit 40%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.106
75%	1.110
100%	1.112

Cash Benefit 50%

Rider: 0ME9M

% Basic HHC	Factor
50%	1.228
75%	1.232
100%	1.234

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:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

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 - United (modern).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (LTC09U).pdf Exhibit 1 - Benefit Summary (LTC09U).pdf Exhibit 3 - Morbidity Adverse Trigger Justification (LTC09U).pdf LTC Rate Increase Template (LTC09U).pdf Supplementary Info (LTC09U).pdf Attachment 1 - Covered Lives and Claim Counts.pdf Attachment 5 - Sample Notification Letter (United).pdf Attachment 6 - Distribution.pdf Exhibit 6B - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Rate Increase History (LTC09U - VA_.pdf Exhibit 5 - Rate Increase Splits (National) - LTC09U.pdf Exhibit 6A - Actual to Revised (Lapse Rates).pdf Exhibit 7A - Nationwide Historical Experience (LTC09U).pdf Attachment 3 - Nationwide Lifetime Experience Projection with Actual to Expected (LTC09U).pdf Attachment 2A - Nationwide Projection (Marital Status) - LTC09U.pdf Attachment 2B - Nationwide Projection (Inflation Option) - LTC09U.pdf Attachment 2C - Nationwide Projection (Benefit Period) - LTC09U.pdf Attachment 4 - Original Pricing Assumptions (LTC09U).pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium (LTC09U) - revised.pdf Actuarial Memorandum - LTC09U (VA) - revised.pdf Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U).pdf Exhibit 8B - Virginia Lifetime Experience Projection (LTC09U).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

Comments:	
Attachment(s):	VA LTC Rate Increase Summary.pdf LTCi Rate Request Summary - United (LTC09U) - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibit for 02/01/2022 Response (Objection 1)
Comments:	
Attachment(s):	LTC09U Pre Current Rates.pdf LTC09U Post Current Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 02/01/2022 Response (Objection 5)
Comments:	
Attachment(s):	Exhibit 7A - Nationwide Historical Experience (LTC09U) - EXCEL.xlsx Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U) - EXCEL.xlsx Exhibit 8B - Virginia Lifetime Experience Projection - EXCEL.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 02/01/2022 Response (Objections 6, 7, 9 and 10)
Comments:	
Attachment(s):	VA LTC09U Projections Sent.pdf VA LTC09U Projections Sent.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
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibits for 02/01/2022 Response (Objection 11)
Comments:	
Attachment(s):	Attachment 1 - Rate Increase History.pdf Attachment 1 - Rate Increase History.xlsx
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Satisfied - Item:	Exhibit for 05/13/2022 Response
Comments:	

State: *Virginia* **Filing Company:** *United of Omaha Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *United of Omaha LTC Rate Increase - LTC09U*
Project Name/Number: *LTC09U/*

Attachment(s):	LTC09U 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 - LTC09U).pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2022

Attachment Exhibit 7A - Nationwide Historical Experience (LTC09U) - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 8A - Nationwide Lifetime Experience Projection (LTC09U) - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 8B - Virginia Lifetime Experience Projection - EXCEL.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA LTC09U Projections Sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment Attachment 1 - Rate Increase History.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) LTC06UI; Attachment 6 (Form LTC09U)
	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

Attachment A

Actuarial Certification
for
Long-Term Care Policy Series LTC09U

I, Joshua Weber, a Product Performance Director of United of Omaha Life 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
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

(402) 351-3038
Joshua.Weber@mutualofomaha.com

July 16, 2021

Policy Forms	LTC09U[-AG, -5ML, -10ML]
Years of Issue	2009 - 2015
Benefits	One Maximum Lifetime Benefit - Comprehensive
TQ/NTQ	TQ Only - MONTHLY Benefits
Basic Policy Benefits	
Benefit Triggers	2 of 6 ADLs or Severe Cognitive Impairment
Confined Care & Other Features	Nursing Home Confinement
	Nursing Home Bed Reservation - 1 month / year
	Assisted Living Facility (ALF)
	ALF Bed Reservation - 1 month / year
	Care Coordination
	Hospice Care (while confined in a NH, ALF or while at home or at adult day care)
	Respite Care - up to 1 mo / yr
	International Benefit (up to a max lifetime ben of 12 mos)
Restoration of Benefits	Optional - Restoration of Benefits (180 days & able to perform all ADLs - restored only ONE time
Waiver of Premium	Waiver of Premium - After EP is met
Home Health Care & related benefits	Home Health Care
	Adult Day Care (included in HHC)
	Homemaker Services (included in HHC)
	Personal Care (included in HHC)
	Caregiver Training - up to a lifetime max of 2 X HHC/BHHC monthly benefit
	Durable Medical Equipment (see Caregiver Training above)
	Home Modification (see Caregiver Training above)
Alternate Care	If conditions are met, may provide benefits for services/supplies not otherwise covered.
Available Options	
Monthly HHC	*N/A - this policy pays monthly*
Basic & Professional Home Health Care	Optional benefit - may pay an additional benefit for HHC provided by specified providers such as RNs.
Add'l Benefit for Injury	Additional Benefit for Injury
Cash Benefit	Cash Benefit (35%, 40% or 50% of HC/BHC MMB)
Inflation Benefits	Compound Inflation Protection - Lifetime (3%, 3.5%, 4%. 4.5% or 5%)
	20-Year Comp Inflation - 5%
	Simple Inflation Protection - 5%
	Compound Inflation Protection - Lifetime with Buy-up Option (3%, 3.5%, 4% or 4.5%)
	Compound Inflation Protection - 5% with 2x, 3x or 4x Cap
	Graded Compound Inflation - 3/3/0 or 5/3/0
	Future Purchase Option Rider
Spousal Benefits	Spouse Shared Benefit
	Spouse Waiver of Premium
	Spouse Survivorship
Return of Premium	Full Refund of Premium at Death
	Refund of Premium at Death Less Claims
	Refund of Premium at Death Before Age 65 Less Claims
Nonforfeiture Options	Nonforfeiture - Shortened Benefit Period
	Contingent Nonforfeiture
	Limited Premium Payment Contingent Nonforfeiture
Rate Guarantees	5-year
	Additional years
Benefit Multipliers	2, 3, 4, 5, 6, 8 or Unlimited
Cash First (Pool of Dollars)	Pool amounts from $50,000 to $500,000 in $25,000 increments
Elimination Periods	0, 30, 60, 90, 180 or 365 **CALENDAR** DAYS
	Waiver of HHC Elimination Pd.
Payment Options	10 Year
	20 Year
	To Age 65
	Lifetime
	Single Premium
	PRD
	List Bill
Monthly Benefit Options	
Nursing Home	$1,500 - $15,000 per MONTH
Assisted Living Facility	50%, 75% or 100% of NH MMB
Home Health Care	50%, 75% or 100% of NH MMB
Issue Ages	18 - 79
Discounts	Preferred: 15%
	Spouse: 35%
	Married: 15%
	Two Person Households: 10%
	Multiple Policy: 5%
	Producer: 5%
	Employer Paid: 5%, 10%
	Employee Paid: 5%, 10%
	Associations: 5%
Impaired Rate Classes	Class I = 1.25; Class II = 1.50

Moderately Adverse Trigger - Morbidity

Prior Assumptions (Original Pricing)

Incurred Year	Earned Premium	Incurred Claims	Loss Ratios
2009	431,191	1,169	0.3%
2010	6,284,737	45,740	0.7%
2011	16,921,394	188,350	1.1%
2012	35,005,816	521,561	1.5%
2013	48,379,845	963,896	2.0%
2014	54,505,658	1,538,794	2.8%
2015	53,556,344	2,213,309	4.1%
2016	52,255,021	3,023,679	5.8%
2017	51,088,638	3,973,424	7.8%
2018	49,979,259	5,003,100	10.0%
2019	48,846,380	6,069,024	12.4%
2020	47,657,388	7,198,570	15.1%
2021	46,404,180	8,442,635	18.2%
2022	45,091,985	9,832,020	21.8%
2023	43,728,586	11,362,029	26.0%
2024	42,321,121	13,067,975	30.9%
2025	40,872,362	14,997,103	36.7%
2026	39,382,438	17,165,660	43.6%
2027	37,853,184	19,557,959	51.7%
2028	36,287,554	22,137,567	61.0%
2029	34,688,991	24,911,269	71.8%
2030	33,061,293	28,059,621	84.9%
2031	31,405,538	31,685,824	100.9%
2032	29,724,523	35,533,573	119.5%
2033	28,025,298	39,221,995	140.0%
2034	26,317,116	42,757,704	162.5%
2035	24,609,702	46,359,256	188.4%
2036	22,909,496	49,988,664	218.2%
2037	21,225,645	53,389,777	251.5%
2038	19,568,585	56,394,836	288.2%
2039	17,948,645	58,978,599	328.6%
2040	16,375,755	61,249,881	374.0%
2041	14,857,882	63,199,970	425.4%
2042	13,403,334	64,542,241	481.5%
2043	12,020,686	65,012,028	540.8%
2044	10,717,896	64,635,115	603.1%
2045	9,502,201	63,786,321	671.3%
2046	8,374,977	62,625,217	747.8%
2047	7,337,086	60,929,694	830.4%
2048	6,389,799	58,538,682	916.1%
2049	5,533,211	55,574,380	1004.4%
2050	4,765,849	52,467,019	1100.9%
2051	4,082,593	49,381,071	1209.6%
2052	3,477,801	46,119,285	1326.1%
2053	2,946,606	42,612,570	1446.2%
2054	2,483,859	39,055,371	1572.4%
2055	2,083,800	35,682,416	1712.4%
2056	1,739,918	32,543,813	1870.4%
2057	1,445,343	29,498,282	2040.9%
2058	1,194,378	26,421,983	2212.2%
2059	976,478	23,276,740	2383.7%
2060	733,105	18,612,569	2538.9%
2061	439,558	11,757,841	2674.9%
2062	184,716	5,280,859	2858.9%
2063	43,086	1,326,511	3078.8%
2064	4,167	136,885	3285.0%
2065	287	9,694	3374.0%
2066	0	0	0.0%
2067	0	0	0.0%
2068	0	0	0.0%
2069	0	0	0.0%
2070	0	0	0.0%
2071	0	0	0.0%
2072	0	0	0.0%
2073	0	0	0.0%
Past Experience @ 4.0%	493,434,765	26,171,376	5.3%
Anticipated Experience @ 4.0%	539,930,312	699,742,680	129.6%
Lifetime Experience @ 4.0%	1,033,365,077	725,914,056	70.2%

Updated Assumptions

Incurred Year	Earned Premium	Incurred Claims	Loss Ratios
2009	431,191	0	0.0%
2010	6,284,737	18,063	0.3%
2011	16,955,562	18,133	0.1%
2012	35,080,014	519,498	1.5%
2013	48,497,128	986,337	2.0%
2014	55,078,412	1,118,503	2.0%
2015	54,799,396	2,252,299	4.1%
2016	54,096,070	3,892,423	7.2%
2017	53,138,577	4,470,597	8.4%
2018	52,355,892	4,705,911	9.0%
2019	51,618,663	6,547,052	12.7%
2020	50,559,918	8,019,584	15.9%
2021	49,198,524	10,275,731	20.9%
2022	47,278,780	12,403,647	26.2%
2023	45,989,994	14,754,680	32.1%
2024	44,922,092	17,394,854	38.7%
2025	43,812,985	20,423,252	46.6%
2026	42,669,334	23,868,929	55.9%
2027	41,472,309	27,742,318	66.9%
2028	40,216,049	32,043,305	79.7%
2029	38,899,805	36,859,270	94.8%
2030	37,503,855	42,186,808	112.5%
2031	36,046,298	47,889,299	132.9%
2032	34,506,985	53,776,350	155.8%
2033	32,913,707	59,775,982	181.6%
2034	31,271,573	65,971,435	211.0%
2035	29,574,977	72,483,415	245.1%
2036	27,839,513	79,105,709	284.1%
2037	26,066,077	85,236,352	327.0%
2038	24,271,268	90,262,933	371.9%
2039	22,472,428	94,395,110	420.0%
2040	20,681,488	98,437,597	476.0%
2041	18,900,734	102,389,583	541.7%
2042	17,144,711	105,060,429	612.8%
2043	15,433,433	105,685,475	684.8%
2044	13,785,083	104,792,755	760.2%
2045	12,215,236	102,905,853	842.4%
2046	10,736,554	100,344,168	934.6%
2047	9,357,363	96,654,091	1032.9%
2048	8,086,720	91,393,144	1130.2%
2049	6,929,792	85,233,761	1230.0%
2050	5,888,516	78,768,022	1337.7%
2051	4,963,541	72,348,011	1457.6%
2052	4,149,909	65,835,767	1586.4%
2053	3,442,955	59,069,830	1715.7%
2054	2,835,550	52,443,279	1849.5%
2055	2,319,026	46,261,943	1994.9%
2056	1,884,959	40,668,389	2157.5%
2057	1,522,850	35,582,103	2336.5%
2058	1,223,680	30,882,263	2523.7%
2059	978,243	26,660,319	2725.3%
2060	778,257	22,947,696	2948.6%
2061	616,737	19,710,646	3196.0%
2062	486,765	16,862,374	3464.2%
2063	382,744	14,301,719	3736.6%
2064	299,607	12,047,124	4021.0%
2065	233,347	10,101,718	4329.1%
2066	180,773	8,440,070	4668.9%
2067	139,177	7,014,004	5039.6%
2068	106,420	5,747,812	5401.1%
2069	80,673	4,649,686	5763.6%
2070	60,473	3,709,677	6134.5%
2071	44,730	2,924,153	6537.3%
2072	32,579	2,270,768	6970.0%
2073	23,332	1,730,578	7417.2%
2074	16,367	1,291,892	7893.3%
2075	11,182	941,504	8419.5%
2076	7,379	667,653	9048.1%
Past Experience @ 4.0%	505,647,898	27,160,361	5.4%
Anticipated Experience @ 4.0%	604,232,968	1,070,598,213	177.2%
Lifetime Experience @ 4.0%	1,109,880,867	1,097,758,573	98.9%

Consolidated, Most Commonly Asked Questions – States' LTC Rate Increase Reviews

Policy Series LTC09U

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 LTC09U consists of policy forms LTC09U[-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 91.7%, 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.

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 3 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 3 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 4 – 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 5 – 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	884	0
2010	5,013	144
2011	12,659	432
2012	20,816	730
2013	26,748	897
2014	26,808	875
2015	26,437	865
2016	25,971	850
2017	25,593	837
2018	25,201	831
2019	24,834	827

Claim Counts

Incurred Year	Nationwide	Virginia
2009	0	0
2010	4	0
2011	3	0
2012	11	0
2013	19	0
2014	31	0
2015	37	1
2016	48	0
2017	62	3
2018	75	4
2019	44	1

Mutual of Omaha
United of Omaha Life Insurance Company
A Mutual of Omaha 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	Nationwide
20-24	19	0.1%
25-29	49	0.2%
30-34	91	0.4%
35-39	183	0.7%
40-44	449	1.8%
45-49	1,228	4.9%
50-54	3,225	13.0%
55-59	6,849	27.6%
60-64	8,143	32.8%
65-69	3,727	15.0%
70-74	732	2.9%
75-80	139	0.6%

In-force by Inflation Option

Issue Age Band	Nationwide	Nationwide
3% Compound	10,840	43.6%
3.5% Compound	857	3.5%
4% Compound	1,454	5.9%
4.5% Compound	162	0.7%
5% 2 Years	683	2.8%
5% 20 Years	1,327	5.3%
5% 3 Years	618	2.5%
5% 4 Years	96	0.4%
5% Compound	5,302	21.3%
No Inflation	3,495	14.1%

In-force by Benefit Period

Issue Age Band	Nationwide	Nationwide
1 Years	1	0.0%
2 Years	3,067	12.4%
3 Years	12,643	50.9%
4 Years	4,434	17.9%
5 Years	3,275	13.2%
6 Years	506	2.0%
8 Years	220	0.9%
Lifetime	688	2.8%

In-force by Marital Status

Issue Age Band	Nationwide	Nationwide
Married	3,818	15.5%
Shared Care	8,596	34.8%
Single	3,194	12.9%
Spouse	9,088	36.8%

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 LTC09U

	Implementation Date	Overall Increase
Nationwide	No previous rate increases.	

	Implementation Date	Overall Increase
Virginia	No previous rate increases.	

Policy Series LTC09U

Minimum Increase = 9.0%
Maximum Increase = 152.3%

Issue Age Band	% of PH	Avg Increase
<40	1.2%	106.6 %
40-44	1.6%	113.2 %
45-49	4.3%	113.5 %
50-54	11.8%	108.2 %
55-59	27.4%	104.0 %
60-64	34.5%	92.0 %
65-69	15.8%	71.1 %
70-74	2.9%	53.0 %
75 +	0.5%	37.1 %
Grand Total	100.0%	91.7 %

Rate Increase	% of PH	Avg Increase
0%-24.99%	2.6%	19.2 %
25%-49.99%	5.7%	39.7 %
50%-74.99%	20.6%	62.9 %
75%-99.99%	22.2%	88.1 %
100%-124.99%	38.7%	113.4 %
125%-149.99%	9.8%	133.5 %
150%-174.99%	0.4%	152.2 %
Grand Total	100.0%	91.7 %

Inflation Type	% of PH	Avg Increase
None/GPO	13.8%	44.3%
3.0% Compound	51.5%	91.4%
5.0% Compound	29.8%	105.3%
Limited Inflation	4.9%	101.5%
Grand Total	100.0%	91.7 %

Benefit Period	% of PH	Avg Increase
2 Year	11.5%	69.4%
3 Year	53.8%	89.3%
5 Year	32.4%	97.3%
Lifetime	2.3%	117.3%
Grand Total	100.0%	91.7 %

Marital Status	% of PH	Avg Increase
Single	12.4%	56.1%
Married	14.6%	71.6%
Spouse	39.6%	104.4%
Shared Care	33.4%	107.2%
Grand Total	100.0%	91.7 %

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%

Historical Experience (Nationwide) as of 12/31/2019

Policy Series LTC09U

Incurred Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Loss Ratios
2009	431,191	0	0	0	0.0%
2010	6,284,737	18,063	0	18,063	0.3%
2011	16,955,562	18,133	0	18,133	0.1%
2012	35,080,014	448,076	71,422	519,498	1.5%
2013	48,497,128	986,337	0	986,337	2.0%
2014	55,078,412	1,025,462	93,041	1,118,503	2.0%
2015	54,799,396	1,884,419	367,881	2,252,299	4.1%
2016	54,096,070	3,084,876	807,548	3,892,423	7.2%
2017	53,138,577	2,344,075	2,126,522	4,470,597	8.4%
2018	52,355,892	2,051,034	2,654,876	4,705,911	9.0%
2019	51,618,663	691,635	5,855,416	6,547,052	12.7%
Total	428,335,641	12,552,110	11,976,706	24,528,816	5.7%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U

	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	431,191	0	0.0%	431,191	4,677	1.1%	0.000
2010	6,284,737	18,063	0.3%	6,284,737	71,320	1.1%	0.253
2011	16,955,562	18,133	0.1%	16,921,394	229,785	1.4%	0.079
2012	35,080,014	519,498	1.5%	35,005,816	562,279	1.6%	0.922
2013	48,497,128	986,337	2.0%	48,379,845	970,827	2.0%	1.014
2014	55,078,412	1,118,503	2.0%	54,505,658	1,500,147	2.8%	0.738
2015	54,799,396	2,252,299	4.1%	53,556,344	2,141,069	4.0%	1.028
2016	54,096,070	3,892,423	7.2%	52,255,021	2,914,441	5.6%	1.290
2017	53,138,577	4,470,597	8.4%	51,088,638	3,819,175	7.5%	1.125
2018	52,355,892	4,705,911	9.0%	49,979,259	4,794,977	9.6%	0.937
2019	51,618,663	6,547,052	12.7%	48,846,380	5,799,826	11.9%	1.068
Total	428,335,641	24,528,816	5.7%	417,254,284	22,808,524	5.5%	1.048
	Revised Assumptions			Original Pricing Assumptions			Actual to Expected
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
2020	50,559,918	8,821,543	17.4%	47,657,388	6,863,284	14.4%	1.212
2021	49,198,524	11,303,304	23.0%	46,404,180	8,036,467	17.3%	1.327
2022	47,278,780	13,644,011	28.9%	45,091,985	9,348,634	20.7%	1.392
2023	45,989,994	16,230,148	35.3%	43,728,586	10,793,287	24.7%	1.430
2024	44,922,092	19,134,340	42.6%	42,321,121	12,404,886	29.3%	1.453
2025	43,812,985	22,465,577	51.3%	40,872,362	14,229,056	34.8%	1.473
2026	42,669,334	26,255,822	61.5%	39,382,438	16,279,650	41.3%	1.489
2027	41,472,309	30,516,549	73.6%	37,853,184	18,539,201	49.0%	1.502
2028	40,216,049	35,247,635	87.6%	36,287,554	20,970,967	57.8%	1.517
2029	38,899,805	40,545,197	104.2%	34,688,991	23,582,834	68.0%	1.533
2030	37,503,855	46,405,489	123.7%	33,061,293	26,555,608	80.3%	1.540
2031	36,046,298	52,678,229	146.1%	31,405,538	29,986,541	95.5%	1.531
2032	34,506,985	59,153,984	171.4%	29,724,523	33,612,407	113.1%	1.516
2033	32,913,707	65,753,580	199.8%	28,025,298	37,056,923	132.2%	1.511
2034	31,271,573	72,568,579	232.1%	26,317,116	40,342,161	153.3%	1.514
2035	29,574,977	79,731,757	269.6%	24,609,702	43,695,121	177.6%	1.518
2036	27,839,513	87,016,280	312.6%	22,909,496	47,075,127	205.5%	1.521
2037	26,066,077	93,759,987	359.7%	21,225,645	50,225,185	236.6%	1.520
2038	24,271,268	99,289,227	409.1%	19,568,585	52,985,376	270.8%	1.511
2039	22,472,428	103,834,621	462.1%	17,948,645	55,340,339	308.3%	1.499
2040	20,681,488	108,281,357	523.6%	16,375,755	57,404,679	350.5%	1.494
2041	18,900,734	112,628,542	595.9%	14,857,882	59,168,826	398.2%	1.496
2042	17,144,711	115,566,472	674.1%	13,403,334	60,345,735	450.2%	1.497
2043	15,433,433	116,254,022	753.3%	12,020,686	60,680,262	504.8%	1.492
2044	13,785,083	115,272,031	836.2%	10,717,896	60,212,713	561.8%	1.488
2045	12,215,236	113,196,438	926.7%	9,502,201	59,324,100	624.3%	1.484
2046	10,736,554	110,378,585	1028.1%	8,374,977	58,165,154	694.5%	1.480
2047	9,357,363	106,319,500	1136.2%	7,337,086	56,503,298	770.1%	1.475
2048	8,086,720	100,532,459	1243.2%	6,389,799	54,179,605	847.9%	1.466
2049	6,929,792	93,757,137	1353.0%	5,533,211	51,323,796	927.6%	1.459
2050	5,888,516	86,644,824	1471.4%	4,765,849	48,365,764	1014.8%	1.450
2051	4,963,541	79,582,812	1603.3%	4,082,593	45,455,971	1113.4%	1.440
2052	4,149,909	72,419,343	1745.1%	3,477,801	42,384,010	1218.7%	1.432
2053	3,442,955	64,976,813	1887.2%	2,946,606	39,080,327	1326.3%	1.423
2054	2,835,550	57,687,607	2034.4%	2,483,859	35,741,998	1439.0%	1.414
2055	2,319,026	50,888,138	2194.4%	2,083,800	32,598,932	1564.4%	1.403
2056	1,884,959	44,735,228	2373.3%	1,739,918	29,690,744	1706.4%	1.391
2057	1,522,850	39,140,314	2570.2%	1,445,343	26,869,225	1859.0%	1.383
2058	1,223,680	33,970,490	2776.1%	1,194,378	24,011,324	2010.4%	1.381
2059	978,243	29,326,350	2997.9%	982,071	21,238,136	2162.6%	1.386
2060	778,257	25,242,465	3243.5%	803,634	18,592,525	2313.6%	1.402
2061	616,737	21,681,710	3515.6%	654,658	15,986,297	2441.9%	1.440
2062	486,765	18,548,612	3810.6%	530,608	13,463,235	2537.3%	1.502
2063	382,744	15,731,891	4110.3%	427,864	11,099,093	2594.1%	1.584
2064	299,607	13,251,837	4423.1%	343,919	9,011,127	2620.1%	1.688
2065	233,347	11,111,890	4762.0%	277,092	7,318,924	2641.3%	1.803
2066	180,773	9,284,076	5135.8%	224,619	5,978,362	2661.6%	1.930
2067	139,177	7,715,404	5543.6%	182,740	4,902,583	2682.8%	2.066
2068	106,420	6,322,593	5941.2%	148,201	4,009,068	2705.2%	2.196
2069	80,673	5,114,655	6340.0%	119,513	3,260,478	2728.1%	2.324
2070	60,473	4,080,645	6747.9%	96,178	2,646,406	2751.6%	2.452
2071	44,730	3,216,569	7191.1%	77,402	2,147,822	2774.9%	2.591
2072	32,579	2,497,845	7667.1%	61,954	1,734,091	2799.0%	2.739
2073	23,332	1,903,636	8158.9%	48,901	1,380,990	2824.0%	2.889
2074	16,367	1,421,082	8682.6%	37,915	1,080,434	2849.6%	3.047
2075	11,182	1,035,655	9261.4%	28,930	831,916	2875.6%	3.221
2076	7,379	734,418	9952.9%	21,745	630,958	2901.6%	3.430
Total	913,467,357	2,784,809,304	304.9%	802,884,550	1,584,741,966	197.4%	1.545
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Actual to Expected
Past Experience	428,335,641	24,528,816	5.7%	417,254,284	22,808,524	5.5%	1.048
Anticipated Experience	913,467,357	2,784,809,304	304.9%	802,884,550	1,584,741,966	197.4%	1.545
Lifetime Experience	1,341,802,998	2,809,338,120	209.4%	1,220,138,833	1,607,550,490	131.8%	1.589
Past Experience @ 4.0%	505,647,898	27,160,361	5.4%	493,434,765	25,410,368	5.1%	1.043
Anticipated Experience @ 4.0%	604,232,968	1,177,658,034	194.9%	540,380,568	666,618,768	123.4%	1.580
Lifetime Experience @ 4.0%	1,109,880,867	1,204,818,395	108.6%	1,033,815,333	692,029,136	66.9%	1.622

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Marital Status (Shared Care)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	79,532	0	0.0%
2010	1,478,606	8,870	0.6%
2011	4,544,605	8,634	0.2%
2012	10,151,172	287,598	2.8%
2013	14,734,970	27,024	0.2%
2014	17,106,144	329,036	1.9%
2015	17,168,082	895,727	5.2%
2016	17,056,430	750,281	4.4%
2017	16,877,869	660,277	3.9%
2018	16,705,239	1,536,064	9.2%
2019	16,539,812	1,621,797	9.8%
Total	132,442,460	6,125,307	4.6%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	16,216,127	2,020,585	12.5%
2021	15,742,746	2,641,980	16.8%
2022	15,039,969	3,244,907	21.6%
2023	14,671,790	3,923,346	26.7%
2024	14,374,298	4,697,812	32.7%
2025	14,070,988	5,603,587	39.8%
2026	13,757,596	6,658,832	48.4%
2027	13,428,357	7,880,220	58.7%
2028	13,079,070	9,283,598	71.0%
2029	12,712,308	10,906,548	85.8%
2030	12,316,931	12,763,281	103.6%
2031	11,899,884	14,824,488	124.6%
2032	11,453,390	17,048,386	148.9%
2033	10,991,951	19,419,005	176.7%
2034	10,508,635	21,960,948	209.0%
2035	9,998,552	24,712,665	247.2%
2036	9,473,741	27,619,684	291.5%
2037	8,929,231	30,467,848	341.2%
2038	8,369,956	33,002,363	394.3%
2039	7,801,449	35,245,199	451.8%
2040	7,227,898	37,481,857	518.6%
2041	6,649,881	39,743,932	597.7%
2042	6,071,750	41,557,414	684.4%
2043	5,500,658	42,579,876	774.1%
2044	4,943,986	42,930,426	868.3%
2045	4,408,040	42,816,340	971.3%
2046	3,897,681	42,385,800	1087.5%
2047	3,416,405	41,412,919	1212.2%
2048	2,968,392	39,695,531	1337.3%
2049	2,556,556	37,464,274	1465.4%
2050	2,182,433	35,013,899	1604.4%
2051	1,847,135	32,518,628	1760.5%
2052	1,549,501	29,903,638	1929.9%
2053	1,288,879	27,090,488	2101.9%
2054	1,063,373	24,251,767	2280.6%
2055	870,450	21,550,868	2475.8%
2056	707,437	19,077,631	2696.7%
2057	570,728	16,791,021	2942.0%
2058	457,387	14,645,552	3202.0%
2059	364,196	12,697,102	3486.3%
2060	288,222	10,956,689	3801.5%
2061	226,908	9,418,501	4150.8%
2062	177,626	8,038,956	4525.8%
2063	138,316	6,786,123	4906.2%
2064	107,052	5,684,759	5310.3%
2065	82,324	4,733,778	5750.2%
2066	62,904	3,926,136	6241.4%
2067	47,691	3,232,051	6777.1%
2068	35,862	2,617,904	7300.0%
2069	26,696	2,094,444	7845.5%
2070	19,640	1,650,881	8405.7%
2071	14,275	1,285,537	9005.7%
2072	10,214	985,883	9652.0%
2073	7,185	741,021	10313.7%
2074	4,954	544,998	11002.0%
2075	3,333	390,957	11729.8%
2076	2,184	272,719	12488.7%
Total	304,635,121	998,895,579	327.9%

	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	132,442,460	6,125,307	4.6%
Anticipated Experience	304,635,121	998,895,579	327.9%
Lifetime Experience	437,077,581	1,005,020,886	229.9%
Past Experience @ 4.0%	155,719,499	6,794,660	4.4%
Anticipated Experience @ 4.0%	198,915,190	399,202,959	200.7%
Lifetime Experience @ 4.0%	354,634,689	405,997,620	114.5%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Marital Status (Married)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	118,683	0	0.0%
2010	1,054,472	0	0.0%
2011	3,295,701	0	0.0%
2012	6,583,524	182,208	2.8%
2013	9,109,555	390,339	4.3%
2014	10,309,935	22,770	0.2%
2015	10,206,784	589,471	5.8%
2016	10,003,091	678,891	6.8%
2017	9,735,571	1,854,181	19.0%
2018	9,539,804	1,272,775	13.3%
2019	9,337,775	1,932,580	20.7%
Total	79,294,894	6,923,216	8.7%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	9,098,693	1,999,772	22.0%
2021	8,825,615	2,548,572	28.9%
2022	8,485,497	3,063,245	36.1%
2023	8,239,209	3,625,799	44.0%
2024	8,020,584	4,249,421	53.0%
2025	7,790,609	4,952,210	63.6%
2026	7,554,247	5,733,932	75.9%
2027	7,307,918	6,590,090	90.2%
2028	7,051,449	7,512,822	106.5%
2029	6,783,948	8,514,146	125.5%
2030	6,505,523	9,587,834	147.4%
2031	6,215,603	10,694,361	172.1%
2032	5,913,407	11,794,484	199.5%
2033	5,602,540	12,847,019	229.3%
2034	5,284,749	13,860,540	262.3%
2035	4,961,683	14,875,370	299.8%
2036	4,634,490	15,859,390	342.2%
2037	4,304,735	16,707,338	388.1%
2038	3,975,548	17,302,103	435.2%
2039	3,649,965	17,692,773	484.7%
2040	3,330,160	18,043,079	541.8%
2041	3,016,506	18,365,423	608.8%
2042	2,711,487	18,451,042	680.5%
2043	2,418,575	18,172,426	751.4%
2044	2,140,307	17,643,282	824.3%
2045	1,878,759	16,969,149	903.2%
2046	1,635,567	16,218,353	991.6%
2047	1,411,806	15,321,879	1085.3%
2048	1,208,579	14,211,299	1175.9%
2049	1,026,021	13,001,547	1267.2%
2050	863,869	11,776,726	1363.3%
2051	721,833	10,595,217	1467.8%
2052	598,666	9,449,396	1578.4%
2053	493,158	8,315,073	1686.1%
2054	403,731	7,244,352	1794.4%
2055	328,663	6,265,844	1906.5%
2056	266,388	5,400,011	2027.1%
2057	215,060	4,641,093	2158.0%
2058	173,140	3,970,934	2293.5%
2059	139,087	3,384,345	2433.3%
2060	111,528	2,882,537	2584.6%
2061	89,349	2,464,155	2757.9%
2062	71,515	2,114,900	2957.3%
2063	57,201	1,812,678	3169.0%
2064	45,655	1,545,810	3385.9%
2065	36,333	1,316,303	3622.9%
2066	28,795	1,121,124	3893.5%
2067	22,706	953,311	4198.6%
2068	17,801	802,305	4507.1%
2069	13,842	665,416	4807.4%
2070	10,650	544,458	5112.4%
2071	8,087	440,193	5443.2%
2072	6,046	350,672	5800.3%
2073	4,444	274,257	6171.1%
2074	3,203	210,087	6558.6%
2075	2,246	157,222	6998.8%
2076	1,523	114,433	7512.8%
Total	155,718,298	445,221,550	285.9%

	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	79,294,894	6,923,216	8.7%
Anticipated Experience	155,718,298	445,221,550	285.9%
Lifetime Experience	235,013,191	452,144,765	192.4%
Past Experience @ 4.0%	93,722,288	7,624,448	8.1%
Anticipated Experience @ 4.0%	104,639,270	201,198,684	192.3%
Lifetime Experience @ 4.0%	198,361,557	208,823,132	105.3%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Marital Status (Spouse)

	Actual Experience		
	Actual	(discounted to incurred year)	
Year	Earned Premium	Incurred Claims	Loss Ratio
2009	167,142	0	0.0%
2010	2,640,770	7,096	0.3%
2011	6,285,728	4,700	0.1%
2012	12,526,681	10,661	0.1%
2013	16,768,681	254,141	1.5%
2014	18,716,536	456,373	2.4%
2015	18,586,475	757,503	4.1%
2016	18,364,217	1,803,278	9.8%
2017	18,035,955	1,523,685	8.4%
2018	17,804,904	1,278,093	7.2%
2019	17,513,573	2,064,165	11.8%
Total	147,410,663	8,159,695	5.5%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	17,154,022	3,043,760	17.7%
2021	16,730,490	3,918,107	23.4%
2022	16,145,171	4,747,838	29.4%
2023	15,678,015	5,668,449	36.2%
2024	15,306,510	6,704,923	43.8%
2025	14,920,622	7,892,757	52.9%
2026	14,519,316	9,240,140	63.6%
2027	14,098,765	10,753,617	76.3%
2028	13,658,011	12,434,313	91.0%
2029	13,195,681	14,320,803	108.5%
2030	12,707,121	16,407,040	129.1%
2031	12,198,499	18,635,522	152.8%
2032	11,659,181	20,915,196	179.4%
2033	11,098,864	23,233,285	209.3%
2034	10,526,565	25,636,809	243.5%
2035	9,938,593	28,167,703	283.4%
2036	9,336,423	30,705,792	328.9%
2037	8,723,127	33,008,245	378.4%
2038	8,104,340	34,855,013	430.1%
2039	7,486,202	36,352,960	485.6%
2040	6,872,676	37,819,516	550.3%
2041	6,264,874	39,198,384	625.7%
2042	5,667,995	40,053,098	706.7%
2043	5,088,412	40,107,415	788.2%
2044	4,531,969	39,609,310	874.0%
2045	4,003,878	38,748,232	967.8%
2046	3,508,437	37,604,916	1071.8%
2047	3,048,395	36,050,072	1182.6%
2048	2,626,164	33,915,676	1291.5%
2049	2,243,089	31,497,603	1404.2%
2050	1,899,692	29,007,031	1526.9%
2051	1,595,788	26,539,132	1663.1%
2052	1,329,741	24,060,764	1809.4%
2053	1,099,446	21,504,465	1955.9%
2054	902,321	19,035,299	2109.6%
2055	735,383	16,761,824	2279.3%
2056	595,662	14,710,204	2469.6%
2057	479,719	12,859,703	2680.7%
2058	384,263	11,146,768	2900.8%
2059	306,226	9,614,739	3139.7%
2060	242,891	8,272,176	3405.7%
2061	191,919	7,095,719	3697.2%
2062	151,094	6,063,445	4013.0%
2063	118,524	5,136,473	4333.7%
2064	92,592	4,318,331	4663.8%
2065	71,984	3,613,459	5019.8%
2066	55,658	3,006,365	5401.5%
2067	42,779	2,488,447	5817.0%
2068	32,658	2,035,188	6231.7%
2069	24,708	1,640,374	6638.9%
2070	18,468	1,304,366	7062.9%
2071	13,589	1,023,806	7534.0%
2072	9,837	791,357	8044.8%
2073	6,991	600,893	8595.7%
2074	4,849	447,449	9227.5%
2075	3,271	325,438	9948.6%
2076	2,104	230,708	10966.7%
Total	307,453,564	954,880,415	310.6%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	147,410,663	8,159,695	5.5%
Anticipated Experience	307,453,564	954,880,415	310.6%
Lifetime Experience	454,864,227	963,040,110	211.7%
Past Experience @ 4.0%	174,408,062	9,038,921	5.2%
Anticipated Experience @ 4.0%	204,223,948	407,290,784	199.4%
Lifetime Experience @ 4.0%	378,632,011	416,329,706	110.0%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Marital Status (Single)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	65,833	0	0.0%
2010	1,110,890	2,097	0.2%
2011	2,829,528	4,800	0.2%
2012	5,818,637	39,031	0.7%
2013	7,883,922	314,833	4.0%
2014	8,945,797	310,324	3.5%
2015	8,838,055	9,599	0.1%
2016	8,672,331	659,973	7.6%
2017	8,489,183	432,454	5.1%
2018	8,305,945	618,978	7.5%
2019	8,227,503	928,510	11.3%
Total	69,187,624	3,320,598	4.8%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	8,092,664	1,768,574	21.9%
2021	7,903,000	2,207,876	27.9%
2022	7,614,015	2,602,821	34.2%
2023	7,406,398	3,028,944	40.9%
2024	7,225,618	3,500,315	48.4%
2025	7,035,031	4,036,978	57.4%
2026	6,841,798	4,644,663	67.9%
2027	6,640,221	5,315,892	80.1%
2028	6,429,817	6,041,138	94.0%
2029	6,209,469	6,828,355	110.0%
2030	5,975,185	7,671,684	128.4%
2031	5,732,564	8,546,937	149.1%
2032	5,480,678	9,416,327	171.8%
2033	5,219,336	10,270,789	196.8%
2034	4,949,986	11,121,763	224.7%
2035	4,674,024	11,981,089	256.3%
2036	4,392,224	12,828,652	292.1%
2037	4,105,917	13,564,581	330.4%
2038	3,818,002	14,107,894	369.5%
2039	3,531,112	14,511,756	411.0%
2040	3,246,859	14,894,307	458.7%
2041	2,965,469	15,266,634	514.8%
2042	2,689,453	15,439,423	574.1%
2043	2,421,813	15,319,170	632.5%
2044	2,164,956	15,005,514	693.1%
2045	1,920,850	14,572,001	758.6%
2046	1,691,365	14,072,406	832.0%
2047	1,477,494	13,433,418	909.2%
2048	1,280,589	12,608,008	984.5%
2049	1,101,407	11,692,698	1061.6%
2050	940,087	10,748,036	1143.3%
2051	796,632	9,833,544	1234.4%
2052	670,120	8,913,373	1330.1%
2053	559,849	7,980,763	1425.5%
2054	464,735	7,076,836	1522.8%
2055	383,351	6,236,951	1627.0%
2056	314,481	5,481,193	1742.9%
2057	256,519	4,788,593	1866.8%
2058	208,207	4,153,784	1995.0%
2059	168,173	3,582,696	2130.4%
2060	135,159	3,089,203	2285.6%
2061	108,189	2,666,753	2464.9%
2062	86,228	2,299,795	2667.1%
2063	68,463	1,969,860	2877.3%
2064	54,118	1,680,367	3105.0%
2065	42,556	1,429,420	3358.9%
2066	33,299	1,214,614	3647.6%
2067	25,911	1,028,486	3969.3%
2068	20,029	856,531	4276.3%
2069	15,375	705,859	4591.0%
2070	11,676	574,184	4917.8%
2071	8,749	461,758	5277.6%
2072	6,460	365,874	5664.0%
2073	4,696	284,413	6056.8%
2074	3,349	216,306	6459.0%
2075	2,323	160,433	6906.5%
2076	1,562	115,437	7392.0%
Total	145,627,610	384,215,668	263.8%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	69,187,624	3,320,598	4.8%
Anticipated Experience	145,627,610	384,215,668	263.8%
Lifetime Experience	214,815,234	387,536,267	180.4%
Past Experience @ 4.0%	81,798,049	3,702,331	4.5%
Anticipated Experience @ 4.0%	96,458,383	169,606,360	175.8%
Lifetime Experience @ 4.0%	178,256,432	173,308,692	97.2%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Inflation Option (No Inflation/FPO)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	39,441	0	0.0%
2010	646,214	0	0.0%
2011	1,980,914	13,434	0.7%
2012	3,639,646	100,275	2.8%
2013	5,506,647	435,807	7.9%
2014	6,612,035	447,592	6.8%
2015	6,562,657	165,746	2.5%
2016	6,370,227	697,390	10.9%
2017	6,132,135	414,360	6.8%
2018	5,948,485	1,282,345	21.6%
2019	5,747,046	1,182,306	20.6%
Total	49,185,445	4,739,254	9.6%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	5,542,522	1,604,343	28.9%
2021	5,335,202	1,975,623	37.0%
2022	5,135,977	2,289,011	44.6%
2023	4,940,509	2,594,707	52.5%
2024	4,743,430	2,894,855	61.0%
2025	4,541,881	3,205,534	70.6%
2026	4,335,742	3,525,693	81.3%
2027	4,126,665	3,846,534	93.2%
2028	3,914,104	4,159,220	106.3%
2029	3,698,765	4,458,774	120.5%
2030	3,482,134	4,755,925	136.6%
2031	3,264,798	5,053,275	154.8%
2032	3,047,389	5,328,612	174.9%
2033	2,831,013	5,562,371	196.5%
2034	2,617,068	5,733,006	219.1%
2035	2,407,495	5,860,432	243.4%
2036	2,203,151	5,963,065	270.7%
2037	2,004,794	6,015,109	300.0%
2038	1,813,647	5,994,381	330.5%
2039	1,630,928	5,868,225	359.8%
2040	1,457,495	5,693,228	390.6%
2041	1,293,511	5,515,121	426.4%
2042	1,139,400	5,295,550	464.8%
2043	996,153	5,027,916	504.7%
2044	864,278	4,685,880	542.2%
2045	744,267	4,297,831	577.5%
2046	636,183	3,916,054	615.6%
2047	539,554	3,539,838	656.1%
2048	454,397	3,171,342	697.9%
2049	379,977	2,798,577	736.5%
2050	315,603	2,436,802	772.1%
2051	260,553	2,110,404	810.0%
2052	213,810	1,815,742	849.2%
2053	174,647	1,552,712	889.1%
2054	142,046	1,317,028	927.2%
2055	115,074	1,109,098	963.8%
2056	92,933	932,424	1003.3%
2057	74,828	781,648	1044.6%
2058	60,175	653,753	1086.4%
2059	48,316	546,627	1131.4%
2060	38,726	456,657	1179.2%
2061	30,983	381,118	1230.1%
2062	24,738	316,273	1278.5%
2063	19,728	261,303	1324.5%
2064	15,690	215,542	1373.8%
2065	12,427	177,153	1425.5%
2066	9,788	144,720	1478.5%
2067	7,652	116,450	1521.8%
2068	5,935	92,670	1561.5%
2069	4,546	72,812	1601.5%
2070	3,437	56,179	1634.4%
2071	2,552	42,708	1673.7%
2072	1,851	31,873	1721.6%
2073	1,313	23,289	1773.4%
2074	902	16,672	1847.6%
2075	598	11,645	1946.8%
2076	380	7,892	2075.5%
Total	81,801,662	146,311,222	178.9%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	49,185,445	4,739,254	9.6%
Anticipated Experience	81,801,662	146,311,222	178.9%
Lifetime Experience	130,987,107	151,050,477	115.3%
Past Experience @ 4.0%	58,026,752	5,291,582	9.1%
Anticipated Experience @ 4.0%	57,161,553	76,540,836	133.9%
Lifetime Experience @ 4.0%	115,188,305	81,832,418	71.0%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Inflation Option (Limited Term Inflation)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	76,036	0	0.0%
2010	513,813	482	0.1%
2011	1,309,192	0	0.0%
2012	2,421,753	111,814	4.6%
2013	3,088,106	0	0.0%
2014	3,326,435	44,383	1.3%
2015	3,301,712	19,509	0.6%
2016	3,276,220	685,623	20.9%
2017	3,233,076	184,897	5.7%
2018	3,216,409	222,875	6.9%
2019	3,164,259	353,928	11.2%
Total	26,927,012	1,623,511	6.0%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	3,079,482	723,412	23.5%
2021	2,964,589	939,796	31.7%
2022	2,829,603	1,150,053	40.6%
2023	2,756,956	1,389,167	50.4%
2024	2,687,351	1,665,015	62.0%
2025	2,614,067	1,985,410	76.0%
2026	2,535,769	2,350,644	92.7%
2027	2,452,281	2,758,168	112.5%
2028	2,361,600	3,207,052	135.8%
2029	2,267,598	3,705,776	163.4%
2030	2,167,757	4,207,958	194.1%
2031	2,061,694	4,655,971	225.8%
2032	1,949,570	5,005,599	256.8%
2033	1,832,343	5,328,263	290.8%
2034	1,711,402	5,640,846	329.6%
2035	1,587,728	5,939,742	374.1%
2036	1,462,218	6,178,453	422.5%
2037	1,335,966	6,298,219	471.4%
2038	1,210,609	6,264,443	517.5%
2039	1,087,819	6,131,814	563.7%
2040	968,854	5,971,721	616.4%
2041	854,204	5,775,430	676.1%
2042	745,188	5,481,243	735.6%
2043	642,956	5,074,664	789.3%
2044	548,389	4,607,961	840.3%
2045	462,214	4,131,105	893.8%
2046	384,884	3,663,131	951.7%
2047	316,625	3,198,861	1010.3%
2048	257,254	2,741,760	1065.8%
2049	206,369	2,306,266	1117.5%
2050	163,512	1,914,936	1171.1%
2051	128,027	1,574,019	1229.4%
2052	99,118	1,280,103	1291.5%
2053	75,936	1,028,871	1354.9%
2054	57,600	814,975	1414.9%
2055	43,337	640,704	1478.4%
2056	32,396	501,967	1549.5%
2057	24,104	392,411	1628.0%
2058	17,886	305,704	1709.2%
2059	13,236	235,849	1781.9%
2060	9,783	181,848	1858.8%
2061	7,230	140,891	1948.8%
2062	5,349	109,113	2040.1%
2063	3,970	84,391	2125.6%
2064	2,951	65,254	2211.6%
2065	2,191	50,673	2312.3%
2066	1,630	39,559	2427.7%
2067	1,213	30,748	2534.8%
2068	906	23,783	2625.7%
2069	679	18,302	2694.7%
2070	510	14,058	2758.7%
2071	375	10,728	2861.4%
2072	273	8,126	2973.8%
2073	196	6,085	3100.6%
2074	138	4,488	3252.4%
2075	104	3,343	3220.0%
2076	69	2,261	3285.2%
Total	49,036,060	127,961,134	261.0%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	26,927,012	1,623,511	6.0%
Anticipated Experience	49,036,060	127,961,134	261.0%
Lifetime Experience	75,963,072	129,584,645	170.6%
Past Experience @ 4.0%	31,951,541	1,816,864	5.7%
Anticipated Experience @ 4.0%	33,901,376	65,494,049	193.2%
Lifetime Experience @ 4.0%	65,852,917	67,310,913	102.2%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Inflation Option (3.5% Compound and Below)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	156,676	0	0.0%
2010	2,064,183	15,484	0.8%
2011	6,416,260	4,700	0.1%
2012	14,421,198	27,423	0.2%
2013	22,202,422	498,840	2.2%
2014	26,287,436	351,762	1.3%
2015	26,184,135	677,430	2.6%
2016	25,852,497	1,943,583	7.5%
2017	25,412,899	2,774,697	10.9%
2018	25,059,142	2,003,856	8.0%
2019	24,717,537	2,766,221	11.2%
Total	198,774,386	11,063,997	5.6%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	24,305,216	4,171,170	17.2%
2021	23,825,650	5,386,191	22.6%
2022	23,322,511	6,550,014	28.1%
2023	22,837,196	7,835,401	34.3%
2024	22,342,171	9,279,049	41.5%
2025	21,824,126	10,934,496	50.1%
2026	21,279,759	12,817,018	60.2%
2027	20,704,915	14,932,478	72.1%
2028	20,098,356	17,272,876	85.9%
2029	19,457,187	19,870,725	102.1%
2030	18,779,888	22,768,572	121.2%
2031	18,063,796	25,948,526	143.6%
2032	17,308,119	29,304,956	169.3%
2033	16,515,544	32,681,930	197.9%
2034	15,690,967	36,076,718	229.9%
2035	14,839,215	39,572,447	266.7%
2036	13,962,544	43,114,345	308.8%
2037	13,064,136	46,399,182	355.2%
2038	12,152,239	49,039,130	403.5%
2039	11,236,304	51,009,842	454.0%
2040	10,324,006	52,776,907	511.2%
2041	9,417,272	54,454,621	578.2%
2042	8,522,996	55,501,529	651.2%
2043	7,651,583	55,482,315	725.1%
2044	6,812,771	54,462,694	799.4%
2045	6,015,560	52,784,552	877.5%
2046	5,266,494	50,779,424	964.2%
2047	4,569,181	48,338,959	1057.9%
2048	3,928,925	45,238,970	1151.4%
2049	3,347,898	41,597,077	1242.5%
2050	2,827,430	37,757,826	1335.4%
2051	2,367,422	34,039,104	1437.8%
2052	1,964,616	30,432,491	1549.0%
2053	1,616,878	26,869,188	1661.8%
2054	1,320,061	23,402,908	1772.9%
2055	1,069,572	20,178,567	1886.6%
2056	860,770	17,322,653	2012.5%
2057	687,947	14,810,108	2152.8%
2058	546,642	12,577,866	2300.9%
2059	431,875	10,606,238	2455.9%
2060	339,352	8,898,615	2622.2%
2061	265,508	7,457,652	2808.8%
2062	206,808	6,239,653	3017.1%
2063	160,532	5,185,652	3230.3%
2064	124,071	4,278,511	3448.4%
2065	95,424	3,512,470	3680.9%
2066	73,011	2,877,992	3941.9%
2067	55,520	2,349,525	4231.9%
2068	41,964	1,894,369	4514.3%
2069	31,461	1,510,520	4801.3%
2070	23,342	1,188,165	5090.3%
2071	17,097	923,669	5402.4%
2072	12,339	708,042	5738.4%
2073	8,764	533,477	6087.2%
2074	6,104	394,047	6455.4%
2075	4,144	284,328	6860.9%
2076	2,713	199,895	7367.9%
Total	452,627,893	1,272,815,646	281.2%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	198,774,386	11,063,997	5.6%
Anticipated Experience	452,627,893	1,272,815,646	281.2%
Lifetime Experience	651,402,279	1,283,879,642	197.1%
Past Experience @ 4.0%	233,516,788	12,190,562	5.2%
Anticipated Experience @ 4.0%	299,422,533	553,738,531	184.9%
Lifetime Experience @ 4.0%	532,939,322	565,929,093	106.2%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Inflation Option (4.0% Compound and Above)

	Actual Experience		
	Actual	(discounted to incurred year)	
Year	Earned Premium	Incurred Claims	Loss Ratio
2009	159,037	0	0.0%
2010	3,060,527	2,097	0.1%
2011	7,249,195	0	0.0%
2012	14,597,418	279,986	1.9%
2013	17,699,953	51,689	0.3%
2014	18,852,506	274,766	1.5%
2015	18,750,893	1,389,614	7.4%
2016	18,597,126	565,827	3.0%
2017	18,360,466	1,096,643	6.0%
2018	18,131,856	1,196,835	6.6%
2019	17,989,821	2,244,597	12.5%
Total	153,448,798	7,102,054	4.6%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	17,638,308	2,365,135	13.4%
2021	17,087,687	3,055,346	17.9%
2022	16,033,766	3,718,529	23.2%
2023	15,506,418	4,484,453	28.9%
2024	15,197,349	5,378,658	35.4%
2025	14,877,976	6,432,993	43.2%
2026	14,559,326	7,664,789	52.6%
2027	14,225,599	9,090,384	63.9%
2028	13,874,871	10,726,518	77.3%
2029	13,504,503	12,632,743	93.5%
2030	13,097,991	14,801,916	113.0%
2031	12,675,147	17,160,503	135.4%
2032	12,216,562	19,669,016	161.0%
2033	11,744,569	22,342,143	190.2%
2034	11,256,777	25,279,275	224.6%
2035	10,740,385	28,514,654	265.5%
2036	10,206,654	31,905,338	312.6%
2037	9,651,689	35,174,537	364.4%
2038	9,081,085	38,089,483	419.4%
2039	8,499,949	40,884,694	481.0%
2040	7,910,429	43,853,253	554.4%
2041	7,312,291	46,845,588	640.6%
2042	6,711,447	49,195,390	733.0%
2043	6,115,403	50,515,812	826.0%
2044	5,531,238	51,299,529	927.5%
2045	4,964,273	51,704,446	1041.5%
2046	4,420,097	51,682,379	1169.3%
2047	3,903,608	50,854,174	1302.7%
2048	3,418,689	48,952,085	1431.9%
2049	2,969,399	46,594,570	1569.2%
2050	2,557,420	44,049,984	1722.4%
2051	2,184,788	41,357,287	1893.0%
2052	1,851,537	38,382,719	2073.0%
2053	1,556,655	35,023,068	2249.9%
2054	1,299,000	31,663,535	2437.5%
2055	1,076,142	28,489,217	2647.3%
2056	885,800	25,529,534	2882.1%
2057	724,627	22,733,037	3137.2%
2058	589,208	20,039,023	3401.0%
2059	476,478	17,574,667	3688.5%
2060	383,331	15,373,746	4010.6%
2061	307,074	13,401,247	4364.2%
2062	244,907	11,613,044	4741.8%
2063	194,399	9,959,718	5123.3%
2064	153,510	8,480,807	5524.6%
2065	120,541	7,187,328	5962.5%
2066	94,107	6,062,577	6442.2%
2067	72,993	5,081,973	6962.2%
2068	56,182	4,195,717	7468.0%
2069	42,857	3,416,207	7971.1%
2070	32,305	2,742,879	8490.6%
2071	24,031	2,175,219	9051.9%
2072	17,604	1,698,614	9648.8%
2073	12,678	1,300,747	10259.8%
2074	8,945	975,213	10902.2%
2075	6,139	713,535	11623.1%
2076	4,080	507,707	12443.6%
Total	329,910,824	1,230,596,683	373.0%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	153,448,798	7,102,054	4.6%
Anticipated Experience	329,910,824	1,230,596,683	373.0%
Lifetime Experience	483,359,621	1,237,698,737	256.1%
Past Experience @ 4.0%	182,152,817	7,861,352	4.3%
Anticipated Experience @ 4.0%	213,904,137	480,910,607	224.8%
Lifetime Experience @ 4.0%	396,056,954	488,771,959	123.4%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Benfit Period (2 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	24,610	0	0.0%
2010	577,217	6,614	1.1%
2011	1,829,853	13,333	0.7%
2012	3,488,778	102,570	2.9%
2013	4,706,664	351,018	7.5%
2014	5,282,013	220,570	4.2%
2015	5,247,794	141,487	2.7%
2016	5,159,047	687,698	13.3%
2017	5,047,139	115,177	2.3%
2018	4,988,925	954,161	19.1%
2019	4,837,658	783,958	16.2%
Total	41,189,698	3,376,585	8.2%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	4,690,831	880,104	18.8%
2021	4,548,393	1,113,775	24.5%
2022	4,398,231	1,325,580	30.1%
2023	4,275,278	1,554,327	36.4%
2024	4,157,249	1,806,991	43.5%
2025	4,033,500	2,092,729	51.9%
2026	3,904,123	2,412,514	61.8%
2027	3,769,213	2,763,538	73.3%
2028	3,628,911	3,144,381	86.6%
2029	3,483,270	3,564,750	102.3%
2030	3,328,463	4,025,427	120.9%
2031	3,170,396	4,508,064	142.2%
2032	3,005,494	4,988,333	166.0%
2033	2,838,970	5,452,120	192.0%
2034	2,670,217	5,913,106	221.4%
2035	2,499,038	6,387,584	255.6%
2036	2,326,149	6,856,386	294.8%
2037	2,152,734	7,263,231	337.4%
2038	1,980,590	7,558,989	381.7%
2039	1,811,400	7,768,473	428.9%
2040	1,645,875	7,962,395	483.8%
2041	1,484,225	8,143,685	548.7%
2042	1,328,005	8,217,689	618.8%
2043	1,179,005	8,136,325	690.1%
2044	1,038,555	7,939,521	764.5%
2045	907,365	7,672,464	845.6%
2046	785,985	7,361,584	936.6%
2047	675,109	6,975,921	1033.3%
2048	575,333	6,493,230	1128.6%
2049	486,616	5,958,378	1224.5%
2050	408,421	5,417,483	1326.4%
2051	340,194	4,896,680	1439.4%
2052	281,328	4,381,923	1557.6%
2053	231,256	3,865,830	1671.7%
2054	189,110	3,377,366	1785.9%
2055	153,890	2,934,953	1907.2%
2056	124,656	2,545,474	2042.0%
2057	100,575	2,196,264	2183.7%
2058	80,914	1,880,729	2324.3%
2059	64,952	1,606,286	2473.0%
2060	52,009	1,371,297	2636.7%
2061	41,540	1,170,895	2818.7%
2062	33,091	994,128	3004.2%
2063	26,290	839,159	3191.9%
2064	20,815	706,682	3395.1%
2065	16,399	593,140	3616.8%
2066	12,842	497,590	3874.8%
2067	9,978	412,751	4136.5%
2068	7,685	338,106	4399.6%
2069	5,854	273,591	4673.4%
2070	4,405	218,003	4948.5%
2071	3,269	171,150	5235.8%
2072	2,386	131,847	5525.7%
2073	1,710	99,474	5818.1%
2074	1,201	73,394	6112.5%
2075	824	52,763	6400.2%
2076	551	36,869	6687.1%
Total	78,994,666	197,325,421	249.8%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	41,189,698	3,376,585	8.2%
Anticipated Experience	78,994,666	197,325,421	249.8%
Lifetime Experience	120,184,365	200,702,007	167.0%
Past Experience @ 4.0%	48,708,485	3,788,663	7.8%
Anticipated Experience @ 4.0%	53,437,316	88,201,362	165.1%
Lifetime Experience @ 4.0%	102,145,802	91,990,024	90.1%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Benfit Period (3 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	141,288	0	0.0%
2010	2,234,613	9,351	0.4%
2011	7,071,104	4,800	0.1%
2012	15,732,360	373,087	2.4%
2013	22,671,167	607,302	2.7%
2014	26,298,149	696,246	2.6%
2015	26,225,429	1,151,976	4.4%
2016	25,885,781	1,101,690	4.3%
2017	25,471,615	1,639,737	6.4%
2018	25,067,227	2,246,399	9.0%
2019	24,784,748	2,977,210	12.0%
Total	201,583,480	10,807,798	5.4%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	24,329,380	4,157,803	17.1%
2021	23,709,658	5,346,348	22.5%
2022	22,781,672	6,472,072	28.4%
2023	22,159,803	7,710,232	34.8%
2024	21,633,588	9,092,485	42.0%
2025	21,088,420	10,672,583	50.6%
2026	20,520,387	12,464,265	60.7%
2027	19,922,232	14,472,729	72.6%
2028	19,293,274	16,693,018	86.5%
2029	18,633,036	19,163,269	102.8%
2030	17,937,435	21,891,163	122.0%
2031	17,210,177	24,819,610	144.2%
2032	16,446,814	27,844,525	169.3%
2033	15,653,677	30,893,484	197.4%
2034	14,834,444	33,991,196	229.1%
2035	13,987,347	37,213,923	266.1%
2036	13,126,713	40,499,619	308.5%
2037	12,249,650	43,546,596	355.5%
2038	11,364,817	46,003,698	404.8%
2039	10,481,169	47,924,993	457.2%
2040	9,605,304	49,730,669	517.7%
2041	8,738,174	51,510,609	589.5%
2042	7,885,991	52,686,175	668.1%
2043	7,059,434	52,812,618	748.1%
2044	6,268,426	52,089,238	831.0%
2045	5,521,025	50,804,248	920.2%
2046	4,821,566	49,225,273	1020.9%
2047	4,172,122	47,143,418	1130.0%
2048	3,577,123	44,301,794	1238.5%
2049	3,040,178	40,976,300	1347.8%
2050	2,561,952	37,481,767	1463.0%
2051	2,140,959	34,085,522	1592.1%
2052	1,772,951	30,721,687	1732.8%
2053	1,455,715	27,293,866	1874.9%
2054	1,186,255	23,955,684	2019.4%
2055	960,000	20,852,629	2172.1%
2056	771,990	18,095,485	2344.0%
2057	616,450	15,641,352	2537.3%
2058	489,214	13,406,641	2740.4%
2059	386,183	11,419,301	2957.0%
2060	303,405	9,692,333	3194.5%
2061	237,409	8,218,558	3461.8%
2062	184,850	6,940,536	3754.7%
2063	143,303	5,804,516	4050.5%
2064	110,591	4,822,080	4360.3%
2065	84,926	3,989,824	4698.0%
2066	64,849	3,292,207	5076.7%
2067	49,141	2,697,568	5489.4%
2068	36,921	2,172,531	5884.3%
2069	27,472	1,727,443	6287.9%
2070	20,208	1,355,179	6706.1%
2071	14,682	1,049,585	7148.7%
2072	10,494	799,574	7619.4%
2073	7,366	596,105	8092.6%
2074	5,066	434,702	8580.8%
2075	3,408	309,131	9069.7%
2076	2,235	213,829	9567.1%
Total	431,701,031	1,239,223,587	287.1%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	201,583,480	10,807,798	5.4%
Anticipated Experience	431,701,031	1,239,223,587	287.1%
Lifetime Experience	633,284,512	1,250,031,384	197.4%
Past Experience @ 4.0%	237,261,931	12,033,952	5.1%
Anticipated Experience @ 4.0%	287,685,374	534,407,126	185.8%
Lifetime Experience @ 4.0%	524,947,305	546,441,078	104.1%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Benfit Period (4, 5 and 6 Year)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	243,240	0	0.0%
2010	2,510,108	2,097	0.1%
2011	6,967,054	0	0.0%
2012	13,841,120	43,841	0.3%
2013	18,787,146	11,232	0.1%
2014	21,152,098	201,687	1.0%
2015	20,980,205	958,837	4.6%
2016	20,729,871	2,057,912	9.9%
2017	20,384,446	2,715,635	13.3%
2018	20,068,566	1,389,269	6.9%
2019	19,800,699	2,648,522	13.4%
Total	165,464,554	10,029,032	6.1%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	19,386,680	3,334,898	17.2%
2021	18,835,152	4,280,323	22.7%
2022	18,136,377	5,178,794	28.6%
2023	17,696,024	6,179,189	34.9%
2024	17,308,258	7,311,834	42.2%
2025	16,905,365	8,619,598	51.0%
2026	16,497,493	10,118,763	61.3%
2027	16,073,257	11,816,074	73.5%
2028	15,627,750	13,714,240	87.8%
2029	15,160,865	15,855,234	104.6%
2030	14,661,399	18,233,210	124.4%
2031	14,137,859	20,793,226	147.1%
2032	13,582,520	23,446,878	172.6%
2033	13,007,634	26,193,981	201.4%
2034	12,409,657	29,075,185	234.3%
2035	11,789,838	32,134,432	272.6%
2036	11,149,180	35,258,036	316.2%
2037	10,489,809	38,180,161	364.0%
2038	9,817,199	40,641,533	414.0%
2039	9,137,552	42,754,364	467.9%
2040	8,455,380	44,873,100	530.7%
2041	7,771,893	46,944,181	604.0%
2042	7,093,244	48,412,827	682.5%
2043	6,426,284	48,951,996	761.7%
2044	5,777,325	48,828,656	845.2%
2045	5,152,632	48,268,815	936.8%
2046	4,559,234	47,358,995	1038.7%
2047	4,002,022	45,878,945	1146.4%
2048	3,484,566	43,647,375	1252.6%
2049	3,008,157	40,990,435	1362.6%
2050	2,574,331	38,170,060	1482.7%
2051	2,185,443	35,299,210	1615.2%
2052	1,841,117	32,328,018	1755.9%
2053	1,539,555	29,205,733	1897.0%
2054	1,277,654	26,117,799	2044.2%
2055	1,052,508	23,210,630	2205.3%
2056	861,741	20,529,679	2382.3%
2057	701,658	18,059,708	2573.9%
2058	568,488	15,768,308	2773.7%
2059	458,196	13,697,481	2989.4%
2060	367,479	11,863,594	3228.4%
2061	293,658	10,245,553	3488.9%
2062	233,899	8,821,127	3771.3%
2063	185,679	7,536,520	4058.9%
2064	146,733	6,395,025	4358.3%
2065	115,367	5,399,718	4680.5%
2066	90,256	4,541,900	5032.3%
2067	70,239	3,806,696	5419.7%
2068	54,317	3,151,667	5802.4%
2069	41,642	2,576,961	6188.4%
2070	31,576	2,076,040	6574.7%
2071	23,648	1,653,225	6990.9%
2072	17,464	1,298,437	7434.7%
2073	12,692	1,001,610	7891.6%
2074	9,034	756,219	8371.2%
2075	6,265	557,132	8893.1%
2076	4,226	398,675	9433.0%
Total	362,305,470	1,181,742,002	326.2%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	165,464,554	10,029,032	6.1%
Anticipated Experience	362,305,470	1,181,742,002	326.2%
Lifetime Experience	527,770,024	1,191,771,034	225.8%
Past Experience @ 4.0%	195,567,859	11,001,073	5.6%
Anticipated Experience @ 4.0%	237,057,762	489,216,365	206.4%
Lifetime Experience @ 4.0%	432,625,621	500,217,438	115.6%

Nationwide Lifetime Experience Projection
(as of 12/31/2019)

Policy Series LTC09U - Benfit Period (8 Year and Lifetime)

	Actual Experience		
Year	Actual Earned Premium	(discounted to incurred year) Incurred Claims	Loss Ratio
2009	22,052	0	0.0%
2010	962,799	0	0.0%
2011	1,087,550	0	0.0%
2012	2,017,756	0	0.0%
2013	2,332,151	16,786	0.7%
2014	2,346,152	0	0.0%
2015	2,345,967	0	0.0%
2016	2,321,371	45,123	1.9%
2017	2,235,377	48	0.0%
2018	2,231,174	116,082	5.2%
2019	2,195,558	137,362	6.3%
Total	20,097,908	315,401	1.6%
	Revised Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio
2020	2,154,786	450,291	20.9%
2021	2,109,146	564,965	26.8%
2022	1,964,062	670,078	34.1%
2023	1,859,482	789,143	42.4%
2024	1,822,497	925,582	50.8%
2025	1,784,129	1,082,616	60.7%
2026	1,744,219	1,260,993	72.3%
2027	1,702,653	1,462,996	85.9%
2028	1,659,181	1,692,026	102.0%
2029	1,613,577	1,954,175	121.1%
2030	1,565,557	2,243,233	143.3%
2031	1,514,825	2,539,233	167.6%
2032	1,457,121	2,850,266	195.6%
2033	1,396,180	3,182,031	227.9%
2034	1,337,928	3,546,392	265.1%
2035	1,277,284	3,940,114	308.5%
2036	1,214,214	4,332,752	356.8%
2037	1,149,015	4,686,051	407.8%
2038	1,082,417	4,985,333	460.6%
2039	1,014,981	5,269,571	519.2%
2040	946,834	5,577,625	589.1%
2041	877,869	5,872,620	669.0%
2042	808,665	6,074,768	751.2%
2043	739,979	6,161,608	832.7%
2044	672,516	6,207,079	923.0%
2045	606,826	6,227,296	1026.2%
2046	543,527	6,196,273	1140.0%
2047	483,152	6,076,008	1257.6%
2048	426,162	5,839,208	1370.2%
2049	372,948	5,577,764	1495.6%
2050	323,749	5,319,545	1643.1%
2051	278,769	5,048,027	1810.8%
2052	238,156	4,740,629	1990.6%
2053	201,819	4,373,291	2166.9%
2054	169,634	4,009,879	2363.8%
2055	141,382	3,675,409	2599.6%
2056	116,851	3,364,500	2879.3%
2057	95,805	3,058,288	3192.2%
2058	77,900	2,745,177	3524.0%
2059	62,826	2,448,505	3897.3%
2060	50,234	2,174,829	4329.4%
2061	39,829	1,920,283	4821.3%
2062	31,329	1,679,073	5359.5%
2063	24,478	1,449,739	5922.7%
2064	18,992	1,237,604	6516.5%
2065	14,623	1,049,710	7178.3%
2066	11,170	882,885	7904.2%
2067	8,473	737,601	8705.1%
2068	6,411	607,399	9474.5%
2069	4,836	491,343	10159.8%
2070	3,596	393,367	10937.9%
2071	2,595	311,029	11985.2%
2072	1,822	242,130	13285.9%
2073	1,252	185,619	14823.6%
2074	836	140,390	16790.6%
2075	519	104,083	20065.6%
2076	325	25,354	7804.4%
Total	39,829,945	160,653,775	403.3%
	Earned Premium	Incurred Claims	Loss Ratio
Past Experience	20,097,908	315,401	1.6%
Anticipated Experience	39,829,945	160,653,775	403.3%
Lifetime Experience	59,927,853	160,969,176	268.6%
Past Experience @ 4.0%	24,109,623	336,674	1.4%
Anticipated Experience @ 4.0%	25,793,567	64,039,252	248.3%
Lifetime Experience @ 4.0%	49,903,190	64,375,926	129.0%

Policy Series LTC09U – 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.

Policies In-Force as of 12/31/2019, Annualized Premium and Average Annual Premium

Policy Series LTC09U

				Average Annual Premium		
Year of Increase	State	In-Force	Annualized Premium	Before Increase	Overall Increase Amount	After Increase
2022	National	24,834	53,007,512	2,134	29.62%	2,767
	Virginia	827	1,878,491	2,271	0.00%	2,271
2023	National			2,767	19.97%	3,319
	Virginia			2,271	26.30%	2,869
2024	National			3,319	22.51%	4,066
	Virginia			2,869	15.71%	3,320
2025	National			4,066	0.00%	4,066
	Virginia			3,320	22.49%	4,066

United of Omaha Life Insurance Company

3300 Mutual of Omaha Plaza, Omaha, NE 68175

ACTUARIAL JUSTIFICATION OF PREMIUM RATES

Policy Series LTC09U

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 LTC09U will range from 13.50% to 97.82%, with an overall average increase of 79.00%. 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 0.0% to 28.00%, with an average increase of 26.30%.

2024

The proposed rate increase for 2024 will range from 9.0% to 18.18%, with an average increase of 15.71%.

2025

The proposed rate increase for 2025 will range from 0.0% to 30.77%, with an average increase of 22.49%.

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.
- 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.

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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

Lifetime Experience (Nationwide) as of 12/31/2019

Policy Series LTC09U

	Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	Increased Premium	Incurred Claims	Loss Ratios	Original Premium	Increased Premium	Incurred Claims	Loss Ratios
2009	431,191	0	0	0.0%	650,908	0	0	0.0%
2010	6,284,737	0	18,063	0.3%	9,122,289	0	26,218	0.3%
2011	16,955,562	0	18,133	0.1%	23,664,404	0	25,308	0.1%
2012	35,080,014	0	519,498	1.5%	47,077,111	0	697,162	1.5%
2013	48,497,128	0	986,337	2.0%	62,579,592	0	1,272,746	2.0%
2014	55,078,412	0	1,118,503	2.0%	68,338,395	0	1,387,780	2.0%
2015	54,799,396	0	2,252,299	4.1%	65,377,122	0	2,687,052	4.1%
2016	54,096,070	0	3,892,423	7.2%	62,055,803	0	4,465,157	7.2%
2017	53,138,577	0	4,470,597	8.4%	58,612,908	0	4,931,157	8.4%
2018	52,355,892	0	4,705,911	9.0%	55,528,453	0	4,991,070	9.0%
2019	51,618,663	0	6,547,052	12.7%	52,640,914	0	6,676,709	12.7%
Total	428,335,641	0	24,528,816	5.7%	505,647,898	0	27,160,361	5.4%
2020	50,559,918	0	8,821,543	17.4%	49,578,079	0	8,650,235	17.4%
2021	49,198,524	0	11,303,304	23.0%	46,387,617	0	10,657,501	23.0%
2022	47,278,780	0	13,644,011	28.9%	42,863,035	0	12,369,687	28.9%
2023	45,989,994	11,087,421	16,230,148	28.4%	40,090,980	9,665,267	14,148,350	28.4%
2024	44,922,092	19,985,054	19,134,340	29.5%	37,653,899	16,751,562	16,038,489	29.5%
2025	43,812,985	33,416,193	22,465,577	29.1%	35,311,770	26,932,310	18,106,488	29.1%
2026	42,669,334	33,712,617	26,255,822	34.4%	33,067,333	26,126,170	20,347,400	34.4%
2027	41,472,309	32,766,859	30,516,549	41.1%	30,903,536	24,416,576	22,739,734	41.1%
2028	40,216,049	31,774,301	35,247,635	49.0%	28,814,827	22,766,308	25,254,955	49.0%
2029	38,899,805	30,734,349	40,545,197	58.2%	26,799,747	21,174,214	27,933,329	58.2%
2030	37,503,855	29,631,423	46,405,489	69.1%	24,844,248	19,629,193	30,741,092	69.1%
2031	36,046,298	28,479,821	52,678,229	81.6%	22,960,284	18,140,692	33,554,267	81.6%
2032	34,506,985	27,263,625	59,153,984	95.8%	21,134,417	16,698,092	36,229,911	95.8%
2033	32,913,707	26,004,792	65,753,580	111.6%	19,383,255	15,314,517	38,723,029	111.6%
2034	31,271,573	24,707,358	72,568,579	129.6%	17,707,869	13,990,811	41,092,749	129.6%
2035	29,574,977	23,366,895	79,731,757	150.6%	16,103,032	12,722,845	43,412,478	150.6%
2036	27,839,513	21,995,722	87,016,280	174.6%	14,575,100	11,515,641	45,556,507	174.6%
2037	26,066,077	20,594,548	93,759,987	200.9%	13,121,765	10,367,376	47,199,142	200.9%
2038	24,271,268	19,176,487	99,289,227	228.5%	11,748,318	9,282,229	48,060,175	228.5%
2039	22,472,428	17,755,242	103,834,621	258.1%	10,459,234	8,263,737	48,327,248	258.1%
2040	20,681,488	16,340,238	108,281,357	292.5%	9,255,467	7,312,652	48,458,530	292.5%
2041	18,900,734	14,933,282	112,628,542	332.9%	8,133,208	6,425,967	48,465,385	332.9%
2042	17,144,711	13,545,866	115,566,472	376.6%	7,093,818	5,604,755	47,816,933	376.6%
2043	15,433,433	12,193,802	116,254,022	420.8%	6,140,151	4,851,272	46,251,361	420.8%
2044	13,785,083	10,891,457	115,272,031	467.1%	5,273,423	4,166,479	44,096,806	467.1%
2045	12,215,236	9,651,137	113,196,438	517.7%	4,493,158	3,550,000	41,637,305	517.7%
2046	10,736,554	8,482,845	110,378,585	574.3%	3,797,357	3,000,254	39,039,238	574.3%
2047	9,357,363	7,393,159	106,319,500	634.7%	3,182,267	2,514,278	36,157,309	634.7%
2048	8,086,720	6,389,237	100,532,459	694.5%	2,644,370	2,089,291	32,874,271	694.5%
2049	6,929,792	5,475,160	93,757,137	755.8%	2,178,897	1,721,525	29,479,548	755.8%
2050	5,888,516	4,652,458	86,644,824	822.0%	1,780,283	1,406,584	26,195,445	822.0%
2051	4,963,541	3,921,644	79,582,812	895.7%	1,442,917	1,140,035	23,134,978	895.7%
2052	4,149,909	3,278,802	72,419,343	974.9%	1,159,992	916,498	20,242,822	974.9%
2053	3,442,955	2,720,244	64,976,813	1054.3%	925,368	731,124	17,463,912	1054.3%
2054	2,835,550	2,240,340	57,687,607	1136.5%	732,803	578,980	14,908,444	1136.5%
2055	2,319,026	1,832,239	50,888,138	1225.8%	576,265	455,301	12,645,413	1225.8%
2056	1,884,959	1,489,287	44,735,228	1325.8%	450,386	355,846	10,688,894	1325.8%
2057	1,522,850	1,203,189	39,140,314	1435.8%	349,870	276,429	8,992,368	1435.8%
2058	1,223,680	966,817	33,970,490	1550.8%	270,324	213,580	7,504,439	1550.8%
2059	978,243	772,900	29,326,350	1674.7%	207,793	164,175	6,229,327	1674.7%
2060	778,257	614,893	25,242,465	1811.9%	158,955	125,588	5,155,627	1811.9%
2061	616,737	487,278	21,681,710	1963.9%	121,120	95,696	4,258,042	1963.9%
2062	486,765	384,588	18,548,612	2128.7%	91,918	72,624	3,502,632	2128.7%
2063	382,744	302,402	15,731,891	2296.1%	69,496	54,908	2,856,477	2296.1%
2064	299,607	236,716	13,251,837	2470.9%	52,308	41,328	2,313,622	2470.9%
2065	233,347	184,365	11,111,890	2660.2%	39,173	30,950	1,865,396	2660.2%
2066	180,773	142,827	9,284,076	2869.0%	29,180	23,055	1,498,609	2869.0%
2067	139,177	109,963	7,715,404	3096.8%	21,602	17,067	1,197,499	3096.8%
2068	106,420	84,081	6,322,593	3318.9%	15,882	12,548	943,579	3318.9%
2069	80,673	63,739	5,114,655	3541.7%	11,577	9,147	733,949	3541.7%
2070	60,473	47,779	4,080,645	3769.6%	8,344	6,593	563,048	3769.6%
2071	44,730	35,341	3,216,569	4017.2%	5,934	4,689	426,752	4017.2%
2072	32,579	25,740	2,497,845	4283.1%	4,156	3,284	318,651	4283.1%
2073	23,332	18,434	1,903,636	4557.8%	2,862	2,261	233,507	4557.8%
2074	16,367	12,931	1,421,082	4850.4%	1,930	1,525	167,611	4850.4%
2075	11,182	8,835	1,035,655	5173.7%	1,268	1,002	117,453	5173.7%
2076	7,379	5,830	734,418	5560.0%	805	636	80,087	5560.0%
Total	913,467,357	563,592,552	2,784,809,304	188.5%	604,232,968	331,735,464	1,177,658,034	125.8%
Grand Total	1,341,802,998	563,592,552	2,809,338,120	147.4%	1,109,880,867	331,735,464	1,204,818,395	83.6%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	643,730,903	281,975,144	925,706,047
Dual Loss Ratio Test Met	1,204,818,395	>	925,706,047

Lifetime Experience (Virginia) as of 12/31/2019

Policy Series LTC09U

	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	161,405	0	0	0.0%	234,279	0	0	0.0%
2011	720,706	0	0	0.0%	1,005,869	0	0	0.0%
2012	1,421,722	0	0	0.0%	1,907,941	0	0	0.0%
2013	1,855,162	0	0	0.0%	2,393,859	0	0	0.0%
2014	2,002,583	0	0	0.0%	2,484,700	0	0	0.0%
2015	1,980,112	0	1,842	0.1%	2,362,326	0	2,197	0.1%
2016	1,957,746	0	0	0.0%	2,245,811	0	0	0.0%
2017	1,905,688	0	713,727	37.5%	2,102,012	0	787,255	37.5%
2018	1,862,052	0	474,542	25.5%	1,974,885	0	503,297	25.5%
2019	1,839,828	0	95,552	5.2%	1,876,264	0	97,444	5.2%
Total	15,707,006	0	1,285,662	8.2%	18,587,945	0	1,390,194	7.5%
2020	1,802,677	0	333,329	18.5%	1,767,671	0	326,856	18.5%
2021	1,751,352	0	425,382	24.3%	1,651,290	0	401,078	24.3%
2022	1,677,149	0	511,122	30.5%	1,520,506	0	463,384	30.5%
2023	1,630,505	393,088	606,698	30.0%	1,421,365	342,667	528,879	30.0%
2024	1,591,960	708,235	714,934	31.1%	1,334,388	593,646	599,261	31.1%
2025	1,551,991	1,183,705	839,484	30.7%	1,250,852	954,026	676,595	30.7%
2026	1,510,939	1,193,778	981,186	36.3%	1,170,928	925,138	760,387	36.3%
2027	1,467,994	1,159,847	1,140,003	43.4%	1,093,891	864,273	849,485	43.4%
2028	1,422,951	1,124,260	1,316,220	51.7%	1,019,546	805,533	943,073	51.7%
2029	1,375,804	1,087,009	1,515,167	61.5%	947,850	748,887	1,043,864	61.5%
2030	1,325,675	1,047,403	1,735,457	73.1%	878,187	693,847	1,149,645	73.1%
2031	1,273,385	1,006,089	1,969,245	86.4%	811,103	640,845	1,254,343	86.4%
2032	1,218,143	962,443	2,208,177	101.3%	746,073	589,465	1,352,437	101.3%
2033	1,161,151	917,414	2,451,296	117.9%	683,815	540,275	1,443,596	117.9%
2034	1,102,547	871,111	2,706,333	137.1%	624,329	493,276	1,532,491	137.1%
2035	1,041,956	823,239	2,977,006	159.6%	567,326	448,238	1,620,925	159.6%
2036	980,036	774,316	3,249,999	185.3%	513,088	405,386	1,701,505	185.3%
2037	916,827	724,376	3,496,815	213.1%	461,534	364,654	1,760,310	213.1%
2038	852,990	673,939	3,693,569	241.9%	412,883	326,215	1,787,843	241.9%
2039	789,165	623,511	3,861,462	273.3%	367,297	290,198	1,797,221	273.3%
2040	725,663	573,339	4,031,968	310.4%	324,752	256,583	1,804,404	310.4%
2041	662,563	523,484	4,197,232	353.9%	285,109	225,261	1,806,118	353.9%
2042	600,435	474,398	4,302,801	400.3%	248,437	196,288	1,780,333	400.3%
2043	539,995	426,644	4,316,863	446.6%	214,835	169,739	1,717,453	446.6%
2044	481,890	380,737	4,278,711	496.0%	184,345	145,649	1,636,802	496.0%
2045	426,597	337,050	4,207,467	551.0%	156,916	123,978	1,547,642	551.0%
2046	374,584	295,955	4,107,549	612.6%	132,485	104,675	1,452,778	612.6%
2047	326,165	257,700	3,955,511	677.5%	110,923	87,639	1,345,197	677.5%
2048	281,606	222,494	3,732,265	740.4%	92,086	72,756	1,220,456	740.4%
2049	241,113	190,501	3,479,786	806.2%	75,812	59,898	1,094,130	806.2%
2050	204,707	161,737	3,220,763	878.9%	61,889	48,898	973,738	878.9%
2051	172,405	136,216	2,962,271	959.8%	50,119	39,598	861,142	959.8%
2052	144,043	113,807	2,696,486	1045.8%	40,263	31,812	753,728	1045.8%
2053	119,418	94,351	2,416,418	1130.4%	32,096	25,359	649,464	1130.4%
2054	98,291	77,659	2,145,561	1219.4%	25,402	20,070	554,486	1219.4%
2055	80,339	63,475	1,895,555	1318.1%	19,964	15,773	471,035	1318.1%
2056	65,264	51,564	1,668,715	1428.3%	15,594	12,321	398,717	1428.3%
2057	52,703	41,640	1,460,996	1548.6%	12,108	9,567	335,659	1548.6%
2058	42,324	33,440	1,267,168	1672.5%	9,350	7,387	279,931	1672.5%
2059	33,816	26,718	1,094,168	1807.5%	7,183	5,675	232,417	1807.5%
2060	26,887	21,243	942,890	1959.0%	5,492	4,339	192,580	1959.0%
2061	21,294	16,824	810,406	2126.1%	4,182	3,304	159,155	2126.1%
2062	16,795	13,269	692,995	2305.1%	3,171	2,506	130,862	2305.1%
2063	13,192	10,423	586,642	2484.2%	2,395	1,892	106,518	2484.2%
2064	10,313	8,148	493,602	2673.6%	1,801	1,423	86,177	2673.6%
2065	8,020	6,336	413,831	2882.6%	1,346	1,064	69,471	2882.6%
2066	6,201	4,899	345,584	3113.3%	1,001	791	55,783	3113.3%
2067	4,764	3,764	286,773	3363.0%	739	584	44,510	3363.0%
2068	3,632	2,870	234,178	3601.8%	542	428	34,949	3601.8%
2069	2,744	2,168	188,802	3843.1%	394	311	27,093	3843.1%
2070	2,049	1,619	150,236	4096.5%	283	223	20,730	4096.5%
2071	1,508	1,191	118,076	4374.4%	200	158	15,666	4374.4%
2072	1,092	863	91,384	4675.8%	139	110	11,658	4675.8%
2073	776	613	69,339	4989.0%	95	75	8,505	4989.0%
2074	540	427	51,508	5325.2%	64	50	6,075	5325.2%
2075	365	289	37,337	5706.7%	41	33	4,234	5706.7%
2076	238	188	26,311	6174.0%	26	21	2,869	6174.0%
Total	32,239,528	19,851,806	103,711,032	199.1%	21,365,502	11,702,807	43,885,642	132.7%
Grand Total	47,946,534	19,851,806	104,996,695	154.9%	39,953,447	11,702,807	45,275,835	87.6%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	23,172,999	9,947,386	33,120,385
Dual Loss Ratio Test Met	45,275,835	>	33,120,385

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: United of Omaha Life Insurance Company (69868)

SERFF Tracking Number: MUTA-133092605

Revised Rates

Average Annual Premium Per Member: 2,271

Average Requested Percentage Rate Change Per Member: 79.0%

Range of Requested Rate Changes: 9.00% - 97.82%

Number of Virginia Policyholders Affected: 827

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
LTC09U-AG, LTC09U-5ML, LTC09U-10ML		2009-2015	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: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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: LTC09U [-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: LTC09U [-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: LTC09U [-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: LTC09U [-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: LTC09U [-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: LTC09U [-AG, -5ML, -10ML]
Annual Premium Rates
Per $300 Monthly Benefit

Form:	LTC09U						
	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 LTC09U [-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 - LTC09U-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: LTC09U [-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: LTC09U [-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: LTC09U [-AG, -5ML, -10ML]

Rider:	0MD3M	0MD6M	0MD7M	0MD8M	0MD9M	0MD0M	0MD1M	0MD2M
	Nonforfeiture Benefit -		Limited Payment Options			Full Return	Return Premium	Return Premium
Issue Age	Shortened Benefit Period Option	Single Premium	10 Pay	20 Pay	Pay to 65	Premium on Death	on Death less Claims	on Death 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: LTC09U [-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: LTC09U [-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.

14,951,800	Proj c: Current Assumptions and Current Rates
8.0%	

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	430,856	-	430,856	4,674	1.1%
2010	6,213,558	18,063	6,213,558	70,532	1.1%
2011	16,922,896	16,922,896	18,133	0.11%	
2012	35,028,652	35,028,652	519,498	1.5%	
2013	48,636,486	48,636,486	986,337	2.0%	
2014	55,031,890	55,031,890	1,118,503	2.0%	
2015	54,745,318	54,745,318	2,252,299	4.1%	
2016	54,041,308	54,041,308	3,892,423	7.2%	
2017	53,132,247	53,132,247	6,470,596	8.6%	
2018	52,343,128	52,343,128	6,705,862	9.0%	
2019	51,609,139	51,609,139	6,543,571	12.7%	
2020	50,552,086	50,552,086	8,018,202	16.9%	
2021	49,190,859	49,190,859	10,273,943	20.9%	
2022	47,271,223	47,271,223	12,401,451	26.2%	
2023	45,982,726	45,982,726	14,752,042	32.1%	
2024	44,914,982	44,914,982	17,391,722	38.7%	
2025	43,806,040	43,806,040	20,419,551	46.6%	
2026	42,662,562	42,662,562	23,864,175	55.9%	
2027	41,465,718	41,465,718	27,737,207	66.9%	
2028	40,209,649	40,209,649	32,037,237	79.7%	
2029	38,893,605	38,893,605	36,852,329	94.8%	
2030	37,497,866	37,497,866	42,178,780	112.5%	
2031	36,040,529	36,040,529	47,880,667	132.9%	
2032	34,501,449	34,501,449	53,765,826	155.8%	
2033	32,908,415	32,908,415	59,764,084	181.6%	
2034	31,266,534	31,266,534	65,958,136	211.0%	
2035	29,570,199	29,570,199	72,468,675	245.1%	
2036	27,835,004	27,835,004	79,089,620	284.1%	
2037	26,061,843	26,061,843	85,219,082	327.0%	
2038	24,267,314	24,267,314	90,244,614	371.9%	
2039	22,468,758	22,468,758	94,376,011	420.0%	
2040	20,678,101	20,678,101	98,417,809	476.0%	
2041	18,897,628	18,897,628	102,369,238	541.7%	
2042	17,141,886	17,141,886	105,059,777	612.8%	
2043	15,430,882	15,430,882	105,664,672	684.8%	
2044	13,782,797	13,782,797	104,772,131	760.2%	
2045	12,213,204	12,213,204	102,885,613	842.4%	
2046	10,734,763	10,734,763	100,324,520	934.6%	
2047	9,355,796	9,355,796	96,635,219	1032.9%	
2048	8,085,363	8,085,363	91,375,151	1130.1%	
2049	6,928,625	6,928,625	85,256,875	1229.9%	
2050	5,887,521	5,887,521	78,752,373	1337.6%	
2051	4,962,701	4,962,701	72,033,723	1457.5%	
2052	4,149,205	4,149,205	65,822,918	1586.4%	
2053	3,442,369	3,442,369	59,058,271	1715.6%	
2054	2,835,066	2,835,066	52,433,222	1849.5%	
2055	2,318,630	2,318,630	46,250,238	1994.9%	
2056	1,884,646	1,884,646	40,660,837	2157.5%	
2057	1,522,589	1,522,589	35,575,762	2336.5%	
2058	1,223,470	1,223,470	30,876,921	2523.7%	
2059	978,075	978,075	26,655,875	2725.3%	
2060	778,123	778,123	22,944,037	2948.6%	
2061	616,630	616,630	19,707,642	3196.0%	
2062	483,678	483,678	16,882,860	3490.2%	
2063	382,678	382,678	14,298,684	3736.7%	
2064	299,554	299,554	12,065,454	4021.1%	
2065	233,306	233,306	10,100,348	4329.2%	
2066	180,742	180,742	8,438,941	4669.1%	
2067	139,153	139,153	7,013,069	5039.8%	
2068	106,401	106,401	5,747,039	5401.3%	
2069	80,659	80,659	4,649,054	5763.9%	
2070	60,462	60,462	3,709,568	6134.8%	
2071	44,732	44,732	2,903,798	6537.6%	
2072	32,573	32,573	2,270,449	6970.6%	
2073	23,327	23,327	1,730,311	7417.6%	
2074	16,364	16,364	1,291,704	7893.7%	
2075	11,180	11,180	941,364	8419.9%	
2076	7,377	7,377	667,551	9048.6%	

Past Experience	427,925,477	-	427,925,477
Anticipated Experience	911,120,750	-	911,120,750
Lifetime Experience	1,341,246,177	-	1,341,246,177
Past Experience @ 6%	505,123,609	-	505,123,609
Anticipated Experience @ 6%	604,136,585	-	604,136,585
Lifetime Experience @ 6%	1,109,260,194	-	1,109,260,194

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	845,370,953	0	845,370,953
Dual Loss Ratio Test Met	1,097,547,243	>	845,370,953

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	430,856	4,674	1.1%
2010	6,213,558	70,532	1.1%
2011	16,922,896	28,288	0.1%
2012	35,028,652	541,308	1.5%
2013	48,636,486	968,374	2.0%
2014	55,031,890	1,098,010	2.0%
2015	54,745,318	2,138,128	4.0%
2016	54,041,308	2,931,546	5.4%
2017	53,132,247	3,814,210	7.1%
2018	52,343,128	4,798,906	9.6%
2019	51,609,139	5,792,592	11.9%
2020	50,552,086	7,287,071	14.4%
2021	49,190,859	9,026,592	17.3%
2022	47,271,223	9,337,218	20.7%
2023	45,982,726	10,780,179	24.7%
2024	44,914,982	12,389,016	29.3%
2025	43,806,040	14,211,869	34.8%
2026	42,662,562	16,260,099	41.3%
2027	41,465,718	18,517,071	49.0%
2028	40,209,649	20,946,087	57.8%
2029	38,893,605	23,554,972	68.0%
2030	37,497,866	26,524,111	80.3%
2031	36,040,529	29,951,199	95.5%
2032	34,501,449	33,575,249	113.1%
2033	32,908,415	37,014,111	132.2%
2034	31,266,534	40,908,136	151.8%
2035	29,570,199	44,945,728	177.5%
2036	27,835,004	49,021,746	205.5%
2037	26,061,843	53,016,688	236.6%
2038	24,267,314	56,916,146	270.7%
2039	22,468,758	59,729,771	308.3%
2040	20,678,101	62,503,519	350.5%
2041	18,897,628	65,236,238	391.7%
2042	17,141,886	67,274,637	452.2%
2043	15,430,882	68,614,136	504.8%
2044	13,782,797	69,147,213	561.8%
2045	12,213,204	69,250,674	624.3%
2046	10,734,763	68,591,960	694.5%
2047	9,355,796	66,420,219	770.1%
2048	8,085,363	62,127,049	847.9%
2049	6,928,625	55,926,874	929.5%
2050	5,887,521	48,913,247	1014.8%
2051	4,962,701	41,496,525	1113.4%
2052	4,149,205	34,217,895	1218.7%
2053	3,442,369	28,037,734	1326.2%
2054	2,835,066	22,932,222	1439.5%
2055	2,318,630	18,252,238	1564.3%
2056	1,884,646	14,264,837	1706.4%
2057	1,522,589	11,000,762	1869.5%
2058	1,223,470	8,267,921	2062.1%
2059	978,075	6,000,875	2292.0%
2060	778,123	4,246,037	2562.1%
2061	616,630	2,966,642	2881.9%
2062	483,678	2,000,860	3255.4%
2063	382,678	1,298,684	3736.7%
2064	299,554	712,120	4021.1%
2065	233,306	243,348	4329.2%
2066	180,742	-165,044	4669.1%
2067	139,153	-382,539	5039.8%
2068	106,401	-518,038	5401.3%
2069	80,659	-564,054	5763.9%
2070	60,462	-527,568	6134.8%
2071	44,732	-421,798	6537.6%
2072	32,573	-270,449	6970.6%
2073	23,327	-108,311	7417.6%
2074	16,364	61,296	7893.7%
2075	11,180	241,364	8419.9%
2076	7,377	427,551	9048.6%

Past Experience	427,925,477	22,777,609	5.3%
Anticipated Experience	911,120,750	1,321,157,260	145.0%
Lifetime Experience	1,341,246,177	1,343,934,869	100.2%
Past Experience @ 6%	505,123,609	25,375,680	5.0%
Anticipated Experience @ 6%	604,136,585	1,070,390,464	177.2%
Lifetime Experience @ 6%	1,109,260,194	1,097,547,243	98.9%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	845,370,953	0	845,370,953
Dual Loss Ratio Test Met	1,097,547,243	>	845,370,953

Proj b: Current Assumptions and Current Premiums

Rate Increase: 10.0%

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	430,856	-	-	430,856	4,674	1.1%
2010	6,213,558	-	-	6,213,558	70,532	1.1%
2011	16,922,896	-	-	16,922,896	18,133	0.1%
2012	35,028,652	-	-	35,028,652	519,498	1.5%
2013	48,636,486	-	-	48,636,486	986,337	2.0%
2014	55,031,890	-	-	55,031,890	1,118,503	2.0%
2015	54,745,318	-	-	54,745,318	2,252,299	4.1%
2016	54,041,308	-	-	54,041,308	3,892,423	7.2%
2017	53,132,247	-	-	53,132,247	6,470,596	8.6%
2018	52,343,128	-	-	52,343,128	6,705,862	9.0%
2019	51,609,139	-	-	51,609,139	6,543,571	12.7%
2020	50,552,086	-	-	50,552,086	8,018,202	15.9%
2021	49,190,859	-	-	49,190,859	10,273,943	20.9%
2022	47,271,223	-	3,500,681	50,771,761	12,401,451	24.4%
2023	45,982,726	-	16,649,396	62,632,122	14,752,042	23.6%
2024	44,914,982	-	26,938,287	74,853,279	17,391,722	23.5%
2025	43,806,040	-	40,001,461	83,807,501	20,419,551	24.4%
2026	42,662,562	-	38,957,294	81,619,856	23,864,175	29.2%
2027	41,465,718	-	37,864,997	79,330,115	27,737,207	35.0%
2028	40,209,649	-	36,717,418	76,927,067	32,037,237	41.6%
2029	38,893,605	-	35,511,673	74,404,278	36,852,329	49.5%
2030	37,497,866	-	34,241,155	71,739,021	42,178,780	58.8%
2031	36,040,529	-	32,903,389	68,950,918	47,880,667	69.4%
2032	34,501,449	-	31,504,978	66,006,427	53,765,826	81.5%
2033	32,908,415	-	30,050,301	62,958,715	59,764,084	94.9%
2034	31,266,534	-	28,551,218	59,817,752	65,958,136	110.3%
2035	29,570,199	-	27,002,011	56,572,210	72,468,675	128.1%
2036	27,835,004	-	25,417,118	53,252,122	79,089,620	148.5%
2037	26,061,843	-	23,798,958	49,860,201	85,219,082	170.9%
2038	24,267,314	-	22,159,684	46,426,999	90,244,614	194.4%
2039	22,468,758	-	20,517,334	42,986,092	94,376,011	219.6%
2040	20,678,101	-	18,882,196	39,560,297	98,417,809	248.8%
2041	18,897,628	-	17,256,359	36,153,987	102,369,238	283.1%
2042	17,141,886	-	15,653,103	32,794,989	105,059,777	320.3%
2043	15,430,882	-	14,090,701	29,521,582	105,664,672	357.9%
2044	13,782,797	-	12,585,713	26,368,511	104,772,131	397.3%
2045	12,213,204	-	11,152,481	23,365,685	102,885,613	440.3%
2046	10,734,763	-	9,802,452	20,537,205	100,324,520	488.5%
2047	9,355,796	-	8,544,240	17,899,036	96,635,219	539.9%
2048	8,085,363	-	7,383,144	15,468,507	91,375,151	590.7%
2049	6,928,625	-	6,326,870	13,255,495	85,256,875	642.9%
2050	5,887,521	-	5,376,587	11,263,708	78,752,373	699.2%
2051	4,962,701	-	4,531,687	9,494,388	72,033,723	761.9%
2052	4,149,205	-	3,788,844	7,938,048	65,822,918	829.2%
2053	3,442,369	-	3,143,397	6,585,766	59,058,271	896.8%
2054	2,835,066	-	2,588,608	5,423,674	52,433,222	966.7%
2055	2,318,630	-	2,117,256	4,435,886	46,250,238	1042.7%
2056	1,884,646	-	1,720,956	3,605,591	40,660,837	1127.7%
2057	1,522,589	-	1,390,351	2,912,941	35,575,762	1221.3%
2058	1,223,470	-	1,117,211	2,340,680	30,876,921	1319.1%
2059	978,075	-	893,128	1,871,204	26,655,875	1424.5%
2060	778,123	-	710,543	1,488,666	22,944,037	1541.2%
2061	616,630	-	563,076	1,179,706	19,707,642	1670.5%
2062	483,678	-	441,678	925,356	16,882,860	1824.7%
2063	382,678	-	349,442	732,120	14,298,684	1953.2%
2064	299,554	-	273,538	573,092	12,065,454	2105.8%
2065	233,306	-	213,004	446,310	10,100,348	2262.9%
2066	180,742	-	165,044	345,786	8,438,941	2440.5%
2067	139,153	-	127,067	266,220	7,013,069	2634.1%
2068	106,401	-	97,160	203,561	5,747,039	2823.3%
2069	80,659	-	73,663	154,322	4,649,054	3012.8%
2070	60,462	-	55,210	115,672	3,709,568	3206.6%
2071	44,732	-	40,848	85,579	2,903,798	3417.2%
2072	32,573	-	29,744	62,317	2,270,449	3643.4%
2073	23,327	-	21,301	44,629	1,730,311	3877.1%
2074	16,364	-	14,943	31,306	1,291,704	4126.0%
2075	11,180	-	10,208	21,389	941,364	4401.4%
2076	7,377	-	6,737	14,114	667,551	4729.7%

Past Experience	427,925,477	-	427,925,477
Anticipated Experience	911,120,750	1,379,227,937	2,531,157,260
Lifetime Experience	1,341,246,177	-	666,007,230
Past Experience @ 6%	505,123,609	-	505,123,609
Anticipated Experience @ 6%	604,136,585	1,000,156,549	1,070,390,464
Lifetime Experience @ 6%	1,109,260,194	-	428,335,190

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	845,370,953	364,084,951	1,097,455,840
Dual Loss Ratio Test Met	1,097,547,243	>	1,097,455,840

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase: 10.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	824,228	-	0.0%
2010	11,886,336	18,063	0.2%
2011	32,373,530	18,133	0.1%
2012	67,000,811	519,498	0.8%
2013	92,658,997	986,337	1.1%
2014	105,256,875	1,118,503	1.1%
2015	104,727,793	2,252,299	2.2%
2016	103,381,022	3,892,423	3.8%
2017	101,641,988	6,470,596	6.4%
2018	100,132,404	6,705,862	6.7%
2019	98,728,283	6,543,571	6.6%
2020	96,706,141	8,018,202	8.3%
2021	94,102,114	10,273,943	10.9%
2022	90,430,041	12,401,451	13.7%
2023	87,964,954	14,752,042	16.8%
2024	85,922,361	17,391,722	20.2%
2025	83,800,955	20,419,551	24.4%
2026	81,611,681	23,864,175	29.2%
2027	79,323,869	27,737,207	35.0%
2028	76,931,058	32,037,237	41.6%
2029	74,403,466	36,852,329	49.5%
2030	71,733,417	42,178,780	58.8%
2031	68,945,532	47,880,667	69.4%
2032	66,001,271	53,765,826	81.5%
2033	62,951,798	59,764,084	94.9%
2034	59,812,880	65,958,136	110.3%
2035	56,567,792	72,468,675	128.1%
2036	53,248,362	79,089,620	148.5%
2037	49,854,306	85,219,082	170.9%
2038	46,419,372	90,244,614	194.4%
2039	42,982,734	94,376,011	219.6%
2040	39,557,207	98,417,809	248.8%
2041	36,151,563	102,369,238	283.2%
2042	32,792,427	105,059,777	320.3%
2043	29,519,276	105,664,672	358.0%
2044	26,366,491	104,772,131	397.4%
2045	23,363,860	102,885,613	440.4%
2046	20,535,601	100,324,520	488.6%
2047	17,897,638	96,635,219	539.9%
2048	15,467,298	91,375,151	590.8%
2049	13,254,660	85,256,875	642.9%
2050	11,262,839	78,752,373	699.2%
2051	9,493,646	72,033,723	761.9%
2052	7,937,428	65,822,918	829.3%
2053	6,585,252	59,058,271	896.8%
2054	5,423,682	52,433,222	966.8%
2055	4,435,339	46,250,238	1042.8%
2056	3,605,309	40,660,837	1127.8%
2057	2,912,713	35,575,762	1221.4%
2058	2,340,497	30,876,921	1319.2%
2059	1,871,057	26,655,875	1424.6%
2060	1,488,550	22,944,037	1541.2%
2061	1,179,614	19,707,642	1670.6%
2062	924,956	16,882,860	1824.7%
2063	732,162	14,298,684	1953.2%
2064	573,087	12,065,454	2105.8%
2065	446,315	10,100,348	2262.9%
2066	345,759	8,438,941	2440.5%
2067	266,199	7,013,069	2634.1%
2068	203,564	5,747,039	2823.3%
2069	154,330	4,649,054	3012.8%
2070	115,630	3,709,568	3206.6%
2071	85,553	2,903,798	3417.2%
2072	62,312	2,270,449	3643.4%
2073	44,629	1,730,311	3877.1%
2074	31,306	1,291,704	4126.0%
2075	21,388	941,364	4401.4%
2076	14,113	667,551	4730.0%

Past Experience	818,621,638	24,525,305	3.0%
Anticipated Experience	1,767,182,890	2,531,157,260	144.9%
Lifetime Experience	2,585,804,527	2,555,682,374	98.8%
Past Experience @ 6%	966,001,464	27,166,779	2.8%
Anticipated Experience @ 6%	1,155,713,287	1,070,390,464	92.6%
Lifetime Experience @ 6%	2,121,714,751	1,097,547,243	51.7%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	845,370,953	364,084,951	1,097,455,840
Dual Loss Ratio Test Met	1,097,547,243	>	1,097,455,840

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	430,856	-	0.0%
2010	6,213,558	18,063	0.3%
2011	16,922,896	18,133	0.1%
2012	35,028,652	519,498	1.5%
2013	48,636,486	986,337	2.0%
2014	55,031,890	1,118,503	2.0%
2015	54,745,318	2,252,299	4.1%
2016	54,041,308	3,892,423	7.2%
2017	53,132,247	6,470,596	8.6%
2018	52,343,128	6,705,862	9.0%
2019	51,609,139	6,543,571	12.7%
2020	50,552,086	8,018,202	15.9%
2021	49,190,859	10,273,943	20.9%
2022	47,271,223	12,401,451	26.2%
2023	45,982,726	14,752,042	32.1%
2024	44,914,982	17,391,722	38.7%
2025	43,806,040	20,419,551	46.6%
2026	42,662,562	23,864,175	55.9%
2027	41,465,718	27,737,207	66.9%
2028	40,209,649	32,037,237	79.7%
2029	38,893,605	36,852,329	94.8%
2030	37,497,866	42,178,780	112.5%
2031	36,040,529	47,880,667	132.9%
2032	34,501,449	53,765,826	155.8%
2033	32,908,415	59,764,084	181.6%
2034	31,266,534	65,958,136	211.0%
2035	29,570,199	72,468,675	245.1%
2036	27,835,004	79,089,620	284.1%
2037	26,061,843	85,219,082	327.0%
2038	24,267,314	90,244,614	371.9%
2039	22,468,758	94,376,011	420.0%
2040	20,678,101	98,417,809	476.0%
2041	18,897,628	102,369,238	541.7%
2042	17,141,886	105,059,777	612.8%
2043	15,430,882	105,664,672	684.8%
2044	13,782,797	104,772,131	760.2%
2045	12,213,204	102,885,613	842.4%
2046	10,734,763	100,324,520	934.6%
2047	9,355,796	96,635,219	1032.9%
2048	8,085,363	91,375,151	1130.1%
2049	6,928,625	85,256,875	1229.9%
2050	5,887,521	78,752,373	1337.6%
2051	4,962,701	72,033,723	1457.5%
2052	4,149,205	65,822,918	1586.4%
2053	3,442,369	59,058,271	1715.6%
2054	2,835,066	52,433,222	1849.5%
2055	2,318,630	46,250,238	1994.9%
2056	1,884,646	40,660,837	2157.5%
2057	1,522,589	35,575,762	2336.5%
2058	1,223,470	30,876,921	2523.7%
2059	978,075	26,655,875	2725.3%
2060	778,123	22,944,037	2948.6%
2061	616,630	19,707,642	3196.0%
2062	483,678	16,882,860	3490.2%
2063	382,678	14,298,684	3736.7%
2064	299,554	12,065,454	4021.1%
2065	233,306	10,100,348	4329.2%
2066	180,742	8,438,941	4669.1%
2067	139,153	7,013,069	5039.8%
2068	106,401	5,747,039	5401.3%
2069	80,659	4,649,054	5763.9%
2070	60,462	3,709,568	6134.8%
2071	44,732	2,903,798	6537.6%
2072	32,573	2,270,449	6970.6%
2073	23,327	1,730,311	7417.6%
2074	16,364	1,291,704	7893.7%
2075	11,180	941,364	8419.9%
2076	7,377	667,551	9048.6%

Past Experience	427,925,477	24,525,305	5.7%
Anticipated Experience	911,120,750	1,379,227,937	151.4%
Lifetime Experience	1,341,246,177	1,403,753,242	104.7%
Past Experience @ 6%	505,123,609	27,166,779	5.4%
Anticipated Experience @ 6%	604,136,585	1,000,156,549	165.6%
Lifetime Experience @ 6%	1,109,260,194	1,097,547,243	98.9%

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	845,370,953	364,084,951	1,097,455,840
Dual Loss Ratio Test Met	1,097,547,243	>	1,097,455,840

Prospective PV Approach (PPV) with Delay

Rate Increase: 88.6%

	Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
Total	604,136,585	1,177,629,510	571,038,152	703,488,293	33,097,433	473,940,218

194.9% 123.2%

Weight 1: 0.85
Weight 2: 0.58
C: 0%
PPV Increase: 88.6%

Prospective PV Approach (PPV) with Delay

Rate Increase: 104.3%

	Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
Total	604,136,585	1,177,629,510	571,038,152	703,488,293	33,097,433	473,940,218

227.9% 164.8%

Weight 1: 0.85
Weight 2: 0.58
C: 0%
PPV Increase: 104.3%

"If-Renew" Calculation (from Inception)

Rate Increase: 71.7%

	Earned Premium	Incurred Claims	Incurred Loss Ratio
Total	57,976,815	71,931,027	124.1%

Make-up Rate Increase Calculation

% Policyholder remaining: 87%

	Earned Premium	Incurred Claims	Incurred Loss Ratio
Total	57,976,815	71,931,027	124.1%

Unlimited:	103.3%
With Cost Sharing:	86.2%

Cost Sharing Table

Layer	Pre Share	Layer Top
50%	100%	100%
35%	90%	50%
10%	75%	100%
2%	65%	150%
0%	50%	1000000%

HURDLRATE	7.75%
	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	39,107	-	39,107	-	0.0%
2010	629,410	-	629,410	7,154	1.1%
2011	1,948,248	-	1,948,248	13,434	0.7%
2012	3,588,283	-	3,615,698	60,550	1.7%
2013	5,446,004	-	5,546,404	435,807	8.0%
2014	6,555,513	-	6,555,513	447,592	6.8%
2015	6,508,579	-	6,508,579	165,746	2.5%
2016	6,315,465	-	6,315,465	697,390	11.0%
2017	6,125,805	-	6,125,805	414,359	6.8%
2018	5,935,721	-	5,935,721	1,282,318	21.6%
2019	5,737,522	-	5,737,522	1,179,018	20.5%
2020	5,534,614	-	5,534,614	1,456,753	26.3%
2021	5,327,557	-	5,327,557	1,793,808	33.7%
2022	5,128,590	-	5,128,590	2,078,292	40.5%
2023	4,933,378	-	4,933,378	2,355,791	47.8%
2024	4,736,559	-	4,736,559	2,628,264	55.5%
2025	4,535,278	-	4,535,278	2,903,301	64.2%
2026	4,329,415	-	4,329,415	3,200,936	73.9%
2027	4,120,619	-	4,120,619	3,492,169	84.7%
2028	3,908,349	-	3,908,349	3,775,984	96.6%
2029	3,693,306	-	3,693,306	4,047,894	109.6%
2030	3,476,974	-	3,476,974	4,317,621	124.2%
2031	3,259,939	-	3,259,939	4,587,535	140.7%
2032	3,042,836	-	3,042,836	4,857,420	159.6%
2033	2,826,766	-	2,826,766	5,049,536	178.6%
2034	2,613,128	-	2,613,128	5,204,383	199.2%
2035	2,403,857	-	2,403,857	5,320,033	221.3%
2036	2,199,808	-	2,199,808	5,413,156	246.1%
2037	2,001,742	-	2,001,742	5,460,314	272.8%
2038	1,810,877	-	1,810,877	5,441,381	300.5%
2039	1,628,429	-	1,628,429	5,326,792	327.1%
2040	1,455,257	-	1,455,257	5,167,914	355.1%
2041	1,291,519	-	1,291,519	5,006,207	387.6%
2042	1,137,643	-	1,137,643	4,806,838	422.5%
2043	994,615	-	994,615	4,563,821	458.9%
2044	862,943	-	862,943	4,253,215	492.9%
2045	743,117	-	743,117	3,901,083	525.0%
2046	635,202	-	635,202	3,554,148	559.6%
2047	538,723	-	538,723	3,213,051	596.4%
2048	453,699	-	453,699	2,878,553	634.5%
2049	379,397	-	379,397	2,540,206	669.5%
2050	315,123	-	315,123	2,213,854	703.3%
2051	260,160	-	260,160	1,915,611	736.3%
2052	213,491	-	213,491	1,648,166	772.0%
2053	174,390	-	174,390	1,409,426	808.2%
2054	141,840	-	141,840	1,195,512	842.9%
2055	114,910	-	114,910	1,006,795	876.2%
2056	92,803	-	92,803	846,445	912.1%
2057	74,726	-	74,726	709,595	949.6%
2058	60,094	-	60,094	593,109	987.6%
2059	48,253	-	48,253	496,273	1028.5%
2060	38,677	-	38,677	414,608	1072.0%
2061	30,945	-	30,945	346,040	1118.2%
2062	24,748	-	24,748	288,994	1167.8%
2063	19,705	-	19,705	237,267	1204.1%
2064	15,672	-	15,672	195,722	1248.9%
2065	12,014	-	12,014	160,868	1295.9%
2066	9,778	-	9,778	131,419	1344.1%
2067	7,644	-	7,644	105,789	1383.6%
2068	5,929	-	5,929	84,555	1419.5%
2069	4,542	-	4,542	66,523	1455.9%
2070	3,434	-	3,434	51,017	1485.8%
2071	2,549	-	2,549	38,784	1521.5%
2072	1,849	-	1,849	28,944	1565.0%
2073	1,312	-	1,312	21,148	1612.1%
2074	901	-	901	15,139	1679.6%
2075	588	-	588	10,575	1798.7%
2076	380	-	380	7,166	1886.8%

Past Experience	48,829,618	-	48,829,618	4,735,938	9.7%
Anticipated Experience	81,680,963	-	81,680,963	22,818,869	162.6%
Lifetime Experience	130,510,621	-	130,510,621	127,554,907	105.6%
Past Experience @ 4%	57,581,390	-	57,581,390	5,288,199	9.2%
Anticipated Experience @ 4%	57,077,041	-	57,077,041	68,484,206	121.7%
Lifetime Experience @ 4%	114,658,080	-	114,658,080	74,772,405	65.2%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	66,002,267	0
Dual Loss Ratio Test Met	74,772,405	>
		66,002,267

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	39,107	424	1.1%
2010	629,410	7,154	1.1%
2011	1,948,248	27,033	1.4%
2012	3,588,283	60,550	1.7%
2013	5,446,004	107,470	1.9%
2014	6,555,513	170,417	2.5%
2015	6,508,579	246,991	3.7%
2016	6,315,465	337,224	5.2%
2017	6,125,805	446,262	7.1%
2018	5,935,721	552,223	9.1%
2019	5,737,522	684,652	11.3%
2020	5,534,614	755,756	13.8%
2021	5,327,557	954,422	16.6%
2022	5,128,590	1,039,264	19.9%
2023	4,933,378	1,201,791	24.8%
2024	4,736,559	1,418,264	29.9%
2025	4,535,278	1,642,856	36.2%
2026	4,329,415	1,869,961	43.2%
2027	4,120,619	2,239,360	47.6%
2028	3,908,349	2,545,638	54.3%
2029	3,693,306	2,872,333	61.5%
2030	3,476,974	3,217,621	69.1%
2031	3,259,939	3,673,961	77.5%
2032	3,042,836	4,129,302	86.4%
2033	2,826,766	4,494,490	95.8%
2034	2,613,128	4,859,831	105.7%
2035	2,403,857	5,225,033	116.8%
2036	2,199,808	5,589,156	128.8%
2037	2,001,742	5,952,314	141.8%
2038	1,810,877	6,314,381	155.8%
2039	1,628,429	6,674,792	170.5%
2040	1,455,257	7,033,914	185.9%
2041	1,291,519	7,392,207	202.1%
2042	1,137,643	7,561,793	216.7%
2043	994,615	7,614,417	234.9%
2044	862,943	7,552,659	254.8%
2045	743,117	7,411,796	277.9%
2046	635,202	7,224,825	302.4%
2047	538,723	6,983,551	329.4%
2048	453,699	6,677,882	357.9%
2049	379,397	6,290,306	388.1%
2050	315,123	5,889,209	420.9%
2051	260,160	5,483,754	453.8%
2052	213,491	5,068,591	487.8%
2053	174,390	4,639,426	521.9%
2054	141,840	4,213,231	556.2%
2055	114,910	3,806,566	590.8%
2056	92,803	3,419,942	625.6%
2057	74,726	3,067,131	660.5%
2058	60,094	2,717,091	694.5%
2059	48,253	2,384,680	728.5%
2060	38,677	2,066,833	762.5%
2061	30,945	1,763,155	796.5%
2062	24,748	1,473,611	830.5%
2063	19,705	1,204,176	864.5%
2064	15,672	971,106	898.5%
2065	12,014	733,881	932.5%
2066	9,778	534,030	966.5%
2067	7,644	365,789	1000.5%
2068	5,929	227,555	1034.5%
2069	4,542	118,228	1068.5%
2070	3,434	38,211	1102.5%
2071	2,549	28,784	1136.5%
2072	1,849	21,148	1170.5%
2073	1,312	15,139	1204.5%
2074	901	10,575	1238.5%
2075	588	7,166	1272.5%
2076	380	4,735,938	1306.5%

Past Experience	48,829,618	4,735,938	9.7%
Anticipated Experience	81,680,963	192,818,969	236.0%
Lifetime Experience	130,510,621	197,554,907	151.4%
Past Experience @ 4%	57,581,390	5,288,199	9.2%
Anticipated Experience @ 4%	57,077,041	68,484,206	120.0%
Lifetime Experience @ 4%	114,658,080	74,772,405	65.2%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	66,002,267	55,984,153
Dual Loss Ratio Test Met	74,772,405	81,886,459

Proj c: Current Assumptions and Current Rates

	9.0%
Rate Increase	12.0%
	0.0%

Y1:					109.0%
Y2:					109.8%
Y3:					121.1%
Y4:					100.0%
Y5:					

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	39,107	-	-	39,107	-	0.0%
2010	629,410	-	-	629,410	-	0.0%
2011	1,948,248	-	-	1,948,248	13,434	0.7%
2012	3,588,283	-	-	3,588,283	100,275	2.8%
2013	5,446,004	-	-	5,446,004	435,807	8.0%
2014	6,555,513	-	-	6,555,513	447,592	6.8%
2015	6,508,579	-	-	6,508,579	165,746	2.5%
2016	6,315,465	-	-	6,315,465	697,390	11.0%
2017	6,125,805	-	-	6,125,805	414,359	6.8%
2018	5,935,721	-	-	5,935,721	1,282,318	21.6%
2019	5,737,522	-	-	5,737,522	1,179,018	20.5%
2020	5,534,614	-	-	5,534,614	1,456,753	26.3%
2021	5,327,557	-	-	5,327,557	1,793,808	33.7%
2022	5,128,590	-	114,880	5,242,470	2,078,292	39.6%
2023	4,933,378	-	573,056	5,506,434	2,355,791	42.8%
2024	4,736,559	-	1,226,231	5,962,790	2,628,264	44.1%
2025	4,535,278	-	2,031,976	6,567,255	2,903,301	44.2%
2026	4,329,415	-	2,888,966	7,218,381	3,200,936	44.3%
2027	4,120,619	-	3,846,193	7,966,813	3,492,169	43.8%
2028	3,908,349	-	4,751,088	8,659,437	3,775,984	43.6%
2029	3,693,306	-	5,654,741	9,348,046	4,047,894	43.3%
2030	3,476,974	-	6,557,286	10,033,260	4,317,621	43.0%
2031	3,259,939	-	7,460,576	10,717,516	4,587,535	42.8%
2032	3,042,836	-	8,364,620	11,400,456	4,857,420	42.6%
2033	2,826,766	-	9,269,436	12,082,202	5,049,536	41.8%
2034	2,613,128	-	10,174,901	12,762,029	5,204,383	40.8%
2035	2,403,857	-	11,080,129	13,439,986	5,320,033	39.6%
2036	2,199,808	-	11,985,107	14,115,963	5,413,156	38.3%
2037	2,001,742	-	12,889,854	14,789,968	5,460,314	36.9%
2038	1,810,877	-	13,794,381	15,461,981	5,441,381	35.2%
2039	1,628,429	-	14,698,692	16,131,993	5,326,792	33.0%
2040	1,455,257	-	15,602,787	16,799,996	5,167,914	30.8%
2041	1,291,519	-	16,506,667	17,465,988	5,006,207	28.7%
2042	1,137,643	-	17,410,332	18,129,960	4,806,838	26.5%
2043	994,615	-	18,313,781	18,791,911	4,563,821	24.3%
2044	862,943	-	19,216,996	19,451,841	4,253,215	21.9%
2045	743,117	-	20,119,977	20,109,739	3,901,083	19.4%
2046	635,202	-	21,022,718	20,765,600	3,554,148	17.1%
2047	538,723	-	21,925,217	21,419,411	3,213,051	15.0%
2048	453,699	-	22,827,469	22,071,164	2,878,553	13.0%
2049	379,397	-	23,729,469	22,720,844	2,540,206	11.2%
2050	315,123	-	24,631,214	23,368,437	2,213,854	9.5%
2051	260,160	-	25,532,699	24,013,938	1,915,611	8.0%
2052	213,491	-	26,433,919	24,657,342	1,648,166	6.7%
2053	174,390	-	27,334,870	25,298,645	1,409,426	5.6%
2054	141,840	-	28,235,547	25,937,841	1,195,512	4.6%
2055	114,910	-	29,135,946	26,574,923	1,006,795	3.8%
2056	92,803	-	30,036,063	27,209,886	846,445	3.1%
2057	74,726	-	30,935,894	27,842,724	709,595	2.5%
2058	60,094	-	31,835,435	28,473,432	593,109	2.1%
2059	48,253	-	32,734,681	29,101,004	496,273	1.7%
2060	38,677	-	33,633,628	29,725,435	414,608	1.4%
2061	30,945	-	34,532,271	30,346,720	346,040	1.1%
2062	24,748	-	35,430,606	30,964,853	288,994	0.9%
2063	19,705	-	36,328,627	31,579,829	237,267	0.8%
2064	15,672	-	37,226,329	32,191,642	195,722	0.6%
2065	12,014	-	38,123,706	32,800,287	160,868	0.5%
2066	9,778	-	39,020,753	33,405,758	131,419	0.4%
2067	7,644	-	39,917,465	34,008,050	105,789	0.3%
2068	5,929	-	40,813,836	34,607,159	84,555	0.2%
2069	4,542	-	41,709,861	35,203,080	66,523	0.2%
2070	3,434	-	42,605,533	35,795,811	51,017	0.1%
2071	2,549	-	43,500,847	36,385,348	38,784	0.1%
2072	1,849	-	44,395,797	36,970,686	28,944	0.1%
2073	1,312	-	45,290,377	37,551,820	21,148	0.1%
2074	901	-	46,184,580	38,128,747	15,139	0.0%
2075	588	-	47,078,400	38,701,462	10,575	0.0%
2076	380	-	47,971,830	39,269,960	7,166	0.0%

Past Experience	48,829,618	-	48,829,618	4,735,938	9.7%
Anticipated Experience	81,680,963	27,013,365	108,694,328	152,818,969	140.7%
Lifetime Experience	130,510,621	27,013,365	157,523,986	157,554,907	87.3%
Past Experience @ 4%	57,581,390	-	57,581,390	5,288,199	9.2%
Anticipated Experience @ 4%	57,077,041	18,099,003	75,811,237	69,484,206	91.6%
Lifetime Experience @ 4%	114,658,080	18,099,003	131,392,626	74,772,405	56.9%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	66,002,267	55,984,153
Dual Loss Ratio Test Met	74,772,405	81,886,459

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	56,627	-	0.0%
2010	911,386	-	0.0%
2011	2,821,063	13,434	0.5%
2012	5,195,834	100,275	1.9%
2013	7,885,814	435,807	5.5%
2014	9,492,383	447,592	4.7%
2015	9,424,423	165,746	1.8%
2016	9,144,763	697,390	7.6%
2017	8,870,165	414,359	4.7%
2018	8,594,924	1,282,318	14.9%
2019	8,307,832	1,179,018	14.2%
2020	8,014,121	1,456,753	18.2%
2021	7,714,302	1,793,808	23.3%
2022	7,426,198	2,078,292	28.0%
2023	7,143,532	2,355,791	33.0%
2024	6,858,538	2,628,264	38.3%
2025	6,567,083	2,903,301	44.2%
2026	6,268,992	3,200,936	51.1%
2027	5,966,657	3,492,169	58.5%
2028	5,659,289	3,775,984	66.7%
2029	5,347,906	4,047,894	75.7%
2030	5,034,658	4,317,621	85.8%
2031	4,720,392	4,587,535	97.2%
2032	4,406,027	4,857,420	109.8%
2033	4,091,157	5,049,536	123.4%
2034	3,783,810	5,204,383	137.5%
2035	3,480,785	5,320,033	152.8%
2036	3,185,223	5,413,156	169.9%
2037	2,898,522	5,460,314	188.4%
2038	2,622,150	5,441,381	207.5%
2039	2,356,792	5,326,792	225.9%
2040	2,107,212	5,167,914	245.2%
2041	1,870,120	5,006,207	267.7%
2042	1,647,307	4,806,838	291.8%
2043	1,440,202	4,563,821	316.9%
2044	1,249,542	4,253,215	340.4%
2045	1,076,033	3,901,083	362.5%
2046	919,772	3,554,148	386.1%
2047	780,071	3,213,051	411.9%
2048	656,867	2,878,553	438.2%
2049	549,366	2,540,206	462.4%
2050	456,298	2,213,854	484.7%
2051	376,712	1,915,611	508.5%
2052	309,135	1,648,166	533.2%
2053	252,517	1,409,426	558.2%
2054	205,385	1,195,512	582.1%
2055	166,389	1,006,795	605.1%
2056	134,379	846,445	629.9%
2057	108,203	709,595	655.8%
2058	87,057	593,109	681.1%
2059	69,870	496,273	710.3%
2060	56,006	414,608	740.3%
2061	44,808	346,040	772.2%
2062	35,828	288,994	806.7%
2063	28,533	237,267	831.6%
2064	22,693	195,722	862.5%
2065	17,875	160,868	894.9%
2066	14,158	131,419	928.2%
2067	11,068	105,789	955.4%
2068	8,585	84,555	980.3%
2069	6,576	66,523	1005.4%
2070	4,972	51,017	1026.1%
2071	3,691	38,784	1050.7%
2072	2,678	28,944	1080.8%
2073	1,900	21,148	1113.3%
2074	1,305	15,139	1159.9%
2075	865	10,575	1222.2%
2076	550	7,166	1303.0%

Past Experience	70,705,344	4,735,938	6.7%
Anticipated Experience	118,276,035	152,818,969	129.2%
Lifetime Experience	188,979,379	157,554,907	72.8%
Past Experience @ 4%	83,377,812	5,288,199	6.3%
Anticipated Experience @ 4%	82,648,496	68,484,206	84.1%
Lifetime Experience @ 4%	166,026,348	74,772,405	45.0%

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	39,107	-	0.0%
2010	629,410	-	0.0%
2011	1,948,248	13,434	0.7%
2012	3,588,283	100,275	2.8%
2013	5,446,004	435,807	8.0%
2014	6,555,513	447,592	6.8%
2015	6,508,579	165,746	2.5%
2016	6,315,465	697,390	11.0%
2017	6,125,805	414,359	6.8%
2018	5,935,721	1,282,318	21.6%
2019	5,737,522	1,179,018	20.5%
2020	5,534,614	1,456,753	26.3%
2021	5,327,557	1,793,808	33.7%
2022	5,128,590	2,086,121	40.7%
2023	4,933,378	2,591,370	52.5%
2024	4,736,559	2,891,091	61.0%
2025	4,535,278	3,201,331	70.6%
2026	4,329,415	3,521,029	81.3%
2027	4,120,619	3,841,186	93.2%
2028	3,908,349	4,151,582	106.2%
2029	3,693,306	4,452,683	120.6%
2030	3,476,974	4,749,384	136.6%
2031	3,259,939	5,046,288	154.8%
2032	3,042,836	5,321,562	174.9%
2033	2,826,766	5,554,490	196.4%
2034	2,613,128	5,724,821	219.1%
2035	2,403,857	5,852,036	243.4%
2036	2,199,808	5,954,472	270.7%
2037	2,001,742	6,006,345	300.1%
2038	1,810,877	5,985,519	330.5%
2039	1,628,429	5,859,672	359.9%
2040	1,455,257	5,684,705	390.7%
2041	1,291,519	5,506,828	426.4%
2042	1,137,643	5,287,521	464.9%
2043	994,615	5,020,203	504.7%
2044	862,943	4,678,646	542.3%
2045	743,117	4,291,191	577.5%
2046	635,202	3,910,033	615.7%
2047	538,723	3,534,356	656.0%
2048	453,699	3,166,408	697.9%
2049	379,397	2,794,227	736.6%
2050	315,123	2,434,040	772.5%
2051	260,160	2,107,172	810.0%
2052	213,491	1,812,982	849.2%
2053	174,390	1,550,368	889.1%
2054	141,840	1,314,064	926.5%
2055	114,910	1,107,475	963.8%
2056	92,803	931,090	1002.9%
2057	74,726	780,555	1044.5%
2058	60,094	652,859	1086.7%
2059	48,253	545,900	1131.2%
2060	38,677	456,069	1178.9%
2061	30,945	380,644	1229.9%
2062	24,748	317,894	1284.2%
2063	19,705	260,994	1324.6%
2064	15,672	215,294	1373.9%
2065	12,014	176,954	1426.3%
2066	9,778	144,561	1478.7%
2067	7,644	116,324	1522.1%
2068	5,929	92,570	1561.2%
2069	4,542	72,734	1601.7%
2070	3,434	56,119	1634.5%
2071	2,549	42,662	1673.5%
2072	1,849	31,838	1722.5%
2073	1,312	23,263	1773.5%
2074	901	16,653	1848.5%
2075	588	11,632	1978.5%
2076	380	7,883	2074.5%

Past Experience	48,829,618	4,735,938	10.0%
Anticipated Experience	81,680,963	180,944,937	191.7%
Lifetime Experience	130,510,621	185,680,875	129.6%
Past Experience @ 4%	57,077,691	64,402,627	64,700,741	76,724,373	(6,620,050)	(291,746)
			133.9%	120.4%		

Weight 1:	0.85					
Weight 2:	0.58					
C:	0.0%					
PPV Increase:	7.3%					

Prospective PV Approach (PPV)

Rate Increase	7.3%

Current Assumptions (w/ PAID)			Previous Assumptions			Difference		
Earned Premium	Incurred Claims		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	
1,534,614	1,602,407	1,605,584	751,731	(66,970)	850,676			
5,327,557	1,973,189	5,459,270	883,851	(131,713)	1,089,334			
5,128,590	2,286,121	5,310,129	1,033,280	(181,540)	1,252,841	5,128,590	2,286,121	5,310,129
4,933,378	2,591,370	5,154,481	1,198,169	(221,103)	1,393,202	4,933,378	2,591,370	5,154,481
4,736,559	2,891,091	4,993,142	1,382,565	(256,583)	1,508,526	4,736,559	2,891,091	4,993,142
4,535,278	3,201,331	4,826,570	1,591,864	(291,292)	1,609,467	4,535,278	3,201,331	4,826,570
4,329,415	3,521,029	4,654,753	1,827,157	(325,339)	1,693,073	4,329,415	3,521,029	4,654,753
4,120,619	3,841,186	4,477,851	2,090,767	(357,231)	1,750,618	4,120,619	3,841,186	4,477,851
3,908,349	4,151,582	4,296,107	2,380,147	(387,700)	1,773,615	3,908,349	4,151,582	4,296,107
3,693,306	4,452,683	4,109,826	2,690,699	(416,120)	1,761,984	3,693,306	4,452,683	4,109,826
3,476,974	4,749,384	3,919,676	3,042,679	(442,502)	1,706,714	3,476,974	4,749,384	3,919,676
3,259,939	5,046,288	3,725,171	3,445,997	(465,232)	1,600,291	3,259,939	5,046,288	3,725,171
3,042,836	5,321,562	3,527,280	3,873,127	(484,444)	1,448,035	3,042,836	5,321,562	3,527,280
2,826,766	5,554,490	3,326,610	4,289,986	(499,884)	1,264,504	2,826,766	5,554,490	3,326,610
2,613,128	5,724,821	3,124,206	4,693,588	(511,078)	1,031,223	2,613,128	5,724,821	3,124,206
2,403,857	5,852,036	2,921,107	5,105,574	(517,250)	746,462	2,403,857	5,852,036	2,921,107
2,199,808	5,954,472	2,718,162	5,523,226	(518,554)	431,246	2,199,808	5,954,472	2,718,162
2,001,742	6,006,345	2,516,518	5,921,348	(514,777)	84,998	2,001,742	6,006,345	2,516,518
1,810,877	5,985,519	2,317,468	6,284,910	(506,391)	(299,392)	1,810,877	5,985,519	2,317,468
1,628,429	5,859,672	2,122,288	6,588,861	(493,859)	(729,390)	1,628,429	5,859,672	2,122,288
1,455,257	5,684,705	1,932,390	6,834,857	(477,113)	(1,150,151)	1,455,257	5,684,705	1,932,390
1,291,519	5,506,828	1,748,920	7,038,118	(457,401)	(1,531,290)	1,291,519	5,506,828	1,748,920
1,137,643	5,287,521	1,572,963	7,180,978	(435,318)	(1,893,457)	1,137,643	5,287,521	1,572,963
994,615	5,020,203	1,405,583	7,236,321	(410,968)	(2,216,118)	994,615	5,020,203	1,405,583
862,943	4,678,646	1,247,806	7,174,006	(384,862)	(2,495,360)	862,943	4,678,646	1,247,806
743,117	4,291,191	1,100,778	7,028,687	(357,661)	(2,737,691)	743,117	4,291,191	1,100,778
635,202	3,910,033	964,796	6,841,597	(329,594)	(2,931,194)	635,202	3,910,033	964,796
538,723	3,534,356	839,946	6,608,524	(301,224)	(3,074,168)	538,723	3,534,356	839,946
453,699	3,166,408	726,270	6,335,649	(272,671)	(3,169,241)	453,699	3,166,408	726,270
379,397	2,794,227	624,079	5,945,733	(244,682)	(3,151,506)	379,397	2,794,227	624,079
315,123	2,434,040	532,979	5,543,704	(217,855)	(3,110,665)	315,123	2,434,040

14,761,800	
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	391,749	-	391,749	4,249	1.1%
2010	5,584,147	-	5,584,147	18,063	0.3%
2011	14,974,648	-	14,974,648	4,700	0.0%
2012	21,440,369	-	21,440,369	419,223	1.9%
2013	42,990,482	-	42,990,482	550,530	1.3%
2014	48,466,277	-	48,466,277	670,911	1.4%
2015	48,236,739	-	48,236,739	2,086,553	4.3%
2016	47,725,843	-	47,725,843	3,195,053	6.7%
2017	47,006,442	-	47,006,442	4,056,237	8.6%
2018	46,407,407	-	46,407,407	3,423,564	7.4%
2019	45,871,617	-	45,871,617	5,357,940	11.7%
2020	45,017,472	-	45,017,472	6,561,469	14.6%
2021	43,863,302	-	43,863,302	8,480,135	19.3%
2022	42,142,733	-	42,142,733	10,321,159	24.5%
2023	41,049,348	-	41,049,348	12,396,250	30.2%
2024	40,178,423	-	40,178,423	14,761,658	36.7%
2025	39,270,762	-	39,270,762	17,509,250	44.6%
2026	38,333,147	-	38,333,147	20,663,639	53.9%
2027	37,345,099	-	37,345,099	24,245,038	64.9%
2028	36,301,300	-	36,301,300	28,261,344	77.9%
2029	35,200,299	-	35,200,299	32,804,435	93.2%
2030	34,020,892	-	34,020,892	37,861,148	111.3%
2031	32,780,590	-	32,780,590	43,292,533	132.1%
2032	31,458,613	-	31,458,613	48,928,407	155.5%
2033	30,081,649	-	30,081,649	54,714,548	181.9%
2034	28,653,806	-	28,653,806	60,753,753	212.0%
2035	27,166,343	-	27,166,343	67,148,643	247.2%
2036	25,631,195	-	25,631,195	73,676,464	287.4%
2037	24,060,101	-	24,060,101	79,758,768	331.5%
2038	22,456,438	-	22,456,438	84,803,233	377.6%
2039	20,840,329	-	20,840,329	89,049,219	427.3%
2040	19,222,844	-	19,222,844	93,249,885	485.1%
2041	17,606,109	-	17,606,109	97,363,031	553.0%
2042	16,004,242	-	16,004,242	100,212,939	626.3%
2043	14,436,267	-	14,436,267	101,100,851	700.3%
2044	12,919,814	-	12,919,814	100,118,816	778.0%
2045	11,470,088	-	11,470,088	98,984,530	863.0%
2046	10,099,561	-	10,099,561	96,769,972	958.2%
2047	8,817,073	-	8,817,073	93,422,568	1059.6%
2048	7,631,663	-	7,631,663	88,896,598	1164.8%
2049	6,549,228	-	6,549,228	82,676,669	1262.6%
2050	5,572,398	-	5,572,398	76,545,519	1373.6%
2051	4,702,540	-	4,702,540	70,418,112	1497.6%
2052	3,935,713	-	3,935,713	64,176,752	1630.6%
2053	3,267,979	-	3,267,979	57,648,986	1764.1%
2054	2,693,226	-	2,693,226	51,237,710	1903.1%
2055	2,203,720	-	2,203,720	45,246,442	2053.2%
2056	1,791,863	-	1,791,863	39,814,682	2222.0%
2057	1,447,863	-	1,447,863	34,866,567	2408.1%
2058	1,161,375	-	1,161,375	30,283,413	2609.1%
2059	929,822	-	929,822	26,159,603	2813.4%
2060	739,646	-	739,646	22,529,630	3046.3%
2061	585,686	-	585,686	19,361,602	3305.8%
2062	457,972	-	457,972	16,648,618	3635.1%
2063	362,973	-	362,973	14,062,417	3874.2%
2064	283,882	-	283,882	11,849,732	4174.2%
2065	220,893	-	220,893	9,938,481	4499.7%
2066	170,964	-	170,964	8,307,522	4859.2%
2067	131,108	-	131,108	6,907,320	5252.4%
2068	100,472	-	100,472	5,662,884	5636.3%
2069	76,117	-	76,117	4,582,932	6020.9%
2070	57,028	-	57,028	3,658,151	6414.7%
2071	42,173	-	42,173	2,884,963	6840.8%
2072	30,723	-	30,723	2,241,505	7295.8%
2073	22,016	-	22,016	1,709,182	7763.0%
2074	15,462	-	15,462	1,276,545	8256.0%
2075	10,583	-	10,583	930,790	8795.4%
2076	6,998	-	6,998	660,385	9437.3%

Past Experience	379,095,820	-	379,095,820	20,124,641	5.3%
Anticipated Experience	831,639,756	-	831,639,756	2,288,338,100	275.2%
Lifetime Experience	1,210,735,556	-	1,210,735,556	2,418,127,667	199.7%
Past Experience @ 4%	647,542,220	-	647,542,220	21,868,581	3.4%
Anticipated Experience @ 4%	547,058,894	-	547,058,894	1,000,906,257	183.0%
Lifetime Experience @ 4%	994,601,114	-	994,601,114	1,022,774,838	102.8%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	576,868,646	0
Dual Loss Ratio Test Met	1,022,774,838	>
		576,868,646

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	391,749	4,249	1.1%
2010	5,584,147	18,063	0.3%
2011	14,915,900	202,281	1.4%
2012	21,440,369	419,223	1.9%
2013	42,757,456	861,905	2.0%
2014	47,740,092	1,327,593	2.8%
2015	46,857,114	1,895,137	4.0%
2016	45,719,843	2,572,322	5.6%
2017	44,706,206	3,367,948	7.5%
2018	43,983,843	4,235,284	9.7%
2019	42,747,037	5,107,940	11.9%
2020	41,793,974	6,091,812	14.5%
2021	40,603,680	7,072,171	17.4%
2022	39,452,606	8,223,293	20.8%
2023	38,255,087	9,490,961	24.8%
2024	37,020,431	10,903,226	29.5%
2025	35,749,912	12,509,257	35.0%
2026	34,443,704	14,299,027	41.5%
2027	33,103,432	16,277,710	49.2%
2028	31,733,758	18,455,323	58.2%
2029	30,331,788	20,682,619	68.2%
2030	28,906,828	23,277,921	80.5%
2031	27,457,843	26,277,238	95.7%
2032	25,987,229	29,450,226	113.3%
2033	24,501,114	32,456,108	132.5%
2034	23,007,730	35,574,384	154.6%
2035	21,515,599	38,234,662	177.7%
2036	20,030,304	41,176,678	205.6%
2037	18,558,786	43,914,586	236.6%
2038	17,113,122	46,297,975	270.5%
2039	15,696,317	48,315,134	307.9%
2040	14,326,871	50,157,959	350.0%
2041	13,002,583	51,684,549	397.5%
2042	11,724,624	52,717,826	449.6%
2043	10,517,458	52,999,699	503.8%
2044	9,390,993	52,594,564	560.1%
2045	8,332,107	51,847,679	622.4%
2046	7,346,577	50,877,145	692.5%
2047	6,440,473	49,653,538	767.9%
2048	5,613,151	47,641,207	845.2%
2049	4,864,702	44,973,510	924.6%
2050	4,193,781	42,623,928	1015.6%
2051	3,595,924	39,922,771	1110.2%
2052	3,066,286	37,268,704	1215.0%
2053	2,600,688	34,396,655	1322.6%
2054	2,194,686	31,684575	1443.8%
2055	1,843,287	28,756,895	1560.1%
2056	1,540,854	26,232,079	1702.6%
2057	1,281,451	23,772,664	1855.1%
2058	1,060,170	21,267,816	2006.1%
2059	872,718	18,829970	2157.8%
2060	714,951	16,535,214	2268.6%
2061	583,023	14,217,787	2438.6%
2062	473,973	12,000,000	2531.6%
2063	385,796	9,882,113	2588.6%
2064	307,162	8,030,293	2614.6%
2065	237,663	6,321,925	2660.8%
2066	200,943	5,107,810	2666.4%
2067	162,622	4,085,705	2678.9%
2068	132,802	3,586,353	2700.5%
2069	107,165	2,918,880	2723.7%
2070	86,286	2,370,606	2747.4%
2071	69,488	1,925,457	2770.9%
2072	55,658	1,555,786	2795.3%
2073	43,963	1,228,928	2820.4%
2074	34,107	970,722	2846.1%
2075	26,038	747,928	2872.2%
2076	19,584	567,610	2898.3%

Past Experience	366,524,899	20,124,641	5.5%
Anticipated Experience	702,649,098	1,800,476,307	256.2%
Lifetime Experience	1,069,172,998	1,410,598,948	131.9%
Past Experience @ 4%	431,658,023	22,424,100	5.2%
Anticipated Experience @ 4%	472,764,571	681,327,834	123.6%
Lifetime Experience @ 4%	906,422,594	606,752,134	66.9%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	576,868,646	516,084,488
Dual Loss Ratio Test Met	1,022,774,838	>
		516,084,488

Proj b: Current Assumptions and Current Premiums

Rate Increase	96.9%
Year 1:	34.5%
Year 2:	21.4%
Year 3:	22.8%
Yr 4+:	0.0%

Year	Earned Premium	Incurred Claims	Current Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	391,749	-	0.0%
2010	5,584,147	18,063	0.3%
2011	14,974,648	4,700	0.0%
2012	21,440,369	419,223	1.9%
2013	42,990,482	550,530	1.3%
2014	48,466,277	670,911	1.4%
2015	48,236,739	2,086,553	4.3%
2016	47,725,843	3,195,053	6.7%
2017	47,006,442	4,056,237	8.6%
2018	46,407,407	3,423,564	7.4%
2019	45,871,617	5,364,554	11.7%
2020	45,017,472	6,561,469	14.6%
2021	43,863,302	8,480,135	19.3%
2022	42,142,733	10,321,159	24.5%
2023	41,049,348	12,396,250	30.2%
2024	40,178,423	14,761,658	36.7%
2025	39,270,762	17,509,250	44.6%
2026	38,333,147	20,663,639	53.9%
2027	37,345,099	24,245,038	64.9%
2028	36,301,300	28,261,344	77.9%
2029	35,200,299	32,804,435	93.2%
2030	34,020,892	37,861,148	111.3%
2031	32,780,590	43,292,533	132.1%
2032	31,458,613	48,928,407	155.5%
2033	30,081,649	54,714,548	181.9%
2034	28,653,806	60,753,753	212.0%
2035	27,166,343	67,148,643	247.2%
2036	25,631,195	73,676,464	287.4%
2037	24,060,101	79,758,768	331.5%
2038	22,456,438	84,803,233	377.6%
2039	20,840,329	89,049,219	427.3%
2040	19,222,844	93,249,885	485.1%
2041	17,606,109	97,363,031	553.0%
2042	16,004,242	100,212,939	626.3%
2043	14,436,267	101,100,851	700.3%
2044	12,919,814	100,118,816	778.0%
2045	11,470,088	98,984,530	863.0%
2046	10,099,561	96,769,972	958.2%
2047	8,817,073	93,422,568	1059.6%
2048	7,631,663	88,896,598	1164.8%
2049	6,549,228	82,676,669	1262.6%
2050	5,572,398	76,545,519	1373.6%
2051	4,702,540	70,418,112	1497.6%
2052	3,935,713	64,176,752	1630.6%
2053	3,267,979	57,648,986	1764.1%
2054	2,693,226	51,237,710	1903.1%
2055	2,203,720	45,246,442	2053.2%
2056	1,791,863	39,814,682	2222.0%
2057	1,447,863	34,866,567	2408.1%
2058	1,161,375	30,283,413	2609.1%
2059	929,822	26,159,603	2813.4%
2060	739,646	22,529,630	3046.3%
2061	585,686	19,361,602	3305.8%
2062	457,972	16,648,618	3635.1%
2063	362,973	14,062,417	3874.2%
2064	283,882	11,849,732	4174.2%
2065	220,893	9,938,481	4499.7%
2066	170,964	8,307,522	4859.2%
2067	131,108	6,907,320	5252.4%
2068	100,472	5,662,884	5636.3%
2069	76,117	4,582,932	6020.9%
2070	57,028	3,658,151	6414.7%
2071	42,173	2,884,963	6840.8%
2072	30,723	2,241,505	7295.8%
2073	22,016	1,709,182	7763.0%
2074	15,462	1,276,545	8256.0%
2075	10,583	930,790	8795.4%
2076	6,998	660,385	9437.3%

Past Experience	379,095,820	20,124,641	5.3%
Anticipated Experience	831,639,756	2,288,338,100	275.2%
Lifetime Experience	1,210,735,556	2,418,127,667	199.7%
Past Experience @ 4%	647,542,220	21,868,581	3.4%
Anticipated Experience @ 4%	547,058,894	1,000,906,257	183.0%
Lifetime Experience @ 4%	994,601,114	1,022,774,838	102.8%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	576,868,646	0
Dual Loss Ratio Test Met	1,022,774,838	>
		576,868,646

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase	96.9%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	771,314	-	0.0%
2010	10,995,186	18,063	0.2%
2011	29,681,082	4,700	0.0%
2012	41,960,086	419,223	0.7%
2013	84,648,218	550,530	0.7%
2014	95,430,295	670,911	0.7%
2015	94,978,139	2,086,553	2.2%
2016	93,972,185	3,195,053	3.4%
2017	92,551,685	4,056,237	4.4%
2018	91,376,185	3,423,564	3.7%
2019	90,321,213	5,364,554	5.9%
2020	88,639,853	6,561,469	7.4%
2021	86,366,842	8,480,135	9.8%
2022	82,979,042	10,321,159	12.4%
2023	80,826,165	12,396,250	15.3%
2024	79,111,214	14,761,658	18.7%
2025	77,324,130	17,509,250	22.6%
2026	75,477,967	20,663,639	27.4%
2027	73,552,896	24,245,038	33.0%
2028	71,477,260	28,261,344	39.5%
2029	69,309,389	32,804,435	47.3%
2030	66,987,137	37,861,148	56.5%
2031	64,544,881	43,292,533	67.1%
2032	61,942,008	48,928,407	79.0%
2033	59,230,767	54,714,548	92.4%
2034	56,418,557	60,753,753	107.7%
2035	53,490,529	67,148,643	125.6%
2036	50,475,700	73,676,464	146.0%
2037	47,374,340	79,758,768	168.4%
2038	44,216,726	84,803,233	191.8%
2039	41,034,607	89,049,219	217.0%
2040	37,849,780	93,249,885	246.4%
2041	34,666,429	97,363,031	280.9%
2042	31,512,353	100,212,939	318.1%
2043	28,425,010	101,100,851	355.7%
2044	25,438,193	100,118,816	393.7%
2045	22,584,602	98,984,530	438.4%
2046	19,886,055	96,769,972	486.6%
2047	17,360,818	93,422,568	538.1%
2048	15,026,765	88,896,598	591.6%
2049	12,890,631	82,676,669	641.1%
2050	10,972,012	76,545,519	697.6%
2051	9,259,202	70,418,112	760.5%
2052	7,749,419	64,176,752	828.1%
2053	6,434,650	57,648,986	895.9%
2054	5,302,963	51,237,710	966.2%
2055	4,339,125	45,246,442	1042.8%
2056	3,528,119	39,814,682	1128.5%
2057	2,850,893	34,866,567	1223.0%
2058	2,290,686	30,283,413	1322.0%
2059	1,830,820	26,159,603	1428.8%
2060	1,455,969	22,529,630	1547.6%
2061	1,152,215	19,361,602	1679.9%
2062	900,000	16,648,618	1849.4%
2063	714,694	14,062,417	1967.0%
2064	558,964	11,849,732	2120.3%
2065	434,867	9,938,481	2285.3%
2066	336,628	8,307,522	2467.9%
2067	258,040	6,907,320	2677.5%
2068	197,839	5,662,884	2862.5%
2069	149,874	4,582,932	3057.9%
2070	112,288	3,658,151	3257.8%
2071	83,058	2,884,963	3474.3%
2072	60,494	2,241,505	3705.9%
2073	43,349	1,709,182	3943.9%
2074	30,445	1,276,545	4193.7%
2075	20,837	930,790	4466.9%
2076	13,778	660,385	4793.7%

Past Experience	746,439,649	19,789,367	2.7%
Anticipated Experience	1,627,898,641	2,288,338,100	140.5%
Lifetime Experience	2,374,338,290	2,108,127,467	88.8%
Past Experience @ 4%	881,210,630	21,868,581	2.5%
Anticipated Experience @ 4%	1,077,158,960	1,000,906,257	92.9%
Lifetime Experience @ 4%	1,958,369,591	1,022,774,838	52.2%

Prospective PV Approach (PPV)

Rate Increase	97.0%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
45,017,472	7,217,615	44,752,504	6,476,240	264,969	741,376
43,863,302	9,428,148	43,572,050	7,581,100	291,252	1,747,048
42,142,733	11,355,475	42,336,037	8,815,589	(193,304)	2,539,887
41,049,348	13,635,875	41,052,301	10,174,423	(2,954)	3,461,453
40,178,423	16,239,804	39,727,597	11,689,693	450,826	4,550,111
39,270,762	19,260,175	38,364,425	13,403,830	906,337	5,856,346
38,333,147	22,730,093	36,962,922	15,331,808	1,370,225	7,398,285
37,345,099	26,669,542	35,524,847	17,454,256	1,820,251	9,215,286
36,301,300	31,087,878	34,053,050	19,733,183	2,248,250	11,354,695
35,200,299	36,084,878	32,550,856	22,180,167	2,649,443	13,904,711
34,020,892	41,647,263	31,021,821	24,964,082	2,999,072	16,683,181
32,780,590	47,621,786	29,466,983	28,179,443	3,313,607	19,442,343
31,458,613	53,821,247	27,888,913	31,583,976	3,569,700	22,237,271
30,081,649	60,186,093	26,294,176	34,812,270	3,787,473	25,373,823
28,653,806	66,829,128	24,691,587	37,882,584	3,961,809	28,946,545
27,166,343	73,863,507	23,090,316	41,054,178	4,076,026	32,809,329
25,631,195	81,044,110	21,496,344	44,171,922	4,138,852	36,872,178
24,060,101	87,734,644	19,918,188	47,112,788	4,141,913	40,621,857
22,456,438	93,281,557	18,365,591	49,675,069	4,090,847	43,608,487
20,840,329	97,954,141	16,848,221	51,860,409	3,992,108	46,093,731
19,222,844	102,574,885	15,375,212	53,792,912	3,847,632	48,781,973
17,606,109	107,099,334	13,953,875	55,455,430	3,652,234	51,643,904
16,004,242	110,256,233	12,591,901	56,566,250	3,412,342	53,689,983
14,436,267	111,210,936	11,297,301	56,871,714	3,138,966	54,339,223
12,919,814	110,570,698	10,077,490	56,434,293	2,842,324	54,136,405
11,470,088	108,882,983	8,928,042	55,628,314	2,541,046	53,254,669
10,099,561	106,496,969	7,883,148	54,583,782	2,216,413	51,863,187
8,817,073	102,764,385	6,933,615	53,063,682	1,906,459	49,700,703
7,631,663	97,346,258	6,022,645	50,901,958	1,609,018	46,444,300
6,549,228	90,944,336	5,219,340	48,244,415	1,329,888	42,699,920
5,572,398	84,194,571	4,499,264	45,007,080	1,073,134	38,687,491
4,702,540	77,459,923	3,857,640	42,819,683	844,901	34,640,241
3,935,713	70,932,227	3,289,256	39,972,420	646,458	30,619,807
3,267,979	63,413,840	2,789,619	36,890,657	478,360	26,523,183
2,693,226	56,361,681	2,353,957	33,769,585	339,269	22,591,895
2,203,720	49,771,086	1,976,913	30,833,674	226,807	18,937,412
1,791,863	43,793,930	1,652,435	28,122,934	139,398	15,672,996
1,447,863	38,352,783	1,374,152	25,485,571	73,711	12,867,212
1,161,375	33,311,754	1,136,783	22,799,904	26,592	10,511,850
929,822	28,775,563	935,719	20,185,372	(5,897)	8,590,191
739,646	24,782,373	766,511	17,680,087	(27,065)	7,092,286
585,686	21,297,762	620,030	15,239,034	(38,345)	6,058,728
457,972	18,298,000	500,000	12,900,000	(42,028)	5,398,000
362,973	15,468,668	409,259	10,595,150	(46,286)	4,873,518
283,882	13,034,705	329,247	8,608,519	(45,364)	4,426,186
220,893	10,913,429	265,474	6,998,031	(44,582)	3,915,397
170,964	9,138,274	215,394	5,722,151	(44,430)	3,416,122
131,108	7,588,052	175,384	4,687,011	(43,875)	2,901,041
100,472	6,229,172	142,346	3,844,312	(41,874)	2,384,860
76,117	5,041,226	114,865	3,128,781	(38,748)	1,912,445
57,028	4,023,966	92,486	2,541,034	(35,458)	1,482,932
42,173	3,172,460	74,480	2,063,853	(32,307)	1,109,607
30,723	2,465,654	59,661	1,667,711	(28,937)	797,945
22,016	1,880,100	47,134	1,329,383	(25,118)	550,717
15,462	1,404,221	36,574	1,040,951	(21,112)	363,270
10,583	1,023,868	27,924	802,052	(17,341)	221,817
6,998	726,424	21,007	608,865	(14,010)	117,559

567,058,894	1,100,996,883	507,338,411	626,764,920	39,720,483	474,231,964

201.3% 123.1%

Weight 1: 0.85
Weight 2: 0.58
C: 0.0%
PPV Increase: 97.0%

Prospective PV Approach (PPV) with Delay

Rate Increase	114.5%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
45,017,472	7,217,615	44,752,504	6,476,240	264,969	741,376
43,863,302	9,428,148	43,572,050	7,581,100	291,252	1,747,048
42,142,733	11,355,475	42,336,037	8,815,589	(193,304)	2,539,887
41,049,348	13,635,875	41,052,301	10,174,423	(2,954)	3,461,453
40,178,423	16,239,804	39,727,597	11,689,693	450,826	4,550,111
39,270,762	19,260,175	38,364,425	13,403,830	906,337	5,856,346
38,333,147	22,730,093	36,962,922	15,331,808	1,370,225	7,398,285
37,345,099	26,669,542	35,524,847	17,454,256	1,820,251	9,215,286
36,301,300	31,087,878	34,053,050	19,733,183	2,248,250	11,354,695
35,200,299	36,084,878	32,550,856	22,180,167	2,649,443	13,904,711
34,020,892	41,647,263	31,021,821	24,964,082	2,999,072	16,683,181
32,780,590	47,621,786	29,466,983	28,179,443	3,313,607	19,442,343
31,458,613	53,821,247	27,888,913	31,583,976	3,569,700	22,237,271
30,081,649	60,186,093	26,294,176	34,812,270	3,787,473	25,373,823
28,653,806	66,829,128	24,691,587	37,882,584	3,961,809	28,946,545
27,166,343	73,863,507	23,090,316	41,054,178	4,076,026	32,809,329
25,631,195	81,044,110	21,496,344	44,171,922	4,138,852	36,872,178
24,060,101	87,734,644	19,918,188	47,112,788	4,141,913	40,621,857
22,456,438	93,281,557	18,365,591	49,675,069	4,090,847	43,608,487
20,840,329	97,954,141	16,848,221	51,860,409	3,992,108	46,093,731
19,222,844	102,574,885	15,375,212	53,792,912	3,847,632	48,781,973
17,606,109	107,099,334	13,953,875	55,455,430	3,652,234	51,643,904
16,004,242	110,256,233	12,591,901	56,566,250	3,412,342	53,689,983
14,436,267	111,210,936	11,297,301	56,871,714	3,138,966	54,339,223
12,919,814	110,570,698	10,077,490	56,434,293	2,842,324	54,136,405
11,470,088	108,882,983	8,928,042	55,628,314	2,541,046	53,254,669
10,099,561	106,496,969	7,883,148	54,583,782	2,216,413	51,863,187
8,817,073	102,764,385	6,933,615	53,063,682	1,906,459	49,700,703
7,631,663	97,346,258	6,022,645	50,901,958	1,609,018	46,444,300
6,549,228	90,944,336	5,219,340	48,244,415	1,329,888	42,699,920
5,572,398	84,194,571	4,499,264	45,007,080	1,073,134	38,687,491
4,702,540	77,459,923	3,857,640	42,819,683	844,901	34,640,241
3,935,713	70,932,227	3,289,256	39,972,420	646,458	30,619,807
3,267,979	63,413,840	2,789,619	36,890,657	478,360	26,523,183
2,693,226	56,361,681	2,353,957	33,769,585	339,269	22,591,895
2,203,720	49,771,086	1,976,913	30,833,674	226,807	18,937,412
1,791,863	43,793,930	1,652,435	28,122,934	139,398	15,672,996
1,447,863	38,352,783	1,374,152	25,485,571	73,711	12,867,212
1,161,375	33,311,754	1,136,783	22,799,904	26,592	10,511,850
929,822	28,775,563	935,719	20,185,372	(5,897)	8,590,191
739,646	24,782,373	766,511	17,680,087	(27,065)	7,092,286
585,686	21,297,762	620,030	15,239,034	(38,345)	6,058,728
457,972	18,298,000	500,000	12,900,000	(42,028)	5,398,000
362,973	15,468,668	409,259	10,595,150	(46,286)	4,873,518
283,882	13,034,705	329,247	8,608,519	(45,364)	4,426,186
220,893	10,913,429	265,474	6,998,031	(44,582)	3,915,397
170,964	9,138,274	215,394	5,722,151	(44,430)	3,416,122
131,108	7,588,052	175,384	4,687,011	(43,875)	2,901,041
100,472	6,229,172	142,346	3,844,312	(41,874)	2,384

14,751,809	
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	21,718	-	21,718	-	0.0%
2010	945,996	-	945,996	-	0.0%
2011	1,054,884	-	1,054,884	-	0.0%
2012	1,969,075	-	1,969,075	-	0.0%
2013	2,275,708	16,786	0.7%	2,256,034	51,862
2014	2,293,830	-	0.0%	2,249,512	75,926
2015	2,296,078	-	0.0%	2,201,485	105,362
2016	2,270,821	45,123	2.0%	2,157,542	140,979
2017	2,233,247	47	0.0%	2,151,724	181,338
2018	2,222,610	116,063	5.2%	2,065,955	223,621
2019	2,190,217	135,111	6.2%	2,017,467	267,563
2020	2,151,078	408,830	19.0%	1,963,352	301,154
2021	2,105,507	512,934	24.4%	1,911,421	361,913
2022	1,960,740	608,356	31.0%	1,854,606	423,052
2023	1,856,506	716,451	38.6%	1,795,958	485,675
2024	1,819,580	840,322	46.2%	1,735,717	555,010
2025	1,781,272	982,896	55.2%	1,673,910	625,005
2026	1,741,425	1,144,846	65.7%	1,610,571	723,173
2027	1,699,924	1,328,248	78.1%	1,545,822	818,199
2028	1,656,520	1,536,192	92.7%	1,479,829	918,230
2029	1,610,987	1,774,217	110.1%	1,412,768	1,026,068
2030	1,563,043	2,036,670	130.3%	1,344,779	1,152,682
2031	1,512,389	2,305,410	152.4%	1,275,878	1,296,597
2032	1,454,771	2,587,816	177.9%	1,206,226	1,444,180
2033	1,393,920	2,889,062	207.3%	1,136,143	1,580,487
2034	1,331,758	3,219,912	241.8%	1,066,062	1,708,339
2035	1,275,208	3,577,428	280.5%	996,369	1,841,079
2036	1,212,231	3,933,945	324.5%	927,284	1,970,626
2037	1,147,136	4,254,708	370.9%	859,222	2,085,993
2038	1,080,641	4,526,414	418.9%	792,548	2,182,920
2039	1,013,308	4,784,504	472.2%	727,658	2,268,595
2040	945,267	5,064,229	535.7%	664,854	2,353,838
2041	876,410	5,332,078	608.4%	604,382	2,423,946
2042	807,314	5,553,574	683.2%	546,548	2,464,876
2043	738,734	5,594,355	757.3%	491,736	2,467,514
2044	671,378	5,635,630	839.4%	440,153	2,450,032
2045	605,791	5,653,989	933.3%	391,979	2,430,919
2046	542,592	5,625,804	1036.8%	347,212	2,398,637
2047	482,313	5,516,542	1143.8%	305,914	2,338,856
2048	425,414	5,305,460	1246.2%	268,127	2,246,551
2049	372,285	5,064,048	1360.3%	233,841	2,141,494
2050	323,166	4,829,581	1494.5%	202,945	2,042,628
2051	278,259	4,583,023	1647.0%	175,234	1,940,523
2052	237,713	4,303,851	1810.5%	150,536	1,825,140
2053	201,436	3,970,264	1971.0%	128,677	1,694,454
2054	169,306	3,640,276	2150.1%	109,472	1,564,629
2055	141,102	3,336,586	2364.7%	92,696	1,446,174
2056	116,613	3,054,285	2619.2%	78,109	1,334,567
2057	95,605	2,776,227	2903.9%	65,475	1,219,456
2058	77,733	2,491,904	3205.7%	54,592	1,096,172
2059	62,686	2,222,532	3545.5%	45,283	978,340
2060	50,118	1,974,057	3938.3%	37,342	862,871
2061	39,733	1,742,944	4386.6%	30,663	748,611
2062	31,209	1,527,239	4893.5%	25,151	638,215
2063	24,413	1,315,717	5389.4%	20,355	528,523
2064	18,939	1,123,133	5930.3%	16,456	424,197
2065	14,580	952,565	6533.2%	13,362	327,707
2066	11,135	801,126	7194.7%	10,923	286,787
2067	8,445	668,243	7914.6%	8,954	237,243
2068	6,388	551,058	8625.9%	7,290	194,943
2069	4,818	445,724	9251.0%	5,905	158,458
2070	3,582	356,810	9961.2%	4,775	130,053
2071	2,584	282,095	10917.5%	3,857	106,090
2072	1,814	219,582	12106.1%	3,098	86,008
2073	1,246	168,315	13512.1%	2,445	69,529
2074	831	-	127,288	15311.6%	1,897	53,663
2075	515	-	96,360	18313.4%	1,447	41,636
2076	322	-	22,880	7094.9%	1,087	31,353
Past Experience	19,774,185	-	19,774,185	353,130	1.6%	19,044,565
Anticipated Experience	39,763,779	-	39,763,779	145,852,234	366.8%	32,911,353
Lifetime Experience	59,537,964	-	59,537,964	146,165,364	245.5%	51,955,917
Past Experience @ 4%	23,701,671	-	23,701,671	334,357	1.4%	22,893,321
Anticipated Experience @ 4%	25,751,036	-	25,751,036	54,141,171	210.3%	22,122,778
Lifetime Experience @ 4%	49,452,707	-	49,452,707	58,475,528	118.2%	45,016,099

Minimum Required Loss Ratios	68%	85%
Minimum PV Incurred Claims	28,682,170	0
Dual Loss Ratio Test Met	58,475,528	>

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	21,718	236	1.1%
2010	945,996	10,413	1.1%
2011	1,054,884	14,494	1.4%
2012	1,969,075	22,735	1.7%
2013	2,256,034	51,862	2.3%
2014	2,249,512	75,926	3.4%
2015	2,201,485	105,362	4.8%
2016	2,157,542	140,979	6.5%
2017	2,151,724	181,338	8.6%
2018	2,065,955	223,621	10.8%
2019	2,017,467	267,563	13.3%
2020	1,963,352	301,154	15.3%
2021	1,911,421	361,913	19.1%
2022	1,854,606	423,052	22.8%
2023	1,795,958	485,675	27.0%
2024	1,735,717	555,010	32.0%
2025	1,673,910	625,005	37.3%
2026	1,610,571	723,173	44.9%
2027	1,545,822	818,199	52.9%
2028	1,479,829	918,230	62.0%
2029	1,412,768	1,026,068	72.6%
2030	1,344,779	1,152,682	85.7%
2031	1,275,878	1,296,597	101.6%
2032	1,206,226	1,444,180	119.7%
2033	1,136,143	1,580,487	139.1%
2034	1,066,062	1,708,339	160.2%
2035	996,369	1,841,079	184.8%
2036	927,284	1,970,626	212.5%
2037	859,222	2,085,993	242.8%
2038	792,548	2,182,920	275.4%
2039	727,658	2,268,595	311.8%
2040	664,854	2,353,838	354.0%
2041	604,382	2,423,946	401.1%
2042	546,548	2,464,876	450.9%
2043	491,736	2,467,514	501.8%
2044	440,153	2,450,032	556.6%
2045	391,979	2,430,919	620.2%
2046	347,212	2,398,637	690.8%
2047	305,914	2,338,856	764.5%
2048	268,127	2,246,551	837.9%
2049	233,841	2,141,494	915.8%
2050	202,945	2,042,628	1006.5%
2051	175,234	1,940,523	1107.6%
2052	150,536	1,825,140	1212.4%
2053	128,677	1,694,454	1316.8%
2054	109,472	1,564,629	1429.8%
2055	92,696	1,446,174	1560.1%
2056	78,109	1,334,567	1708.5%
2057	65,475	1,219,456	1862.5%
2058	54,592	1,096,172	2008.0%
2059	45,283	978,340	2160.5%
2060	37,342	862,871	2309.6%
2061	30,663	748,611	2441.4%
2062	25,151	638,215	2537.4%
2063	20,355	528,523	2596.4%
2064	16,456	424,197	2577.7%
2065	13,362	327,707	2452.1%
2066	10,923	286,787	2625.6%
2067	8,954	237,243	2649.7%
2068	7,290	194,943	2674.3%
2069	5,905	158,458	2684.3%
2070	4,775	130,053	2724.8%
2071	3,857	106,090	2750.4%
2072	3,098	86,008	2776.4%
2073	2,445	69,529	2842.7%
2074	1,897	53,663	2829.5%
2075	1,447	41,636	2876.7%
2076	1,087	31,353	2884.0%
Past Experience	19,044,565	1,104,540	5.8%
Anticipated Experience	32,911,353	67,581,121	205.3%
Lifetime Experience	51,955,917	68,687,661	132.2%
Past Experience @ 4%	22,893,321	1,238,247	5.4%
Anticipated Experience @ 4%	22,122,778	26,312,246	118.9%
Lifetime Experience @ 4%	45,016,099	29,590,693	65.7%

Minimum Required Loss Ratios	68%	85%
Minimum PV Incurred Claims	28,682,170	19,652,407
Dual Loss Ratio Test Met	58,475,528	>

Proj b: Current Assumptions and

Rate Increase:	143.0%

Yr 1:	34.5%
Yr 2:	29.3%
Yr 3:	24.9%
Yr 4:	0.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims
2004	-	-	-	-	0.0%
2005	-	-	-	-	0.0%
2006	-	-	-	-	0.0%
2007	-	-	-	-	0.0%
2008	-	-	-	-	0.0%
2009	21,718	-	-	21,718	-
2010	945,996	-	-	945,996	-
2011	1,054,884	-	-	1,054,884	-
2012	1,969,075	-	-	1,969,075	-
2013	2,275,708	-	-	2,275,708	16,786
2014	2,293,830	-	-	2,293,830	-
2015	2,296,078	-	-	2,296,078	-
2016	2,270,821	-	-	2,270,821	45,123
2017	2,233,247	-	-	2,233,247	47
2018	2,222,610	-	-	2,222,610	116,063
2019	2,190,217	-	-	2,190,217	135,111
2020	2,151,078	-	-	2,151,078	408,830
2021	2,105,507	-	-	2,105,507	512,934
2022	1,960,740	-	167,202	2,127,942	608,356
2023	1,856,506	-	814,260	2,670,766	716,451
2024	1,819,580	-	1,520,689	3,340,269	840,322
2025	1,781,272	-	2,047,875	3,829,147	982,896
2026	1,741,425	-	2,002,064	3,743,489	1,144,846
2027	1,699,924	-	1,954,351	3,654,275	1,328,248
2028	1,656,520	-	1,904,601	3,560,971	1,536,192
2029	1,610,987	-	1,852,104	3,463,091	1,774,217
2030	1,563,043	-	1,796,983	3,360,026	2,036,670
2031	1,512,389	-	1,738,748	3,251,138	2,305,410
2032	1,454,771	-	1,672,506	3,127,277	2,587,816
2033	1,393,920	-	1,602,548	2,996,468	2,889,062
2034	1,331,758	-	1,531,681	2,863,438	3,219,912
2035	1,275,208	-	1,466,068	2,741,276	3,577,428
2036	1,212,231	-	1,393,670	2,605,901	3,933,945
2037	1,147,136	-	1,318,827	2,466,963	4,254,708
2038	1,080,641	-	1,242,380	2,323,021	4,526,414
2039	1,013,308	-	1,164,970	2,178,278	4,784,504
2040	945,267	-	1,086,745	2,032,012	5,064,229
2041	876,410	-	1,007,582	1,883,991	5,332,078
2042	807,314	-	928,144	1,735,458	5,553,574
2043	738,734	-	849,301	1,588,035	5,594,355
2044	671,378	-	771,863	1,443,241	5,635,630
2045	605,791	-	696,660	1,302,251	5,653,989
2046	542,592	-	623,802	1,166,393	5,625,804
2047	482,313	-	554,501	1,036,814	5,516,542
2048	425,414	-	489,086	914,501	5,305,460
2049	372,285	-	428,005	800,290	5,064,048
2050	323,166	-	371,534	694,701	4,829,581
2051	278,259	-	319,906	598,165	4,583,023
2052	237,713	-	273,291	511,088	4,303,851
2053	201,436	-	231,585	433,021	3,970,264
2054	169,306	-	194,646	363,952	3,640,276
2055	141,102	-	162,221	303,324	3,336,586
2056	116,613	-	134,067	250,680	3,054,285
2057	95,605	-	109,914	205,559	2,776,227
2058	77,733	-	89,367	167,100	2,491,904
2059	62,686	-	72,068	134,755	2,222,532
2060	50,118	-	57,619	107,737	1,974,057
2061	39,733	-	45,680	85,413	1,742,944
2062	31,209	-	35,880	67,089	1,527,239
2063	24,413	-	28,067	52,480	1,315,717
2064	18,939	-	21,774	40,713	1,123,133
2065	14,580	-	16,763	31,343	952,565
2066	11,135	-	12,802	23,937	801,126
2067	8,445	-	9,709	18,154	668,243
2068	6,388	-	7,345	13,733	551,058
2069	4,818	-	5,539	10,357	445,724
2070	3,582	-	4,118	7,700	356,810
2071	2,584	-	2,971	5,554	282,095
2072	1,814	-	2,085	3,899	219,582
2073	1,246	-	1,432	2,678	168,315
2074	831	-	956	1,787	127,288
2075	515	-	592	1,108	96,360
2076	322	-	370	693	22,880
Past Experience	19,774,185	-	19,774,185	353,130	1.6%
Anticipated Experience	39,763,779	36,863,215	36,863,215	96,381,179	146,165,364
Lifetime Experience	59,537,964	-	36,863,215	96,381,179	146,165,364
Past Experience @ 4%	23,701,671	-	23,701,671	334,357	1.4%
Anticipated Experience @ 4%	25,751,036	23,120,479	23,120,479	47,227,515	54,141,171
Lifetime Experience @ 4%	49,452,707	-	23,120,479	70,828,890	58,475,528

Minimum Required Loss Ratios	68%	85%
Minimum PV Incurred Claims	28,682,170	19,652,407
Dual Loss Ratio Test Met	58,475,528	>

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase:	143.0%

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	46,694	-	0.0%
2010	2,033,891	-	0.0%
2011	2,268,501	-	0.0%
2012	4,233,511	-	0.0%
2013	4,892,773	16,786	0.3%
2014	4,931,735	-	0.0%
2015	4,936,568	-	0.0%
2016	4,882,265	45,123	0.9%
2017	4,801,481	47	0.0%
2018	4,778,612	116,063	2.4%
2019	4,708,967	135,111	2.9%
2020	4,624,817	408,830	8.8%
2021	4,526,840	512,934	11.3%
2022	4,215,591	608,356	14.4%
2023	3,991,488	716,451	17.9%
2024	3,912,997	840,322	21.5%
2025	3,829,735	982,896	25.7%
2026	3,744,064	1,144,846	30.6%
2027	3,654,837	1,328,248	36.3%
2028	3,561,518	1,536,192	43.1%
2029	3,463,623	1,774,217	51.2%
2030	3,360,542	2,036,670	60.6%
2031	3,251,637	2,305,410	70.9%
2032	3,127,757	2,587,816	82.7%
2033	2,996,928	2,889,062	96.4%
2034	2,863,882	3,219,912	112.4%
2035	2,741,697	3,577,428	130.5%
2036	2,606,306	3,933,945	151.0%
2037	2,466,342	4,254,708	172.5%
2038	2,323,377	4,526,414	194.8%
2039	2,178,613	4,784,504	219.6%
2040	2,032,324	5,064,229	249.2%
2041	1,884,281	5,332,078	283.0%
2042	1,735,725	5,553,574	317.8%
2043	1,588,279	5,594,355	352.3%
2044	1,443,462	5,635,630	390.5%
2045	1,302,451	5,653,989	434.1%
2046	1,166,573	5,625,804	482.3%
2047	1,036,978	5,516,542	532.0%
2048	914,641	5,305,460	579.9%
2049	800,410	5,064,048	632.8%
2050	694,807	4,829,581	695.1%
2051	598,257	4,583,023	766.1%
2052	511,088	4,303,851	842.1%
2053	433,087	3,970,264	916.7%
2054	364,008	3,640,276	1000.1%
2055	303,370	3,336,586	1099.8%
2056	250,718	3,054,285	1218.2%
2057	205,559	2,776,227	1350.6%
2058	167,135	2,491,904	1491.0%
2059	134,775	2,222,532	1649.3%
2060	107,754	1,974,057	1832.3%
2061	85,427	1,742,944	2040.0%
2062	67,089	1,527,239	2276.1%
2063	52,488	1,315,717	2506.7%
2064	40,713	1,123,133	2758.7%
2065	31,348	952,565	3038.7%
2066	23,940	801,126	3346.4%
2067	18,157	668,243	3681.0%
2068	13,735	551,058	4012.7%
2069	10,359	445,724	4302.6%
2070	7,701	356,810	4633.8%
2071	5,555	282,095	5077.9%
2072	3,900	219,582	5630.8%
2073	2,678	168,315	6286.6%
2074	1,787	127,288	7121.6%
2075	1,108	96,360	8517.9%
2076	693	22,880	3300.0%
Past Experience	42,514,697	353,130	0.7%
Anticipated Experience	81,892,215	145,852,234	178.0%
Lifetime Experience	128,006,622	146,165,364	114.2%
Past Experience @ 4%	50,958,592	334,357	0.7%
Anticipated Experience @ 4%	51,364,724	54,141,171	105.4%
Lifetime Experience @ 4%	106,323,320	58,475,528	55.0%

Minimum Required Loss Ratios	68%	85%
Minimum PV Incurred Claims	28,682,170	19,652,407
Dual Loss Ratio Test Met	58,475,528	>

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	21,718	-	0.0%
2010	945,996	-	0.0%
2011	1,054,884	-	0.0%
2012	1,969,075	-	0.0%
2013	2,275,708	16,786	0.7%
2014	2,293,830	-	0.0%
2015	2,296,078	-	0.0%
2016	2,270,821	45,123	2.0%
2017	2,233,247	47	0.0%
2018	2,222,610	116,063	5.2%
2019	2,190,217	135,111	6.2%
2020	2,151,078	408,830	19.0%
2021	2,074,921	398,828	19.2%
2022	2,011,151	461,014	22.9%
2023	1,949,403	529,141	27.1%
2024	1,883,932	605,461	32.1%
2025	1,816,769	691,617	38.1%
2026	1,747,912	787,439	45.0%
2027	1,677,615	890,660	53.1%
2028	1,605,938	999,294	62.2%
2029	1,533,116	1,116,415	72.8%
2030	1,459,298	1,234,165	85.3%
2031	1,384,504	1,410,317	101.9%
2032	1,308,906	1,570,435	120.0%
2033	1,232,852	1,718,288	139.4%
2034	1,156,816	1,856,796	160.5%
2035	1,081,213	2,000,634	185.0%
2036	1,006,295	2,140,549	212.7%
2037	932,675	2,265,424	242.9%
2038	860,183	2,370,226	275.5%
2039	789,834	2,463,065	311.8%
2040	721,752	2,555,646	354.1%
2041	656,200	2,631,615	401.0%
2042	593,152	2,675,307	450.7%
2043	534,095	2,678,822	501.6%
2044	478,178	2,660,358	556.4%
2045	425,950	2,640,633	619.9%
2046	377,408	2,606,050	690.5%
2047	332,620	2,541,655	764.1%
2048	291,631	2,442,066	837.7%
2049	254,428	2,328,812	915.3%
2050	220,892	2,222,411	1006.1%
2051	190,804	2,112,263	1107.0%
2052	163,976	1,987,512	1212.1%
2053	140,223	1,845,953	1316.4%
2054	119,343	1,705,383	1429.0%
2055	101,096	1,577,162	1560.1%
2056	85,221	1,455,659	1708.1%
2057	71,465	1,331,081	1862.6%
2058	59,669	1,196,918	2007.9%
2059	49,464	1,068,708	2160.6%
2060	40,837	942,860	2309.4%
2061	32,516	818,115	2517.0%
2062	25,151	697,188	2771.8%
2063	22,219	566,843	2551.2%
2064	18,004	463,823	2576.2%
2065	14,624	380,348	2600.8%
2066	11,958	313,827	2624.6%
2067	9,805	259,688	2649.3%
2068	7,984	213,445	2673.3%
2069	6,470	174,579	2698.4%
2070	5,230	142,461	2724.0%
2071	4,228	116,241	2749.6%
2072	3,396	94,267	2775.6%
2073	2,682	75,145	2802.0%
2074	2,081	58,862	2828.9%
2075	1,588	45,349	2856.1%
2076	1,193	34,412	2883.4%
Past Experience	19,774,185	353,130	1.6%
Anticipated Experience	25,751,036	33,820,883	131.3%
Lifetime Experience	45,525,221	33,839,548	73.8%
Past Experience @ 4%	23,701,671	334,357	1.4%
Anticipated Experience @ 4%	23,623,682	68,121,674	288.4%
Lifetime Experience @ 4%	47,715,591	31,169,235	65.3%

Prospective PV Approach (PPV)

Rate Increase:	146.7%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
2,151,078	449,713	2,118,181	342,622	16,897	107,091
2,105,507	564,227	2,074,921	398,828	30,586	165,399
1,960,740	669,192	2,011,151	461,014	(52,412)	208,178
1,856,506	788,096	1,949,403	529,141	(92,897)	258,955
1,819,580	924,354	1,883,932	605,461	(64,352)	318,893
1,781,272	1,081,185	1,816,769	691,617	(35,497)	389,569
1,741,425	1,259,331	1,747,912	787,439	(6,527)	471,892
1,699,924	1,461,073	1,677,615	890,660	22,309	570,413
1,656,520	1,689,811	1,605,938	999,294	50,582	690,518
1,610,987	1,951,638	1,533,116	1,116,415	77,871	835,224
1,563,043	2,240,337	1,459,298	1,234,165	103,745	986,236
1,512,389	2,535,951	1,384,504	1,410,317	127,885	1,125,635
1,454,771	2,844,597	1,308,906	1,570,435	145,864	1,274,162
1,393,920	3,177,968	1,232,852	1,718,288	161,068	1,459,680
1,331,758	3,541,903	1,156,816	1,856,796	178,943	1,685,107
1,275,208	3,935,171	1,081,213	2,000,634	193,995	1,934,537
1,212,231	4,327,339	1,006,295	2,140,549	205,940	2,186,790
1,147,136	4,680,178	932,675	2,265,424	214,641	2,414,754
1,080,641	4,979,056	860,183	2,370,226	220,457	2,608,830
1,013,308	5,262,954	789,834	2,463,065	223,474	2,799,909
945,267	5,570,612	721,752	2,555,646	223,515	3,015,096
876,410	5,865,286	656,200	2,631,615	220,209	3,233,671
807,314	6,067,131	593,152	2,675,307	213,762	3,391,824
738,734	6,153,790	534,095	2,678,822	204,640	3,474,969
671,378	6,199,193	478,178	2,660,358	193,199	3,538,835
605,791	6,219,287	425,950	2,640,633	179,841	3,578,654
542,592	6,188,384	377,408	2,606,050	165,184	3,582,334
482,313	6,068,196	332,620	2,541,655	149,694	3,526,541
425,414	5,835,406	291,631	2,442,066	133,783	3,389,340
372,285	5,570,453	254,428	2,328,812	117,857	3,241,641
323,166	5,312,539	220,892	2,222,411	102,274	3,090,127
278,259	5,041,326	190,804	2,112,263	87,455	2,929,063
237,713	4,734,241	163,976	1,987,512	73,737	2,746,729
201,436	4,367,290	140,223	1,845,953	61,213	2,521,337
169,306	4,004,203	119,343	1,705,383	49,963	2,298,821
141,102	3,670,244	101,096	1,577,162	40,006	2,093,082
116,613	3,359,713	85,221	1,455,659	31,392	1,904,055
95,605	3,053,850	71,465	1,331,081	24,140	1,722,768
77,733	2,741,095	59,669	1,196,918	18,123	1,544,177
62,686	2,444,785	49,464	1,068,708	13,222	1,376,077
50,118	2,171,462	40,837	942,860	9,281	1,228,602
39,733	1,917,239	32,516	818,115	6,217	1,099,124
31,209	1,680,107	25,151	697,188	4,058	982,919
24,413	1,447,288	22,219	566,843	2,194	880,445
18,939	1,235,486	18,004	463,823	935	771,623
14,580	1,047,822	14,624	380,348	(44)	667,474
11,135	881,238	11,958	313,827	(823)	567,411
8,445	736,568	9,805	259,688	(1,360)	476,879
6,388	606,163	7,984	213,445	(1,596)	392,719
4,818	490,296	6,470	174,579	(1,652)	315,717
3,582	392,691	5,230	142,461	(1,648)	250,230
2,584	310,305	4,228	116,241	(1,644)	194,064
1,814	241,540	3,396	94,267	(1,582)	147,273
1,246	185,146	2,682	75,145	(1,436)	110,000
831	140,017	2,081	58,862	(1,249)	81,156
515	103,796	1,588	45,349	(1,073)	58,447
322	25,168	1,193	34,412	(871)	(9,244)
25,751,036	63,955,288	24,013,920	30,834,878	1,737,116	33,120,410
	248.4%		128.4%		

Weight 1: 0.85
Weight 2: 0.58
C: 0%
PPV Increase: 146.7%

Prospective PV Approach (PPV) with Delay

Rate Increase:	173.2%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Cla

14,751,000	
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	409,138	-	409,138	-	0.0%
2010	5,267,562	-	5,267,562	18,063	0.3%
2011	15,868,012	-	15,868,012	18,133	0.1%
2012	15,059,577	-	15,059,577	519,498	1.6%
2013	46,160,777	-	46,160,777	969,551	2.1%
2014	52,728,059	-	52,728,059	1,118,503	2.1%
2015	52,649,240	-	52,649,240	2,252,299	4.3%
2016	51,770,487	-	51,770,487	3,847,300	7.4%
2017	50,899,000	-	50,899,000	4,470,549	8.8%
2018	50,120,518	-	50,120,518	4,589,818	9.2%
2019	49,418,922	-	49,418,922	6,408,461	13.0%
2020	48,485,009	-	48,485,009	7,609,272	15.7%
2021	47,085,052	-	47,085,052	9,761,009	20.7%
2022	45,310,583	-	45,310,583	11,760,096	26.0%
2023	44,126,220	-	44,126,220	14,035,591	31.8%
2024	43,095,402	-	43,095,402	16,161,400	38.4%
2025	42,024,768	-	42,024,768	19,436,655	46.3%
2026	40,921,127	-	40,921,127	22,719,729	55.5%
2027	39,761,794	-	39,761,794	26,408,959	66.4%
2028	38,513,129	-	38,513,129	30,501,135	79.2%
2029	37,282,618	-	37,282,618	35,078,112	94.1%
2030	35,934,823	-	35,934,823	40,142,109	111.7%
2031	34,528,140	-	34,528,140	45,574,657	132.0%
2032	33,046,678	-	33,046,678	51,178,011	154.9%
2033	31,514,495	-	31,514,495	56,875,023	180.5%
2034	29,930,774	-	29,930,774	62,738,224	209.6%
2035	28,294,992	-	28,294,992	68,891,247	243.5%
2036	26,622,769	-	26,622,769	75,155,675	282.3%
2037	24,914,708	-	24,914,708	80,964,374	325.0%
2038	23,186,674	-	23,186,674	85,718,200	369.7%
2039	21,455,650	-	21,455,650	89,591,507	417.6%
2040	19,732,834	-	19,732,834	91,931,080	465.9%
2041	18,021,219	-	18,021,219	93,037,160	516.3%
2042	16,334,572	-	16,334,572	92,851,235	568.5%
2043	14,692,167	-	14,692,167	100,070,317	681.1%
2044	13,111,619	-	13,111,619	99,136,501	756.1%
2045	11,607,613	-	11,607,613	97,231,624	837.7%
2046	10,192,171	-	10,192,171	94,698,717	929.1%
2047	8,873,683	-	8,873,683	91,118,677	1026.9%
2048	7,669,948	-	7,669,948	86,073,691	1123.7%
2049	6,556,340	-	6,556,340	80,152,827	1222.5%
2050	5,564,355	-	5,564,355	73,922,793	1328.5%
2051	4,684,441	-	4,684,441	67,750,700	1446.3%
2052	3,911,692	-	3,911,692	61,519,062	1573.8%
2053	3,240,933	-	3,240,933	55,088,107	1699.8%
2054	2,665,761	-	2,665,761	48,792,966	1830.6%
2055	2,177,528	-	2,177,528	42,916,652	1970.9%
2056	1,768,023	-	1,768,023	37,606,642	2127.0%
2057	1,426,984	-	1,426,984	32,799,535	2298.5%
2058	1,145,737	-	1,145,737	28,385,017	2477.4%
2059	911,389	-	911,389	24,433,343	2680.2%
2060	720,055	-	720,055	20,960,981	2880.5%
2061	576,897	-	576,897	17,964,698	3114.0%
2062	460,062	-	460,062	15,329,276	3333.2%
2063	358,265	-	358,265	12,983,967	3624.1%
2064	280,615	-	280,615	10,922,321	3892.3%
2065	218,726	-	218,726	9,147,783	4182.2%
2066	169,607	-	169,607	7,637,815	4503.3%
2067	130,707	-	130,707	6,343,826	4853.5%
2068	100,012	-	100,012	5,195,981	5195.4%
2069	75,840	-	75,840	4,203,330	5542.3%
2070	56,880	-	56,880	3,352,358	5893.8%
2071	42,138	-	42,138	2,643,613	6268.1%
2072	30,759	-	30,759	2,050,867	6667.5%
2073	22,082	-	22,082	1,562,016	7073.8%
2074	15,532	-	15,532	1,164,416	7496.7%
2075	10,665	-	10,665	867,004	7941.9%
2076	7,055	-	7,055	644,671	9137.9%
Past Experience	408,151,292	-	408,151,292	24,212,175	5.9%
Anticipated Experience	873,154,921	-	873,154,921	2,585,204,835	296.0%
Lifetime Experience	1,281,708,213	-	1,281,708,213	2,609,517,010	188.0%
Past Experience @ 4%	481,421,938	-	481,421,938	26,822,422	5.6%
Anticipated Experience @ 4%	578,385,549	-	578,385,549	1,012,249,293	175.0%
Lifetime Experience @ 4%	1,059,807,487	-	1,059,807,487	1,039,071,715	98.0%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	614,688,242	614,688,242
Dual Loss Ratio Test Met	1,039,071,715	> 614,688,242

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	409,138	4,438	1.1%
2010	5,267,562	60,109	1.1%
2011	15,837,779	214,794	1.4%
2012	32,985,269	528,614	1.6%
2013	46,060,861	917,512	2.0%
2014	52,728,059	1,422,083	2.7%
2015	51,296,752	2,032,766	4.0%
2016	50,042,713	2,769,567	5.5%
2017	48,921,375	3,612,872	7.4%
2018	48,071,896	4,565,245	9.5%
2019	46,775,897	5,525,029	11.8%
2020	45,639,893	6,944,533	15.2%
2021	44,442,542	7,660,680	17.2%
2022	43,103,583	8,914,166	20.6%
2023	41,880,450	10,294,103	24.6%
2024	40,539,815	11,814,048	29.2%
2025	39,154,495	13,576,864	34.7%
2026	37,729,583	15,534,925	41.2%
2027	36,266,790	17,688,872	48.8%
2028	34,768,899	20,037,837	57.6%
2029	33,238,174	22,524,884	67.8%
2030	31,681,271	25,171,429	80.1%
2031	30,096,250	28,014,602	93.1%
2032	28,486,739	32,129,068	112.8%
2033	26,858,461	35,433,624	131.9%
2034	25,223,225	38,817,686	153.9%
2035	23,587,359	41,804,046	177.2%
2036	21,958,068	45,012,316	205.0%
2037	20,344,104	48,082,635	236.3%
2038	18,755,493	50,741,217	270.6%
2039	17,202,173	53,013,175	308.2%
2040	15,685,759	54,987,100	350.6%
2041	14,237,966	56,679,609	398.1%
2042	12,842,765	57,851,235	450.2%
2043	11,516,403	58,146,522	504.9%
2044	10,266,538	57,017,191	562.0%
2045	9,100,306	56,828,515	624.5%
2046	8,019,025	55,703,022	694.6%
2047	7,023,142	54,163,228	770.9%
2048	6,119,952	51,874,498	848.0%
2049	5,293,578	49,124,765	928.0%
2050	4,537,908	46,270,539	1011.2%
2051	3,902,071	43,464,031	1113.6%
2052	3,355,605	40,512,755	1218.9%
2053	2,814,820	37,243,130	1326.7%
2054	2,265,761	34,118,277	1459.6%
2055	1,748,888	31,116,887	1564.5%
2056	1,268,000	28,319,854	1756.3%
2057	1,078,128	25,623,138	1858.8%
2058	1,038,150	22,888,710	2010.6%
2059	935,736	20,216,310	2162.6%
2060	766,409	17,936,275	2313.7%
2061	623,291	15,220,276	2441.9%
2062	497,088	12,983,967	2611.8%
2063	407,088	10,668,644	2596.2%
2064	327,090	8,577,201	2622.3%
2065	262,427	6,966,260	2653.3%
2066	213,450	5,685,043	2663.4%
2067	173,585	4,669,960	2689.5%
2068	140,748	3,809,731	2706.8%
2069	112,475	3,097,484	2729.7%
2070	91,299	2,513,434	2753.0%
2071	73,460	2,038,360	2776.2%
2072	58,788	1,646,178	2800.2%
2073	46,403	1,298,955	2825.2%
2074	35,977	1,025,598	2850.7%
2075	27,412	789,600	2879.6%
2076	20,635	598,931	2902.6%
Past Experience	397,640,691	24,212,175	5.1%
Anticipated Experience	760,117,928	1,553,392,329	107.0%
Lifetime Experience	1,166,758,252	1,537,065,397	131.7%
Past Experience @ 4%	468,969,680	24,137,210	5.1%
Anticipated Experience @ 4%	517,879,891	637,514,222	123.1%
Lifetime Experience @ 4%	987,549,573	661,651,456	67.0%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	614,688,242	349,798,852
Dual Loss Ratio Test Met	1,039,071,715	> 958,427,186

Proj c: Current Assumptions and Proj c: Current Premiums

Rate Increase: 30.0%

Year	Original Premium	Previous Increase Premium	Current Increase Premium	Earned Premium	Incurred Claims
2004	-	-	-	-	-
2005	-	-	-	-	-
2006	-	-	-	-	-
2007	-	-	-	-	-
2008	-	-	-	-	-
2009	409,138	-	-	409,138	-
2010	5,267,562	-	-	5,267,562	18,063
2011	15,868,012	-	-	15,868,012	18,133
2012	15,059,577	-	-	15,059,577	519,498
2013	46,160,777	-	-	46,160,777	969,551
2014	52,728,059	-	-	52,728,059	1,118,503
2015	52,649,240	-	-	52,649,240	2,252,299
2016	51,770,487	-	-	51,770,487	3,847,300
2017	50,899,000	-	-	50,899,000	4,470,549
2018	50,120,518	-	-	50,120,518	4,589,818
2019	49,418,922	-	-	49,418,922	6,408,461
2020	48,485,009	-	-	48,485,009	7,609,272
2021	47,085,052	-	-	47,085,052	9,761,009
2022	45,310,583	-	3,322,593	48,633,177	11,760,096
2023	44,126,220	-	15,830,203	59,956,423	14,035,591
2024	43,095,402	-	27,587,173	70,682,575	16,161,400
2025	42,024,768	-	37,964,711	79,989,479	19,436,655
2026	40,921,127	-	46,967,702	87,888,829	22,719,729
2027	39,761,794	-	55,923,978	95,685,772	26,408,959
2028	38,513,129	-	64,838,470	103,351,599	30,501,135
2029	37,282,618	-	73,381,589	110,664,207	35,078,112
2030	35,934,823	-	81,640,109	117,574,932	40,142,109
2031	34,528,140	-	89,762,360	124,290,500	45,574,657
2032	33,046,678	-	97,745,789	130,792,467	51,178,011
2033	31,514,495	-	105,589,416	137,103,911	56,875,023
2034	29,930,774	-	113,292,238	143,223,012	62,738,224
2035	28,294,992	-	120,853,257	149,148,249	68,891,247
2036	26,622,769	-	128,271,441	154,894,210	75,155,675
2037	24,914,708	-	135,540,838	160,455,546	80,964,374
2038	23,186,674	-	142,650,883	165,836,557	85,718,200
2039	21,455,650	-	149,597,507	171,037,157	89,591,507
2040	19,732,834	-	156,376,884	176,056,718	91,931,080
2041	18,021,219	-	162,983,216	180,893,927	93,037,160
2042	16,334,572	-	169,414,572	185,547,807	92,851,235
2043	14,692,167	-	175,670,601	190,018,317	100,070,317
2044	13,111,619	-	181,744,211	194,306,130	99,136,501
2045	11,607,613	-	187,631,624	198,410,396	97,231,624
2046	10,192,171	-	193,327,171	202,330,117	94,698,717
2047	8,873,683	-	198,827,683	206,064,366	91,118,677
2048	7,669,948	-	204,127,948	209,611,142	86,073,691
2049	6,556,340	-	209,216,340	212,969,446	80,152,827
2050	5,564,355	-	214,089,355	216,138,301	73,922,793
2051	4,684,441	-	218,743,441	219,116,835	67,750,700
2052	3,911,692	-	223,175,692	221,893,877	61,519,062
2053	3,240,933	-	227,383,933	224,455,040	55,088,107
2054	2,665,761	-	231,365,761	226,822,176	48,792,966
2055	2,177,528	-	235,118,528	229,000,180	42,916,652
2056	1,768,023	-	238,640,023	231,000,000	37,606,642
2057	1,426,984	-	241,929,984	232,820,000	32,799,535
2058	1,145,737	-	244,988,737	234,460,000	28,385,017
2059	911,389	-	247,816,389	235,920,000	24,433,343
2060	720,055	-	250,412,055	237,200,000	20,960,981
2061	576,897	-	252,776,897	238,300,000	17,964,698
2062	460,062	-	254,910,062	239,220,000	15,329,276
2063	358,265	-	256,812,265	239,960,000	12,983,967
2064	280,615	-	258,482,615	240,520,000	10,922,321
2065	218,726	-	259,918,726	240,900,000	9,147,783
2066	169,607	-	261,119,607	241,100,000	7,637,815
2067	130,707	-	262,083,707	241,120,000	6,343,826
2068	100,012	-	262,812,012	240,960,000	5,195,981
2069	75,840	-	263,303,840	240,620,000	4,203,330
2070	56,880	-	263,559,880	240,100,000	3,352,358
2071	42,138	-	263,601,138	239,400,000	2,643,613
2072	30,759	-	263,630,759	238,520,000	2,050,867
2073	22,082	-	263,653,082	237,460,000	1,562,016
2074	15,532	-	263,668,532	236,220,000	1,164,416
2075	10,665	-	263,679,665	234,800,000	867,004
2076	7,055	-	263,686,055	233,200,000	644,671
Past Experience	408,151,292	-	408,151,292	24,212,175	5.9%
Anticipated Experience	873,154,921	-	1,103,479,090	2,585,204,835	234.2%
Lifetime Experience	1,281,708,213	-	1,511,630,389	2,609,517,010	172.6%
Past Experience @ 4%	481,421,938	-	481,421,938	26,822,422	5.6%
Anticipated Experience @ 4%	578,385,549	-	812,683,837	1,012,249,293	124.5%
Lifetime Experience @ 4%	1,059,807,487	-	1,294,105,775	1,039,071,715	80.3%

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	614,688,242	349,798,852
Dual Loss Ratio Test Met	1,039,071,715	> 958,427,186

1:	29.0%
2:	20.0%
3:	22.0%
4:	0.0%

129.6%	90.3%
120.0%	
122.6%	
100.0%	

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2004	-	-	0.0%
2005	-	-	0.0%
2006	-	-	0.0%
2007	-	-	0.0%
2008	-	-	0.0%
2009	778,590	-	0.0%
2010	10,024,170	18,063	0.2%
2011	30,196,826	18,133	0.1%
2012	32,912,276	519,498	0.8%
2013	87,843,959	969,551	1.1%
2014	100,341,497	1,118,503	1.1%
2015	99,910,904	2,252,299	2.3%
2016	98,519,237	3,847,300	3.9%
2017	96,860,796	4,470,549	4.6%
2018	95,379,346	4,589,818	4.8%
2019	94,094,208	6,408,461	6.8%
2020	92,107,110	7,609,272	8.3%
2021	89,603,426	9,761,009	10.9%
2022	86,226,040	11,760,096	13.7%
2023	83,972,196	14,035,591	16.7%
2024	82,010,550	16,161,400	20.2%
2025	79,973,134	19,436,655	24.3%
2026	77,872,834	22,719,729	29.2%
2027	75,676,306	26,408,959	34.9%
2028	73,366,605	30,501,135	41.6%
2029	70,948,821	35,078,112	49.4%
2030	68,383,968	40,142,109	58.7%
2031	65,707,050	45,574,657	69.4%
2032	62,887,828	51,178,011	81.4%
2033	59,972,083	56,875,023	94.8%
2034	56,958,248	62,738,224	110.1%
2035	53,845,369	68,891,247	127.9%
2036	50,643,229	75,155,675	148.3%
2037	47,412,689	80,964,374	170.8%
2038	44,124,240	85,718,200	194.3%
2039	40,829,721	89,591,507	219.4%
2040	37,551,583	91,931,080	244.8%
2041	34,294,379	93,037,160	271.3%
2042	31,284,691	92,851,235	296.8%
2043	27,958,156	100,070,317	357.9%
2044	24,951,051	99,136,501	397.3%
2045	22,088,908	97,231,624	440.2%
2046	19,395,701	94,698,717	488.2%
2047	16,886,238	91,118,677	539.6%
2048	14,576,881	86,073,691	590.5%
2049	12,476,715	80,152,827	642.4%
2050	10,588,968	73,922,793	698.1%
2051	8,914,692	67,750,700	760.0%
2052	7,443,549	61,519,062	826.6%
2053	6,167,895	55,088,107	893.2%
2054	5,072,362	48,792,966	961.8%
2055	4,143,635	42,916,652	1035.7%
2056	3,364,547	37,606,642	1117.7%
2057	2,715,551	32,799,535	1207.8%
2058	2,180,167	28,385,017	1301.9%
2059	1,741,985	24,433,343	1402.6%
2060	1,385,394	20,960,981	1513.0%
2061	1,097,835	17,964,698	1636.0%
2062	875,216	15,329,276	1751.5%
2063	681,778	12,983,967	1904.0%
2064	534,011	10,922,321	2045.3%
2065	416,235	9,147,783	2197.7%
2066	322,761	7,637,815	2366.4%
2067	248,736	6,343,826	2550.6%
2068	190,323	5,195,981	2730.1%
2069	144,334	4,203,330	2912.4%
2070	108,242	3,352,358	3097.1%
2071	80,188	2,643,613	3296.3%
2072	58,534	2,050,867	3503.7%
2073	44,088	1,562,016	3544.2%
2074	29,558	1,164,416	3939.6%
2075	20,295	867,004	4173.6%
2076	13,426	644,671	4801.8%
Past Experience	776,711,909	24,212,175	3.1%
Anticipated Experience	1,662,278,820	2,585,204,835	155.5%
Lifetime Experience	2,438,990,729	2,609,517,010	98.8%
Past Experience @ 4%	916,145,949	26,822,422	2.9%
Anticipated Experience @ 4%	1,100,667,699	1,012,249,293	92.0%
Lifetime Experience @ 4%	2,016,813,648	1,039,071,715	51.5%

192.5%		123.0%

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	409,138	-	0.0%
2010	5,267,562	18,063	0.3%
2011	15,868,012	18,133	0.1%
2012	15,059,577	519,498	1.6%
2013	46,160,777	969,551	2.1%
2014	52,728,059	1,118,503	2.1%
2015	52,649,240	2,252,299	4.3%
2016	51,770,487	3,847,300	7.4%
2017	50,899,000	4,470,549	8.8%
2018	50,120,518	4,589,818	9.2%
2019	49,418,922	6,408,461	13.0%
2020	48,485,009	7,609,272	15.7%
2021	47,085,052	9,761,009	20.7%
2022	45,310,583	11,760,096	26.0%
2023	44,126,220	15,439,150	34.9%
2024	43,095,402	18,206,540	42.8%
2025	42,024,768	21,380,321	49.9%
2026	40,921,127	24,991,792	59.8%
2027	39,761,794	29,049,855	68.5%
2028	38,513,129	33,511,249	86.7%
2029	37,282,618	38,585,923	95.1%
2030	35,934,823	44,116,230	122.8%
2031	34,528,140	50,132,123	145.2%
2032	33,046,678	56,245,812	170.2%
2033	31,514,495	62,562,525	198.5%
2034	29,930,774	69,012,266	230.6%
2035	28,294,992	75,780,171	267.8%
2036	26,622,769	82,671,243	310.5%
2037	24,914,708	89,060,811	357.4%
2038	23,186,674	94,290,020	406.7%
2039	21,455,650	98,550,658	459.4%
2040	19,732,834	102,088,938	517.4%
2041	18,021,219	106,740,876	592.3%
2042	16,334,572	109,476,624	670.2%
2043	14,692,167	110,077,349	749.3%
2044	13,111,619	109,050,151	831.7%
2045	11,607,613	106,954,787	921.4%
2046	10,192,171	104,168,588	1022.4%
2047	8,873,683	100,230,544	1129.5%
2048	7,669,948	94,681,060	1234.6%
2049	6,556,340	88,168,110	1344.9%
2050	5,564,355	81,315,072	1461.6%
2051	4,684,441	74,525,770	1590.8%
2052	3,911,692	67,670,969	1729.9%
2053	3,240,933	60,596,918	1869.6%
2054	2,665,761	53,672,240	2013.6%
2055	2,177,528	47,208,317	2167.1%
2056	1,768,023	41,367,206	2339.6%
2057	1,426,984	36,079,688	2528.4%
2058	1,145,737	31,223,518	2725.0%
2059	911,389	26,876,677	2948.7%
2060	720,055	23,056,979	3202.4%
2061	576,897	19,761,168	3425.2%
2062	460,062	16,861,804	3666.1%
2063	358,265	14,282,364	3986.7%
2064	280,615	12,014,553	4281.7%
2065	218,726	10,062,561	4601.7%
2066	169,607	8,401,596	4953.9%
2067	130,707	6,978,209	5338.4%
2068	100,012	5,715,579	5715.6%
2069	75,840	4,623,663	6095.9%
2070	56,880	3,687,594	6484.0%
2071	42,138	2,905,818	6896.5%
2072	30,759	2,255,954	7335.4%
2073	22,082	1,718,217	7781.7%
2074	15,532	1,280,857	8247.8%
2075	10,665	931,705	8738.9%
2076	7,055	709,138	10051.4%
Past Experience	408,151,292	24,212,175	5.9%
Anticipated Experience	873,154,921	2,585,204,835	296.0%
Lifetime Experience	1,281,708,213	2,609,517,010	188.0%
Past Experience @ 4%	481,421,938	26,822,422	5.6%
Anticipated Experience @ 4%	578,385,549	1,012,249,293	175.0%
Lifetime Experience @ 4%	1,059,807,487	1,039,071,715	98.0%

Weight 1:	0.85	
Weight 2:	0.58	
C:	0%	
PPV Increase:	86.0%	

Prospective PV Approach (PPV) with Delay

Rate Increase: 86.0%

	Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
48,485,009	8,270,203	48,219,507	6,885,318	181,102	1,384,871	
47,085,052	10,737,110	46,956,399	8,066,128	128,953	2,670,982	
45,310,583	12,972,404	45,633,015	9,387,855	(322,432)	3,584,550	
44,126,220	15,439,150	44,257,379	10,843,450	(131,159)	4,595,699	
43,095,402	18,206,540	42,836,807	12,466,797	258,595	5,739,743	
42,024,768	21,380,321	41,374,226	14,304,077	650,543	7,076,244	
40,921,127	24,991,792	39,868,723	16,371,526	1,052,404	8,620,176	
39,761,794	29,049,855	38,325,083	18,654,364	1,440,711	10,395,492	
38,513,129	33,511,249	36,743,220	21,114,036	1,809,909	12,397,212	
37,282,618	38,585,923	35,127,566	23,754,451	2,155,052	14,831,472	
35,934,823	44,116,230	33,481,999	26,752,669	2,452,825	17,403,561	
34,528,140	50,132,123	31,807,650	30,215,123	2,720,490	19,917,000	
33,046,678	56,245,812	30,107,286	33,886,668	2,939,392	22,409,144	
31,514,495	62,562,525	28,387,974	37,383,968	3,126,521	25,178,557	
29,930,774	69,012,266	26,658,988	41,719,386	3,271,789	28,292,880	
28,294,992	75,780,171	24,930,210	44,119,118	3,364,781	31,661,254	
26,622,769	82,671,243	23,208,211	47,564,609	3,414,558	35,106,634	
24,914,708	89,060,811	21,502,232	50,768,721	3,412,476	38,292,090	
23,186,674	94,290,020	19,822,876	53,589,754	3,363,798	40,700,266	
21,455,650	98,550,658	18,180,675	55,986,225	3,274,775	42,564,433	
19,732,834	102,088,938	16,585,850	58,072,122	3,146,983	44,016,816	
18,021,219	106,740,876	15,046,594	59,861,933	2,974,625	46,878,943	
16,334,572	109,476,624	13,571,332	61,071,921	2,763,240	48,404,703	
14,692,167	110,077,349	12,168,789	61,429,213	2,523,359	48,648,136	
13,111,619	109,050,151	10,847,117	60,947,941	2,264,502	48,102,210	
11,607,613	106,954,787	9,613,870	60,016,567	1,993,744	46,938,219	
10,192,171	104,168,588	8,470,535	58,839,329	1,721,635	45,329,259	
8,873,683	100,230,544	7,417,962	57,130,551	1,455,541	43,099,994	
7,669,948	94,681,060	6,457,385	54,775,541	1,202,563	39,905,519	
6,556,340	88,168,110	5,588,990	51,861,337	967,349	36,306,774	
5,564,355	81,315,072	4,811,351	48,828,372	753,005	32,486,699	
4,684,441	74,525,770	4,119,275	45,855,717	565,166	28,670,053	
3,911,692	67,670,969	3,506,961	42,734,289	404,531	24,936,679	
3,240,933	60,596,918	2,969,431	39,385,046	271,502	21,211,872	
2,665,761	53,672,240	2,501,435	35,993,103	164,325	17,678,907	
2,177,528	47,208,317	2,097,123	32,792,911	80,405	14,415,406	
1,768,023	41,367,206	1,749,863	29,838,299	18,159	11,528,907	
1,426,984	36,079,688	1,452,628	26,985,734	(25,643)	9,093,954	
1,145,737	31,223,518	1,199,593	24,206,023	(53,857)	7,017,496	
911,389	26,876,677	985,704	21,307,219	(70,315)	5,569,458	
720,055	23,056,979	806,099	18,640,038	(78,093)	4,416,941	
576,897	19,761,168	656,293	16,020,559	(79,396)	3,740,609	
460,062	16,861,804	524,117	13,482,967	(64,055)	3,378,837	
358,265	14,282,364	428,477	11,128,180	(70,212)	3,154,174

HURLPROB	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	65,499	-	65,499	-	0.0%
2010	1,085,877	2,067	1,085,877	12,368	1.1%
2011	2,819,112	1,819,112	4,800	0.2%	2,819,998	37,822	1.3%
2012	5,802,372	3,802,372	39,031	0.7%	5,818,950	93,411	1.6%
2013	7,865,445	7,865,445	314,833	4.0%	7,929,260	160,512	2.0%
2014	8,927,936	8,927,936	310,324	3.5%	8,963,611	247,780	2.8%
2015	8,820,116	8,820,116	9,599	0.1%	8,808,339	353,541	4.0%
2016	8,654,223	8,654,223	669,973	7.6%	8,598,951	481,132	5.6%
2017	8,493,368	8,493,368	432,654	5.1%	8,406,751	630,210	7.5%
2018	8,305,945	8,305,945	618,973	7.5%	8,224,121	795,318	9.6%
2019	8,227,559	8,227,559	927,936	11.3%	8,037,512	956,653	11.9%
2020	8,092,664	8,092,664	1,607,718	19.9%	7,869,126	1,836,556	14.6%
2021	7,903,000	7,903,000	2,007,090	25.4%	7,634,952	1,325,056	17.4%
2022	7,614,015	7,614,015	2,366,118	31.1%	7,418,723	1,545,030	20.8%
2023	7,406,398	7,406,398	2,753,686	37.2%	7,194,127	1,778,816	24.7%
2024	7,225,618	7,225,618	3,181,987	44.0%	6,962,309	2,043,811	29.4%
2025	7,035,031	7,035,031	3,649,839	52.2%	6,723,726	2,343,990	34.9%
2026	6,841,798	6,841,798	4,222,252	61.7%	6,478,403	2,681,680	41.4%
2027	6,640,221	6,640,221	4,832,424	72.8%	6,226,646	3,052,505	49.0%
2028	6,429,817	6,429,817	5,491,695	85.4%	5,968,959	3,455,659	57.9%
2029	6,209,669	6,209,669	6,207,293	100.0%	5,705,907	3,889,486	68.0%
2030	5,975,185	5,975,185	6,973,892	116.7%	5,438,151	4,367,643	80.3%
2031	5,732,564	5,732,564	7,769,495	135.5%	5,165,759	4,932,820	95.5%
2032	5,485,078	5,485,078	8,559,749	156.2%	4,889,272	5,529,439	113.1%
2033	5,219,136	5,219,136	9,336,409	178.9%	4,609,836	6,093,526	132.2%
2034	4,949,986	4,949,986	10,109,872	204.2%	4,328,999	6,632,279	153.2%
2035	4,674,024	4,674,024	10,890,894	233.0%	4,048,330	7,181,791	177.4%
2036	4,392,224	4,392,224	11,661,203	265.5%	3,768,894	7,736,963	205.3%
2037	4,105,917	4,105,917	12,330,005	300.3%	3,492,176	8,291,956	236.3%
2038	3,818,032	3,818,032	12,823,667	335.9%	3,219,906	8,702,670	270.3%
2039	3,531,112	3,531,112	13,190,518	373.6%	2,953,767	9,089,948	307.7%
2040	3,246,859	3,246,859	13,537,944	417.0%	2,695,339	9,430,098	349.9%
2041	2,965,669	2,965,669	13,876,051	467.9%	2,445,989	9,712,459	397.5%
2042	2,689,453	2,689,453	14,032,745	521.8%	2,207,013	9,931,085	449.9%
2043	2,421,813	2,421,813	13,923,013	574.9%	1,979,850	9,963,827	503.4%
2044	2,164,956	2,164,956	13,637,445	629.9%	1,765,793	9,896,556	560.5%
2045	1,920,850	1,920,850	13,242,915	689.4%	1,565,997	9,751,394	623.0%
2046	1,691,365	1,691,365	12,788,473	756.1%	1,380,704	9,570,741	693.2%
2047	1,477,494	1,477,494	12,207,667	826.2%	1,210,051	9,248,243	764.5%
2048	1,280,589	1,280,589	11,457,034	894.7%	1,054,259	8,919,031	846.0%
2049	1,101,407	1,101,407	10,624,923	964.7%	913,336	8,654,029	925.6%
2050	940,087	940,087	9,764,183	1038.9%	787,035	7,972,359	1013.0%
2051	796,632	796,632	8,935,081	1121.6%	676,528	7,698,945	1111.7%
2052	670,120	670,120	8,098,989	1208.6%	574,894	6,995,245	1216.8%
2053	559,849	559,849	7,251,613	1295.3%	487,342	6,452,964	1324.1%
2054	464,735	464,735	6,430,329	1383.7%	411,029	5,905,329	1436.7%
2055	383,351	383,351	5,667,267	1478.3%	345,053	5,398,437	1562.4%
2056	314,681	314,681	4,980,683	1583.0%	288,215	4,914,261	1705.0%
2057	256,519	256,519	4,351,490	1696.4%	239,558	4,448,220	1857.3%
2058	208,207	208,207	3,774,797	1813.0%	198,067	3,978,124	2008.5%
2059	168,173	168,173	3,255,979	1936.1%	162,941	3,519,745	2160.1%
2060	135,159	135,159	2,807,642	2077.3%	133,435	3,085,476	2312.9%
2061	108,189	108,189	2,423,831	2240.6%	108,716	2,654,250	2441.5%
2062	86,663	86,663	2,090,652	2412.3%	87,824	2,290,287	2607.8%
2063	68,463	68,463	1,790,593	2615.4%	71,116	1,962,878	2759.2%
2064	54,118	54,118	1,527,500	2822.5%	57,172	1,696,544	2967.6%
2065	42,556	42,556	1,298,416	3052.4%	45,084	1,216,175	2698.1%
2066	33,299	33,299	1,104,565	3315.9%	37,381	994,124	2659.4%
2067	25,911	25,911	934,973	3608.4%	30,418	815,473	2680.8%
2068	20,029	20,029	778,657	3887.6%	24,676	667,145	2703.3%
2069	15,375	15,375	641,686	4173.6%	19,902	541,613	2724.0%
2070	11,676	11,676	521,983	4470.7%	16,021	440,574	2749.9%
2071	8,749	8,749	419,778	4797.8%	12,900	357,767	2773.4%
2072	6,460	6,460	332,612	5149.1%	10,326	288,890	2797.6%
2073	4,686	4,686	258,557	5506.2%	8,153	231,583	2842.7%
2074	3,349	3,349	196,642	5871.9%	6,320	180,031	2848.4%
2075	2,323	2,323	140,632	6278.6%	4,823	138,647	2874.5%
2076	1,562	1,562	104,943	6720.0%	3,627	105,193	2900.6%

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	65,499	710	1.1%
2010	1,085,877	12,368	1.1%
2011	2,819,112	37,822	1.3%
2012	5,802,372	93,411	1.6%
2013	7,929,260	160,512	2.0%
2014	8,963,611	247,780	2.8%
2015	8,808,339	353,541	4.0%
2016	8,598,951	481,132	5.6%
2017	8,406,751	630,210	7.5%
2018	8,224,121	795,318	9.6%
2019	8,037,512	956,653	11.9%
2020	7,869,126	1,836,556	14.6%
2021	7,634,952	1,325,056	17.4%
2022	7,418,723	1,545,030	20.8%
2023	7,194,127	1,778,816	24.7%
2024	6,962,309	2,043,811	29.4%
2025	6,723,726	2,343,990	34.9%
2026	6,478,403	2,681,680	41.4%
2027	6,226,646	3,052,505	49.0%
2028	5,968,959	3,455,659	57.9%
2029	5,705,907	3,889,486	68.0%
2030	5,438,151	4,367,643	80.3%
2031	5,165,759	4,932,820	95.5%
2032	4,889,272	5,529,439	113.1%
2033	4,609,836	6,093,526	132.2%
2034	4,328,999	6,632,279	153.2%
2035	4,048,330	7,181,791	177.4%
2036	3,768,894	7,736,963	205.3%
2037	3,492,176	8,291,956	236.3%
2038	3,219,906	8,702,670	270.3%
2039	2,953,767	9,089,948	307.7%
2040	2,695,339	9,430,098	349.9%
2041	2,445,989	9,712,459	397.5%
2042	2,207,013	9,931,085	449.9%
2043	1,979,850	9,963,827	503.4%
2044	1,765,793	9,896,556	560.5%
2045	1,565,997	9,751,394	623.0%
2046	1,380,704	9,570,741	693.2%
2047	1,210,051	9,248,243	764.5%
2048	1,054,259	8,919,031	846.0%
2049	913,336	8,654,029	925.6%
2050	787,035	7,972,359	1013.0%
2051	676,528	7,698,945	1111.7%
2052	574,894	6,995,245	1216.8%
2053	487,342	6,452,964	1324.1%
2054	411,029	5,905,329	1436.7%
2055	345,053	5,398,437	1562.4%
2056	288,215	4,914,261	1705.0%
2057	239,558	4,448,220	1857.3%
2058	198,067	3,978,124	2008.5%
2059	162,941	3,519,745	2160.1%
2060	133,435	3,085,476	2312.9%
2061	108,716	2,654,250	2441.5%
2062	87,824	2,290,287	2607.8%
2063	71,116	1,962,878	2759.2%
2064	57,172	1,696,544	2967.6%
2065	45,084	1,216,175	2698.1%
2066	37,381	994,124	2659.4%
2067	30,418	815,473	2680.8%
2068	24,676	667,145	2703.3%
2069	19,902	541,613	2724.0%
2070	16,021	440,574	2749.9%
2071	12,900	357,767	2773.4%
2072	10,326	288,890	2797.6%
2073	8,153	231,583	2842.7%
2074	6,320	180,031	2848.4%
2075	4,823	138,647	2874.5%
2076	3,627	105,193	2900.6%

Proj b: Current Assumptions and Current Premiums

Rate Increase:	10.0%

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	65,499	-	-	65,499	-	0.0%
2010	1,085,877	2,067	-	1,085,877	2,067	0.2%
2011	2,819,112	4,800	-	2,819,112	4,800	0.2%
2012	5,802,372	39,031	-	5,802,372	39,031	0.7%
2013	7,865,445	314,833	-	7,865,445	314,833	4.0%
2014	8,927,936	310,324	-	8,927,936	310,324	3.5%
2015	8,820,116	9,599	-	8,820,116	9,599	0.1%
2016	8,654,223	669,973	-	8,654,223	669,973	7.6%
2017	8,493,368	432,654	-	8,493,368	432,654	5.1%
2018	8,305,945	618,973	-	8,305,945	618,973	7.5%
2019	8,227,559	927,936	-	8,227,559	927,936	11.3%
2020	8,092,664	1,607,718	-	8,092,664	1,607,718	19.9%
2021	7,903,000	2,007,090	-	7,903,000	2,007,090	25.4%
2022	7,614,015	2,366,118	-	7,614,015	2,366,118	31.1%
2023	7,406,398	2,753,686	-	7,406,398	2,753,686	37.2%
2024	7,225,618	3,181,987	-	7,225,618	3,181,987	44.0%
2025	7,035,031	3,649,839	-	7,035,031	3,649,839	52.2%
2026	6,841,798	4,222,252	-	6,841,798	4,222,252	61.7%
2027	6,640,221	4,832,424	-	6,640,221	4,832,424	72.8%
2028	6,429,817	5,491,695	-	6,429,817	5,491,695	85.4%
2029	6,209,669	6,207,293	-	6,209,669	6,207,293	100.0%
2030	5,975,185	6,973,892	-	5,975,185	6,973,892	116.7%
2031	5,732,564	7,769,495	-	5,732,564	7,769,495	135.5%
2032	5,485,078	8,559,749	-	5,485,078	8,559,749	156.2%
2033	5,219,136	9,336,409	-	5,219,136	9,336,409	178.9%
2034	4,949,986	10,109,872	-	4,949,986	10,109,872	204.2%
2035	4,674,024	10,890,894	-	4,674,024	10,890,894	233.0%
2036	4,392,224	11,661,203	-	4,392,224	11,661,203	265.5%
2037	4,105,917	12,330,005	-	4,105,917	12,330,005	300.3%
2038	3,818,032	12,823,667	-	3,818,032	12,823,667	335.9%
2039	3,531,112	13,190,518	-	3,531,112	13,190,518	373.6%
2040	3,246,859	13,537,944	-	3,246,859	13,537,944	417.0%
2041	2,965,669	13,876,051	-	2,965,669	13,876,051	467.9%
2042	2,689,453	14,032,745	-	2,689,453	14,032,745	521.8%
2043	2,421,813	13,923,013	-	2,421,813	13,923,013	574.9%
2044	2,164,956	13,637,445	-	2,164,956	13,637,445	629.9%
2045	1,920,850	13,242,915	-	1,920,850	13,242,915	689.4%
2046	1,691,365	12,788,473	-	1,691,365	12,788,473	756.1%
2047	1,477,494	12,207,667	-	1,477,494	12,207,667	826.2%
2048	1,280,589	11,457,034	-	1,280,589	11,457,034	894.7%
2049	1,101,407	10,624,923	-	1,101,407	10,624,923	964.7%
2050	940,087	9,764,183	-	940,087	9,764,183	1038.9%
2051	796,632	8,935,081	-	796,632	8,935,081	1121.6%
2052	670,120	8,098,989	-	670,120	8,098,989	1208.6%
2053	559,849	7,251,613	-	559,849	7,251,613	1295.3%
2054	464,735	6,430,329	-	464,735	6,430,329	1383.7%
2055	383,351	5,667,267	-	383,351	5,667,267	1478.3%
2056	314,681	4,980,683	-	314,681	4,980,683	1583.0%
2057	256,519	4,351,490	-	256,519	4,351,490	1696.4%
2058	208,207	3,774,797	-	208,207	3,774,797	1813.0%
2059	168,173	3,255,979	-	168,173	3,255,979	1936.1%
2060	135,159	2,807,642	-	135,159	2,807,642	2077.3%
2061	108,189	2,423,831	-	108,189	2,423,831	2240.6%
2062	86,663	2,090,652	-	86,663	2,090,652	2412.3%
2063	68,463	1,790,593	-	68,463	1,790,593	2615.4%
2064	54,118	1,527,500	-	54,118	1,527,500	2822.5%
2065	42,556	1,298,416	-	42,556	1,298,416	3052.4%
2066	33,299	1,104,565	-	33,299	1,104,565	3315.9%
2067	25,911	934,973	-	25,911	934,973	3608.4%
2068	20,029	778,657	-	20,029	778,657	3887.6%
2069	15,375	641,686	-	15,375	641,686	4173.6%
2070	11,676	521,983	-	11,676	521,983	4470.7%
2071	8,749	419,778	-	8,749	419,778	4797.8%
2072	6,460	332,612	-	6,460	332,612	5149.1%
2073	4,686	258,557	-	4,686	258,557	5506.2%
2074	3,349	196,642	-	3,349	196,642	5871.9%
2075	2,323	140,632	-	2,323	140,632	6278.6%
2076	1,562	104,943	-	1,562	104,943	6720.0%

Proj c: Premiums restated as if the Proposed Rate Increase had been in effect from inception

Rate Increase:	52.2%

Earned Premium	Incurred Claims	Incurred Loss Ratio
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
-	-	0.0%
101,655	-	0.0%
1,685,281	2,067	0.1%
4,375,263	4,800	0.1%
9,005,281	39,031	0.4%
12,207,171	314,833	2.6%
13,856,157	310,324	2.2%
13,688,820	9,599	0.1%
13,431,314	669,973	4.9%
13,181,706	432,654	3.3%
12,890,827	618,973	4.8%
12,768,084	927,936	7.3%
12,559,814	1,607,718	12.8%
12,265,455	2,007,090	16.4%
11,816,951	2,366,118	20.0%
11,494,730	2,753,686	24.0%
11,214,159	3,181,987	28.4%
10,918,368	3,649,839	33.4%
10,618,471	4,222,252	39.8%
10,305,623	4,832,424	46.9%
9,978,076	5,491,695	55.0%
9,637,096	6,207,293	64.4%
9,273,487	6,973,892	75.2%
8,896,940	7,769,495	87.3%
8,506,012	8,559,749	100.6%
8,100,409	9,336,409	115.3%
7,682,378	10,109,872	131.6%
7,254,085	10,890,894	150.1%
6,814,712	11,661,203	171.0%
6,372,383	12,330,005	193.5%
5,925,540	12,823,667	216.4%
5,480,287	13,190,518	240.7%
5,039,135	13,537,944	268.7%
4,602,408	13,876,051	301.5%
4,174,012	14,032,745	336.2%
3,758,614	13,923,013	370.4%
3,360,012	13,637,445	405.9%
2,981,159	13,242,915	444.2%
2,624,998	12,788,473	487.2%
2,293,071	12,207,667	532.4%
1,987,473	11,457,034	576.5%
1,709,383	10,624,923	621.6%
1,459,015	9,764,183	669.4%
1,236,373	8,935,081	722.5%
1,040,036	8,098,989	778.7%
868,886	7,251,613	834.6%
721,268	6,430,329	891.5%
594,961	5,667,267	952.5%
488,074	4,980,683	1020.5%
398,117	4,351,490	1093.0%
321,138	3,774,797	1176.0%
261,005	3,255,979	1247.5%
209,767	2,807,642	1338.5%
167,910	2,423,831	1443.5%
134,479	2,090,652	1554.8%
106,256	1,790,593	1685.2%
83,991	1,527,500	1818.6%
66,047	1,298,416	1967.0%
51,680	1,104,565	2136.5%
40,214	934,973	2325.0%
31,086	778,657	2504.9%
23,862	641,686	2689.2%
18,120	521,983	2880.6%
13,579	419,778	3090.4%
10,025	332,612	3317.7%
7,288	258,557	3547.8%
5,197	196,642	3783.6%
3,605	140,632	4045.5%
2,424	104,943	4329.9%

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%
65,499	-	0.0%
1,085,877	2,067	0.2%
2,819,112	4,800	0.2%
5,802,372	39,031	0.7%
7,865,445	314,833	4.0%
8,927,936	310,324	3.5%
8,820,116	9,599	0.1%
8,654,223	669,973	7.6%
8,493,368	432,654	5.1%
8,305,945	618,973	7.5%
8,227,559	927,936	11.3%
8,092,664	1,607,718	19.9%
7,903,000	2,007,090	25.4%
7,614,015	2,366,118	31.1%
7,406,398	2,753,686	37.2%
7,225,618	3,181,987	44.0%
7,035,031	3,649,839	52.2%
6,841,798	4,222,252	61.7%
6,640,221	4,832,424	72.8%
6,429,817	5,491,695	85.4%
6,209,669	6,207,293	100.0%
5,975,185	6,973,892	116.7%
5,732,564	7,769,495	135.5%
5,485,078	8,559,749	156.2%
5,219,136	9,336,409	178.9%
4,949,986	10,109,872	204.2%
4,674,024	10,890,894	233.0%
4,392,224	11,661,203	265.5%
4,105,917	12,330,005	300.3%
3,818,032	12,823,667	335.9%
3,531,112	13,190,518	373.6%
3,246,859	13,537,944	417.0%
2,965,669	13,876,051	467.9%
2,689,453	14,032,745	521.8%
2,421,813	13,923,013	574.9%
2,164,956	13,637,445	629.9%
1,920,850	13,242,915	689.4%
1,691,365	12,788,473	756.1%
1,477,494	12,207,667	826.2%
1,280,589	11,457,034	894.7%
1,101,407	10,624,923	964.7%
940,087	9,764,183	1038.9%
796,632	8,935,081	1121.6%
670,120	8,098,989	1208.6%
559,849	7,251,613	1295.3%
464,735	6,430,329	1383.7%
383,351	5,667,267	1478.3%
314,681	4,980,683	1583.0%
256,519	4,351,490	1696.4%
208,207	3,774,797	1813.0%
168,173	3,255,979	1936.1%
135,159	2,807,642	2077.3%
108,189	2,423,831	2240.6%
86,663	2,090,652	2412.3%
68,463	1,790,593	2615.4%
54,118	1,527,500	2822.5%
42,556	1,298,416	3052.4%
33,299	1,104,565	3315.9%
25,911	934,973	3608.4%
20,029	778,657	3887.6%
15,375	641,686	4173.6%
11,676	521,983	4470.7%
8,749	419,778	4797.8%
6,460	332,612	5149.1%
4,686	258,557	5506.2%
3,349	196,642	5871.9%
2,323	140,632	6278.6%
1,562	104,943	6720.0%

Prospective PV Approach (PPV) with Delay

Rate Increase:	64.3%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
8,092,664	1,768,512	8,027,190	1,151,815	65,474	616,697
7,903,000	2,007,790	7,816,083	1,348,884	86,956	658,915
7,614,015	2,602,730	7,595,081	1,569,203	18,934	1,033,526
7,406,398	3,028,835	7,365,478	1,811,855	40,920	1,216,980
7,225,618	3,500,185	7,118,453	2,082,144	97,165	1,418,041
7,035,031	4,016,823	6,884,482	2,388,304	150,549	1,628,519
6,841,798	4,644,477	6,633,587	2,732,872	208,211	1,911,605
6,640,221	5,315,667	6,376,076	3,112,105	264,145	2,203,562
6,429,817	6,040,864	6,112,457	3,520,253	317,360	2,520,611
6,209,669	6,828,023	5,843,307	3,958,579	366,362	2,869,444
5,975,185	7,671,281	5,568,262	4,455,433	405,923	3,215,848
5,732,564	8,546,445	5,290,517	5,032,691	442,047	3,513,754
5,485,078	9,451,724	5,007,503	5,643,646	473,174	3,772,078
5,219,136	10,270,050	4,721,426	6,221,872	497,909	4,048,178
4,949,986	11,120,859	4,433,862	6,774,078	516,124	4,346,781
4,674,024	11,979,983	4,146,424	7,336,694	527,600	4,643,289
4,392,224	12,827,223	3,860,204	7,906,360	532,020	4,920,863
4,105,917	13,563,006	3,576,725	8,435,971	529,192	5,127,034
3,818,032	14,106,034	3,297,758	8,899,199	520,244	5,206,834
3,531,112	14,509,570	3,025,035	9,296,560	506,077	5,213,010
3,246,859	14,891,739	2,760,211	9,644,065	486,647	5,247,737
2,965,669	15,263,656	2,504,633	9,944,004	460,836	5,319,652
2,689,453	15,436,019	2,259,692	10,143,381	429,761	5,292,638
2,421,813	15,315,314	2,026,845	10,200,802	394,969	5,114,512
2,164,956	15,001,189	1,807,421	10,124,575	357,535	4,876,615
1,920,850	14,567,206	1,602,629	9,976,987	318,220	4,590,219
1,691,365	14,067,230	1,412,718	9,786,267	278,646	4,281,053
1,477,494	13,428,213	1,237,829	9,508,252	239,666	3,919,962
1,280,589	12,602,737	1,078,185	9,118,753	202,404	3,483,982
1,101,407	11,687,616	933,799	8,640,469	167,608	3,046,946
940,087	10,742,802	804,423	8,143,778	135,663	2,599,023
796,632	9,828,590	689,209	7,657,161	107,423	2,171,428
670,120	8,908,888	587,206	7,140,880	82,915	1,768,007
559,849	7,976,774	497,599	6,585,555	62,250	1,391,219
464,735	7,073,362	419,521	6,053,865	45,214	1,049,560
383,351	6,233,993	352,005	5,494,961	31,346	739,033
314,681	5,478,751	293,959	5,007,036	20,522	471,715
256,519	4,786,640	244,226	4,531,720	12,293	254,920
208,207	4,152,277	201,849	4,051,161	6,359	101,115
168,173	3,581,577	165,989	3,582,757	2,184	(1,180)
135,159	3,088,407	135,847	3,139,782	(688)	(51,375)
108,189	2,666,214	110,674	2,700,897	(2,484)	(34,683)
86,663	2,299,717	89,147	2,299,538	(2,484)	179
68,463	1,969,652	72,352	1,876,055	(3,889)	93,617
54,118	1,680,250	58,149	1,522,996	(4,031)	157,254
42,556	1,429,357	46,858	1,237,282	(4,303)	192,075
33,299	1,214,581	37,998	1,011,022	(4,699)	203,560
25,911	1,028,470	30,913	829,072	(5,001)	199,398
20,029	856,522	25,075	678,116	(5,046)	178,406
15,375	705,855	20,218	551,420	(4,843)	154,435
11,676	574,182	16,273	447,626	(4,597)	126,555
8,749	461,756	13,100	362,616	(4,351)	99,140
6,460	365,874	10,486	293,429	(4,026)	72,445
4,686	284,413	8,280	233,772	(3,594)	50,641
3,349	216,306	6,420	182,904	(3,071)	33,402
2,323	160,632	4,900	140,865	(2,577)	19,767
1,562	115,437	3,685	106,891	(2,123)	8,546
96,458,283	169,574,691	91,037,864	112,058,181	5,420,519	57,516,250
	175.8%		123.1%		

Weight 1: 0.85
Weight 2: 0.58
C: 0.0%
PPV Increase: 66.3%

Prospective PV Approach (PPV) with Delay

Rate Increase:	77.0%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
8,092,664	1,768,512	8,027,190	1,151,815	65,474	616,697
7,903,000	2,007,790	7,816,083	1,348,884	86,956	658,915
7,614,015	2,602,730	7,595,081	1,569,203	18,934	1,033,526
7,406,398	3,028,835	7,365,478	1,811,855	40,920	1,216,980
7,225,618	3,500,185	7,118,453	2,082,144	97,165	1,418,041
7,035,031	4,016,823	6,884,482	2,388,304	150,549	1,628,519
6,841,798	4,644,477	6,633,587	2,732,872	208,211	1,911,605
6,640,221	5,315,667	6,376,076	3,112,105	264,145

14,251,000	
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	365,357	-	365,357	3,963	1.1%
2010	5,127,681	-	5,127,681	58,263	1.1%
2011	14,103,783	-	14,103,783	13,333	0.1%
2012	29,226,280	-	29,127,143	467,937	1.6%
2013	40,571,040	-	40,571,040	671,504	1.7%
2014	46,093,953	-	45,492,310	1,250,230	2.7%
2015	45,925,202	-	44,689,899	1,784,587	4.0%
2016	45,387,085	-	41,590,825	2,428,415	5.6%
2017	44,638,879	-	42,626,283	3,184,000	7.5%
2018	44,037,183	-	41,700,810	3,997,768	9.6%
2019	43,381,636	-	40,751,852	4,835,939	11.9%
2020	42,658,423	-	39,769,231	5,610,964	14.4%
2021	41,287,860	-	38,719,011	6,701,537	17.3%
2022	39,657,209	-	37,624,539	7,796,197	20.7%
2023	38,576,228	-	36,487,281	9,003,363	24.7%
2024	37,688,364	-	35,213,223	10,334,043	29.3%
2025	36,771,009	-	34,106,678	11,882,879	34.8%
2026	35,820,764	-	32,861,750	13,574,618	41.3%
2027	34,825,497	-	31,585,966	15,464,165	49.0%
2028	33,779,812	-	30,279,770	17,694,628	57.8%
2029	32,684,136	-	28,946,036	19,674,666	68.0%
2030	31,522,681	-	27,587,939	22,164,267	80.3%
2031	30,307,965	-	26,206,369	25,018,379	95.5%
2032	29,020,771	-	24,803,693	28,043,810	113.1%
2033	27,689,079	-	23,385,767	30,920,545	132.2%
2034	26,316,548	-	21,960,288	33,643,546	153.3%
2035	24,896,176	-	20,535,398	36,462,334	177.6%
2036	23,462,780	-	19,114,469	39,284,777	205.5%
2037	21,955,926	-	17,711,149	41,914,733	236.7%
2038	20,449,312	-	16,328,136	44,233,650	270.8%
2039	18,937,646	-	14,976,065	46,188,023	308.4%
2040	17,431,242	-	13,663,254	47,910,840	350.7%
2041	15,932,160	-	12,396,360	49,381,096	398.4%
2042	14,452,412	-	11,182,321	50,364,636	450.4%
2043	13,009,068	-	10,028,288	50,644,309	505.0%
2044	11,617,841	-	8,940,920	50,243,646	562.0%
2045	10,292,355	-	7,926,288	49,504,080	624.6%
2046	9,043,398	-	6,985,522	48,531,239	694.7%
2047	7,878,302	-	6,119,373	47,142,841	770.4%
2048	6,804,774	-	5,328,861	45,202,017	848.2%
2049	5,827,218	-	4,614,083	42,814,230	927.9%
2050	4,947,435	-	3,973,817	40,240,809	1012.2%
2051	4,164,069	-	3,402,777	37,907,580	1113.7%
2052	3,479,084	-	2,899,247	35,242,650	1215.0%
2053	2,882,520	-	2,456,155	32,584,821	1326.7%
2054	2,370,331	-	2,070,203	29,797,577	1439.6%
2055	1,935,279	-	1,736,577	27,172,624	1564.7%
2056	1,570,155	-	1,449,837	24,743,760	1706.7%
2057	1,266,071	-	1,204,237	22,390,574	1859.3%
2058	1,015,262	-	995,026	20,006,782	2010.7%
2059	808,902	-	808,902	19,399,897	2399.2%
2060	642,364	-	642,364	20,136,395	3135.8%
2061	508,441	-	508,441	17,282,811	3399.4%
2062	398,611	-	398,611	14,110,640	3540.2%
2063	314,215	-	314,215	12,508,091	3981.1%
2064	245,436	-	245,436	10,517,954	4285.4%
2065	190,750	-	190,750	8,800,933	4613.8%
2066	147,443	-	147,443	7,334,776	4974.7%
2067	113,241	-	113,241	6,078,097	5367.4%
2068	86,371	-	86,371	4,968,382	5752.4%
2069	65,284	-	65,284	4,007,368	6138.4%
2070	48,786	-	48,786	3,187,185	6533.0%
2071	35,972	-	35,972	2,500,969	6950.8%
2072	26,113	-	26,113	1,937,837	7420.9%
2073	18,632	-	18,632	1,471,774	7899.3%
2074	13,015	-	13,015	1,095,063	8414.0%
2075	8,857	-	8,857	795,517	8981.5%
2076	5,816	-	5,816	562,609	9673.8%

Past Experience	358,858,081	-	285,206,296	5.9%
Anticipated Experience	767,693,090	-	2,181,951,786	284.2%
Lifetime Experience	1,126,551,171	-	2,203,157,072	195.6%
Past Experience @ 4%	423,482,297	-	223,455,039	5.5%
Anticipated Experience @ 4%	507,678,202	-	934,231,890	184.0%
Lifetime Experience @ 4%	931,160,499	-	939,686,929	100.9%

	50%	85%
Minimum Required Loss Ratios		
Minimum PV Incurred Claims	545,071,090	0
Dual Loss Ratio Test Met	939,686,929	>

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	365,357	3,963	1.1%
2010	5,127,681	58,263	1.1%
2011	14,103,783	13,333	0.1%
2012	29,226,280	480,467	1.6%
2013	40,571,040	671,504	1.7%
2014	46,093,953	1,250,230	2.7%
2015	45,925,202	1,784,587	4.0%
2016	45,387,085	2,428,415	5.6%
2017	44,638,879	3,184,000	7.1%
2018	44,037,183	3,997,768	9.6%
2019	43,381,636	5,615,635	12.9%
2020	42,658,423	6,610,860	15.5%
2021	41,287,860	8,266,852	20.0%
2022	39,657,209	10,035,333	25.3%
2023	38,576,228	11,998,556	31.1%
2024	37,688,364	14,209,736	37.7%
2025	36,771,009	16,749,712	45.6%
2026	35,820,764	19,642,223	54.8%
2027	34,825,497	22,904,783	65.8%
2028	33,779,812	26,545,633	78.6%
2029	32,684,136	30,645,035	93.8%
2030	31,522,681	35,204,888	111.7%
2031	30,307,965	40,110,572	132.3%
2032	29,020,771	45,206,077	155.8%
2033	27,689,079	50,427,675	182.1%
2034	26,316,548	55,848,264	212.2%
2035	24,896,176	61,577,781	247.3%
2036	23,462,780	67,428,417	287.5%
2037	21,955,926	72,889,076	332.0%
2038	20,449,312	77,620,947	379.6%
2039	18,937,646	81,185,493	428.7%
2040	17,431,242	84,879,865	486.9%
2041	15,932,160	88,493,187	555.4%
2042	14,452,412	91,007,032	629.7%
2043	13,009,068	91,741,659	705.2%
2044	11,617,841	91,134,686	784.6%
2045	10,292,355	89,642,698	871.0%
2046	9,043,398	87,536,047	968.0%
2047	7,878,302	84,427,752	1071.6%
2048	6,804,774	79,918,117	1174.6%
2049	5,827,218	74,591,952	1280.1%
2050	4,947,435	68,986,190	1394.4%
2051	4,164,069	63,398,642	1521.8%
2052	3,479,084	57,723,929	1659.2%
2053	2,882,520	51,806,759	1797.3%
2054	2,370,331	46,002,893	1940.8%
2055	1,935,279	40,585,971	2097.2%
2056	1,570,155	35,680,244	2272.4%
2057	1,266,071	31,224,272	2466.2%
2058	1,015,262	27,102,124	2669.5%
2059	808,902	23,399,897	2889.2%
2060	642,364	20,136,395	3133.8%
2061	508,441	17,282,811	3399.4%
2062	398,611	14,110,640	3540.2%
2063	314,215	12,508,091	3981.1%
2064	245,436	10,517,954	4285.4%
2065	190,750	8,800,933	4613.8%
2066	147,443	7,334,776	4974.7%
2067	113,241	6,078,097	5367.4%
2068	86,371	4,968,382	5752.4%
2069	65,284	4,007,368	6138.4%
2070	48,786	3,187,185	6533.0%
2071	35,972	2,500,969	6950.8%
2072	26,113	1,937,837	7420.9%
2073	18,632	1,471,774	7899.3%
2074	13,015	1,095,063	8414.0%
2075	8,857	795,517	8981.5%
2076	5,816	562,609	9673.8%

Past Experience	347,947,096	19,012,291	5.5%
Anticipated Experience	767,693,090	1,181,951,786	153.9%
Lifetime Experience	1,115,640,187	1,200,964,077	107.6%
Past Experience @ 4%	423,482,297	23,455,039	5.5%
Anticipated Experience @ 4%	507,678,202	934,231,890	184.0%
Lifetime Experience @ 4%	931,160,499	957,686,929	102.8%

Minimum Required Loss Ratios	50%	85%
Minimum PV Incurred Claims	545,071,090	387,187,438
Dual Loss Ratio Test Met	939,686,929	>

Proj b: Current Assumptions and Current Premiums

Rate Increase	58.0%

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	365,357	-	-	365,357	-	0.0%
2010	5,127,681	-	-	5,127,681	15,966	0.3%
2011	14,103,783	-	-	14,103,783	13,333	0.1%
2012	29,226,280	-	-	29,226,280	480,467	1.6%
2013	40,571,040	-	-	40,571,040	671,504	1.7%
2014	46,093,953	-	-	46,093,953	808,180	1.8%
2015	45,925,202	-	-	45,925,202	2,242,700	4.9%
2016	45,387,085	-	-	45,387,085	3,232,450	7.1%
2017	44,638,879	-	-	44,638,879	4,038,142	9.0%
2018	44,037,183	-	-	44,037,183	4,086,909	9.3%
2019	43,381,636	-	-	43,381,636	5,615,635	12.9%
2020	42,658,423	-	-	42,658,423	6,610,860	15.5%
2021	41,287,860	-	-	41,287,860	8,266,852	20.0%
2022	39,657,209	-	2,944,555	42,601,764	10,035,333	23.6%
2023	38,576,228	-	14,005,125	52,581,453	11,998,556	22.8%
2024	37,688,364	-	21,109,731	62,798,095	14,209,736	22.6%
2025	36,771,009	-	26,084,036	72,855,045	16,749,712	23.0%
2026	35,820,764	-	31,111,543	79,972,307	19,642,223	27.7%
2027	34,825,497	-	34,174,871	69,000,368	22,904,783	33.2%
2028	33,779,812	-	33,148,741	66,928,573	26,545,633	39.7%
2029	32,684,136	-	32,073,515	64,757,651	30,645,035	47.3%
2030	31,522,681	-	30,931,759	62,454,440	35,204,888	56.4%
2031	30,307,965	-	29,741,737	60,049,702	40,110,572	66.8%
2032	29,020,771	-	28,478,586	57,498,362	45,206,077	78.6%
2033	27,689,079	-	27,171,779	54,860,858	50,427,675	91.9%
2034	26,316,548	-	25,824,860	52,141,408	55,848,264	107.1%
2035	24,896,176	-	24,431,053	49,327,229	61,577,781	124.8%
2036	23,462,780	-	23,004,811	46,467,590	67,428,417	145.2%
2037	21,955,926	-	21,545,735	43,501,662	72,889,076	167.6%
2038	20,449,312	-	20,067,268	40,516,580	77,620,947	191.6%
2039	18,937,646	-	18,583,863	37,521,489	81,185,493	216.4%
2040	17,431,242	-	17,105,583	34,536,825	84,879,865	245.8%
2041	15,932,160	-	15,634,507	31,566,667	88,493,187	280.3%
2042	14,452,412	-	14,182,625	28,634,857	91,007,032	317.8%
2043	13,009,068	-	12,766,027	25,775,095	91,741,659	355.9%
2044	11,617,841	-	11,400,791	23,018,632	91,134,686	395.9%
2045	10,292,355	-	10,100,068	20,392,423	89,642,698	439.6%
2046	9,043,398	-	8,874,445	17,917,842	87,536,047	488.6%
2047	7,878,302	-	7,731,116	15,609,418	84,427,752	540.9%
2048	6,804,774	-	6,677,644	13,482,418	79,918,117	592.8%
2049	5,827,218	-	5,718,351	11,545,570	74,591,952	646.1%
2050	4,947,435	-	4,855,004	9,802,439	68,986,190	703.8%
2051	4,164,069	-	4,086,236	8,254,305	63,398,642	768.1%
2052	3,479,084	-	3,414,066	6,893,171	57,723,929	837.5%
2053	2,882,520	-	2,828,647	5,711,187	51,806,759	907.1%
2054	2,370,331	-	2,326,048	4,696,379	46,002,893	979.5%
2055	1,935,279	-	1,899,123	3,834,402	40,585,971	1058.5%
2056	1,570,155	-	1,540,823	3,110,976	35,680,244	1146.9%
2057	1,266,071	-	1,242,617	2,508,688	31,224,272	1244.7%
2058	1,015,262	-	996,095	2,011,357	27,102,124	1347.3%
2059	808,902	-	808,902	1,633,278	23,399,897	1432.5%
2060	642,364	-	642,364	1,296,728	20,136,395	1552.7%
2061	508,441	-	508,441	1,026,651	17,282,811	1683.5%
2062	398,611	-	398,611	804,794	14,110,640	1753.2%
2063	314,215	-	314,215	634,314	12,508,091	1972.0%
2064	245,436	-	245,436	495,556	10,517,954	2122.5%
2065	190,750	-	190,750	385,115	8,800,933	2285.4%
2066	147,443	-	147,443	297,835	7,334,776	2463.2%
2067	113,241	-	113,241	228,747	6,078,097	2657.4%
2068	86,371	-	86,371	174,429	4,968,382	2848.6%
2069	65,284	-	65,284	131,834	4,007,368	3038.6%
2070	48,786	-	48,786	98,529	3,187,185	3235.0%
2071	35,972	-	35,972	72,633	2,500,969	3442.6%
2072	26,113	-	26,113	52,738	1,937,837	3675.4%
2073	18,632	-	18,632	37,627	1,471,774	3911.4%
2074	13,015	-	13,015	26,287	1,095,063	4166.7%
2075	8,857	-	8,857	17,889	795,517	4448.1%
2076	5,816	-	5,816	11,746	562,609	4789.1%

Past Experience	358,858,081	-	285,206,296	285,206,296	15,966,291	5.6%
Anticipated Experience	767,693,090	-	2,181,951,786	1,367,162,224	1,181,951,786	86.4%
Lifetime Experience	1,126,551,171	-	2,203,157,072	1,652,368,520	1,197,918,077	72.5%
Past Experience @ 4%	423,482,297	-	223,455,039	223,455,039	12,511,966	5.6%
Anticipated Experience @ 4%	507,678,202	-	934,231,890	584,808,751	861,455,524	147.3%
Lifetime Experience @ 4%	931,160,499	-	939,686,929	939,686,929	873,967,490	93.0%

Minimum Required Loss Ratios	50%	85%
Minimum PV Incurred Claims	545,071,090	387,187,438
Dual Loss Ratio Test Met	939,686,929	>

PV 1:	29.7%	129.7%
PV 2:	20.4%	120.4%
PV 3:	12.6%	112.6%
PV 4:	0.0%	100.0%

Proj c: 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	723,773	-	0.0%
2010	10,157,936	15,966	0.2%
2011	27,938,595	13,333	0.0%
2012	57,897,261	480,467	0.8%
2013	80,371,231	671,504	0.8%
2014	91,312,112	808,180	0.9%
2015	90,977,825	2,242,700	2.5%
2016	89,911,816	3,232,450	3.6%
2017	88,429,620	4,038,142	4.6%
2018	87,237,660	4,086,909	4.7%
2019	85,939,022	5,615,635	6.5%
2020	84,512,117	6,610,864	7.8%
2021	81,791,250	8,266,852	10.1%
2022	78,561,128	10,035,333	12.8%
2023	76,419,705	11,998,556	15.7%
2024	74,642,631	14,209,736	19.0%
2025	72,843,849	16,749,712	23.0%
2026	70,960,933	19,642,223	27.7%
2027	68,989,160	22,904,783	33.2%
2028	66,917,847	26,545,633	39.7%
2029	64,747,273	30,645,035	47.3%
2030	62,446,431	35,204,888	56.4%
2031	60,040,078	40,110,572	66.8%
2032	57,498,147	45,206,077	78.6%
2033	54,852,066	50,427,675	91.9%
2034	52,133,082	55,848,264	107.1%
2035	49,319,224	61,577,781	124.9%
2036	46,445,147	67,428,417	145.2%
2037	43,494,690	72,889,076	167.6%
2038	40,510,087	77,620,947	191.6%
2039	37,515,476	81,185,493	216.4%
2040	34,531,290	84,879,865	245.8%
2041	31,561,608	88,493,187	280.4%
2042	28,630,268	91,007,032	317.9%
2043	25,770,964	91,741,659	356.0%
2044	23,014,943	91,134,686	396.0%
2045	20,389,155	89,642,698	439.7%
2046	17,914,971	87,536,047	488.6%
2047	15,606,916	84,427,752	541.0%
2048	13,480,257	79,918,117	592.9%
2049	11,543,720	74,591,952	646.2%
2050	9,802,868	68,986,190	703.9%
2051	8,252,882	63,398,642	768.2%
2052	6,892,066	57,723,929	837.5%
2053	5,710,272	51,806,759	907.3%
2054	4,695,426	46,002,893	979.7%
2055	3,833,787	40,585,971	1058.6%
2056	3,110,478	35,680,244	1147.1%
2057	2,508,086	31,224,272	1244.9%
2058	2,011,235	27,102,124	1347.3%
2059	1,633,278	23,399,897	1432.5%
2060	1,296,728	20,136,395	1552.7%
2061	1,026,651	17,282,811	1683.5%
2062	804,794	14,110,640	1753.2%
2063	634,314	12,508,091	1972.0%
2064	495,556	10,517,954	2122.5%
2065	385,115	8,800,933	2285.4%
2066	297,835	7,334,776	2463.2%
2067	228,747	6,078,097	2657.4%
2068	174,429	4,968,382	2848.6%
2069	131,834	4,007,368	3038.6%
2070	98,529	3,187,185	3235.0%
2071	72,633	2,500,969	3442.6%
2072	52,738	1,937,837	3675.4%
2073	37,627	1,471,774	3911.4%
2074	26,287	1,095,063	4166.7%
2075	17,889	795,517	4448.1%
2076	11,746	562,609	4882.5%

Past Experience	710,897,858	21,205,296
Anticipated Experience	1,520,800,812	2,181,951,786
Lifetime Experience	2,231,697,870	2,203,157,072
Past Experience @ 4%	838,918,431	23,455,039
Anticipated Experience @ 4%	1,005,710,516	934,231,890
Lifetime Experience @ 4%	1,844,628,949	939,686,929

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	365,357	-	0.0%
2010	5,127,681	15,966	0.3%
2011	14,103,783	13,333	0.1%
2012	29,226,280	480,467	1.6%
2013	40,571,040	671,504	1.7%
2014	46,093,953	808,180	1.8%
2015	45,925,202	2,242,700	4.9%
2016	45,387,085	3,232,450	7.1%
2017	44,638,879	4,038,142	9.0%
2018	44,037,183	4,086,909	9.3%
2019	43,381,636	5,615,635	12.9%
2020	42,658,423	6,610,864	15.5%
2021	41,287,860	8,266,852	20.0%
2022	39,657,209	10,035,333	25.3%
2023	38,576,228	11,998,556	31.1%
2024	37,688,364	14,209,736	37.7%
2025	36,771,009	16,749,712	45.6%
2026	35,820,764	19,642,223	54.8%
2027	34,825,497	22,904,783	65.8%
2028	33,779,812	26,545,633	78.6%
2029	32,684,136	30,645,035	93.8%
2030	31,522,681	35,204,888	111.7%
2031	30,307,965	40,110,572	132.3%
2032	29,020,771	45,206,077	155.8%
2033	27,689,079	50,427,675	182.1%
2034	26,316,548	55,848,264	212.2%
2035	24,896,176	61,577,781	247.3%
2036	23,462,780	67,428,417	287.5%
2037	21,955,926	72,889,076	332.0%
2038	20,449,312	77,620,947	379.6%
2039	18,937,646	81,185,493	428.7%
2040	17,431,242	84,879,865	486.9%
2041	15,932,160	88,493,187	555.4%
2042	14,452,412	91,007,032	629.7%
2043	13,009,068	91,741,659	705.2%
2044	11,617,841	91,134,686	784.6%
2045	10,292,355	89,642,698	871.0%
2046	9,043,398	87,536,047	968.0%
2047	7,878,302	84,427,752	1071.6%
2048	6,804,774	79,918,117	1174.6%
2049	5,827,218	74,591,952	1280.1%
2050	4,947,435	68,986,190	1394.4%
2051	4,164,069	63,398,642	1521.8%
2052	3,479,084	57,723,929	1659.2%
2053	2,882,520	51,806,759	1797.3%
2054	2,370,331	46,002,893	1940.8%
2055	1,935,279	40,585,971	2097.2%
2056	1,570,155	35,680,244	2272.4%
2057	1,266,071	31,224,272	2466.2%
2058	1,015,262	27,102,124	2669.5%
2059	808,902	23,399,897	2889.2%
2060	642,364	20,136,395	3133.8%
2061	508,441	17,282,811	3399.4%
2062	398,611	14,110,640	3540.2%
2063	314,215	12,508,091	3981.1%
2064	245,436	10,517,954	4285.4%
2065	190,750	8,800,933	4613.8%
2066	147,443	7,334,776	4974.7%
2067	113,241	6,078,097	5367.4%
2068	86,371	4,968,382	5752.4%
2069	65,284	4,007,368	6138.4%
2070	48,786	3,187,185	6533.0%
2071	35,972	2,500,969	6950.8%
2072	26,113	1,937,837	7420.9%
2073	18,632	1,471,774	7899.3%
2074	13,015	1,095,063	8414.0%
2075	8,857	795,517	8981.5%
2076	5,816	562,609	9673.8%

Past Experience	358,858,081	21,205,296
Anticipated Experience	767,693,090	2,181,951,786
Lifetime Experience	1,126,551,171	2,203,157,072
Past Experience @ 4%	423,482,297	23,455,039
Anticipated Experience @ 4%	507,678,202	934,231,890
Lifetime Experience @ 4%	931,160,499	939,686,929

Prospective PV Approach (PPV) with Delay

Rate Increase	92.8%

Current Assumptions (w/ PAID)		Previous Assumptions		Difference	
Earned Premium	Incurred Claims	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
42,658,423	7,051,510	42,326,898	6,076,153	332,525	975,355
41,287,860	9,093,538	41,215,237	7,116,071	72,622	1,977,467
39,657,209	11,028,867	40,051,086	8,279,665	(393,877)	2,749,201
38,576,228	13,198,611	38,841,305	9,560,737	(264,077)	3,637,874
37,688,364	15,430,709	37,592,286	10,990,114	97,078	4,440,595
36,771,009	18,424,683	36,306,512	12,607,390	464,497	5,817,293
35,820,764	21,606,556	34,984,088	14,426,093	836,676	7,180,462
34,825,497	25,195,261	33,626,622	16,432,918	1,198,875	8,762,343
33,779,812	29,200,196	32,236,701	18,593,077	1,543,111	10,607,119
32,684,136	33,709,539	30,817,376	20,952,287	1,866,760	12,757,252
31,522,681	38,715,277	29,372,035	23,531,327	2,150,646	15,174,049
30,307,965	44,121,629	27,901,637	26,592,749	2,406,328	17,528,880
29,020,771	49,736,685	26,408,689	29,813,456	2,612,082	19,923,228
27,689,079	55,470,642	24,899,400	32,880,383	2,789,679	22,590,259
26,316,548	61,410,091	23,381,941	35,802,104	2,934,607	25,607987
24,896,176	67,765,560	21,865,000	38,783,058	3,031,176	28,952,502
23,462,780	74,171,259	20,354,302	41,788,798	3,088,478	32,382,461
21,955,926	80,177,984	18,857,982	44,598,174	3,097,945	35,579,810
20,449,312	85,162,042	17,385,301	47,060,780	3,064,011	38,102,261
18,937,646	89,004,062	15,945,473	49,152,750	2,992,172	40,151,312
17,431,242	91,367,851	14,547,391	50,983,767	2,883,851	42,384,085
15,932,160	97,342,506	13,198,162	52,549,544	2,733,998	44,792,962
14,452,412	102,107,736	11,905,171	53,693,846	2,547,241	46,503,889
13,009,068	100,915,825	10,676,039	53,907,233	2,333,030	47,008,592
11,617,841	100,248,154	9,517,875	53,483,624	2,099,966	46,764,530
10,292,355	98,606,968	8,437,191	52,680,014	1,855,164	45,926,954
9,043,398	96,289,612	7,435,225	51,639,112	1,608,173	44,650,540
7,878,302	92,870,527	6,512,733	50,363,954	1,365,569	42,706,573
6,804,774	87,909,928	5,670,831	48,898,852	1,133,943	39,011,076
5,827,218	82,051,147	4,909,620	45,549,679	917,598	36,501,468
4,947,435	75,884,809	4,227,820	42,907,005	719,615	32,977,803
4,164,069	69,738,506	3,620,870	40,310,819	545,198	29,427,687
3,479,084	63,496,122	3,083,731	37,580,921	395,353	25,915,201
2,882,520	56,987,635	2,612,054	34,645,444	270,466	22,341,990
2,370,331	50,651,132	2,201,257	31,674,915	169,074	18,928,267
1,935,279	44,644,548	1,846,214	28,875,113	89,065	15,769,455
1,570,155	39,248,269	1,541,125	26,286,922	29,030	12,961,346
1,266,071	34,346,699	1,279,

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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,

DRAFT

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

DRAFT

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?

DRAFT

- 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.

Pol/Prem updated:	12/31/2019
Increases updated:	01/27/2022

Policy Series LTC09U

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	$ 1,046,396	0.0%		94.1%	09/03/2021	Approved	14.2%	12/07/2021	14.2%	
Alaska	$ 189,874	0.0%		108.4%	n/a	Approved	108.4%	n/a	108.4%	LTC rate increase filings are not required in Alaska
Arizona	$ 965,328	0.0%		87.1%	11/09/2021	Submitted	0.0%		0.0%	
Arkansas	$ 256,174	0.0%		93.8%	09/10/2021	Approved	14.4%	11/19/2021	14.4%	
California	$ -	0.0%		0.0%		not filed	0.0%		0.0%	
Colorado	$ 2,794,056	0.0%		108.3%	10/15/2021	Submitted	0.0%		0.0%	
Connecticut	$ 408,429	0.0%		84.4%	09/24/2021	Submitted	0.0%		0.0%	
District of Columbia	$ 100,850	0.0%		92.6%	09/10/2021	Submitted	0.0%		0.0%	
Delaware	$ 116,566	0.0%		84.2%	10/01/2021	Submitted	0.0%		0.0%	
Florida	$ 2,170,655	0.0%		74.3%	10/22/2021	Submitted	0.0%		0.0%	
Georgia	$ 1,682,481	0.0%		87.1%	09/03/2021	Approved	14.2%	12/07/2021	14.2%	
Hawaii	$ 1,254,922	0.0%		96.1%	09/03/2021	Submitted	0.0%		0.0%	
Idaho	$ 554,771	0.0%		86.6%	09/17/2021	Submitted	0.0%		0.0%	
Illinois	$ 2,038,106	0.0%		85.8%	09/03/2021	Submitted	0.0%		0.0%	
Indiana	$ 1,738,274	0.0%		95.8%		Pending Submission	0.0%		0.0%	
Iowa	$ 622,052	0.0%		94.1%	10/01/2021	Submitted	0.0%		0.0%	
Kansas	$ 841,928	0.0%		91.3%	09/24/2021	Submitted	0.0%		0.0%	
Kentucky	$ 814,227	0.0%		88.8%	09/24/2021	Approved	50.0%	12/24/2021	50.0%	approved multi-year increase
Louisiana	$ 385,930	0.0%		68.0%	09/10/2021	Submitted	0.0%		0.0%	
Maine	$ 386,317	0.0%		103.3%		Pending Submission	0.0%		0.0%	
Maryland	$ 551,319	0.0%		81.8%	10/01/2021	Submitted	0.0%		0.0%	
Massachusetts	$ 868,211	0.0%		88.8%	10/01/2021	Submitted	0.0%		0.0%	
Michigan	$ 1,074,328	0.0%		89.2%	09/24/2021	Approved	89.2%	11/19/2021	89.2%	approved multi-year increase
Minnesota	$ 3,183,000	0.0%		91.7%	09/03/2021	Approved	77.1%	01/19/2022	77.1%	approved multi-year increase
Mississippi	$ 410,811	0.0%		81.7%	09/10/2021	Submitted	0.0%		0.0%	
Missouri	$ 1,343,528	0.0%		90.2%	09/03/2021	Approved	73.7%	12/08/2021	73.7%	approved multi-year increase
Montana	$ 399,906	0.0%		83.9%	10/01/2021	Submitted	0.0%		0.0%	
Nebraska	$ 575,995	0.0%		109.4%	07/16/2021	Approved	109.4%	12/08/2021	109.4%	approved multi-year increase
Nevada	$ 374,143	0.0%		87.5%	09/17/2021	Submitted	0.0%		0.0%	
New Hampshire	$ 483,558	0.0%		95.4%	09/17/2021	Submitted	0.0%		0.0%	
New Jersey	$ 1,713,082	0.0%		81.6%		Pending Submission	0.0%		0.0%	
New Mexico	$ 280,987	0.0%		92.3%		Pending Submission	0.0%		0.0%	
New York	$ -	0.0%		0.0%		not filed	0.0%		0.0%	
North Carolina	$ 2,036,638	0.0%		79.7%	09/24/2021	Submitted	0.0%		0.0%	
North Dakota	$ 394,998	0.0%		95.4%	09/03/2021	Approved	39.7%	10/27/2021	39.7%	approved multi-year increase
Ohio	$ 2,159,885	0.0%		89.9%	09/24/2021	Submitted	0.0%		0.0%	
Oklahoma	$ 776,860	0.0%		79.4%	09/17/2021	Approved	32.3%	11/12/2021	32.3%	approved multi-year increase
Oregon	$ 1,093,403	0.0%		90.8%	09/10/2021	Submitted	0.0%		0.0%	
Pennsylvania	$ 2,327,242	0.0%		89.3%	09/03/2021	Submitted	0.0%		0.0%	
Puerto Rico	$ -	0.0%		0.0%		not filed	0.0%		0.0%	
Rhode Island	$ 80,876	0.0%		87.6%		Pending Submission	0.0%		0.0%	
South Carolina	$ 821,472	0.0%		85.5%	09/03/2021	Approved	16.1%	12/08/2021	16.1%	
South Dakota	$ 242,514	0.0%		92.6%	09/03/2021	Approved	92.6%	01/26/2022	92.6%	approved multi-year increase
Tennessee	$ 841,671	0.0%		91.4%	09/03/2021	Submitted	0.0%		0.0%	
Texas	$ 2,862,048	0.0%		85.8%	09/24/2021	Submitted	0.0%		0.0%	
Utah	$ 268,366	0.0%		91.4%	09/03/2021	Submitted	0.0%		0.0%	
Vermont	$ 99,753	0.0%		112.1%		not filed	0.0%		0.0%	
Virgin Islands	$ -	0.0%		0.0%		Pending Submission	0.0%		0.0%	
Virginia	**$ 1,878,491**	**0.0%**		**100.4%**	**09/24/2021**	**Submitted**	**0.0%**		**0.0%**	
Washington	$ 3,493,791	0.0%		105.6%	09/03/2021	Submitted	0.0%		0.0%	
West Virginia	$ 123,712	0.0%		77.6%		Pending Submission	0.0%		0.0%	
Wisconsin	$ 3,703,682	0.0%		83.9%	09/03/2021	Submitted	0.0%		0.0%	
Wyoming	$ 175,907	0.0%		85.3%	09/03/2021	Submitted	0.0%		0.0%	
National Average	$ 53,007,512	0.0%		90.5%			12.9%		12.9%	

Notes:

1. **There have not been any previos 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

LTC09U Incurred Claim Analysis with Current Assumptions

Year	Expected Claims	Actual Claims	Expected Loss Ratio	Actual Loss Ratio
2009	3,709	-	0.9%	0.0%
2010	69,597	18,063	1.1%	0.3%
2011	246,492	18,133	1.5%	0.1%
2012	632,981	519,498	1.8%	1.5%
2013	1,117,162	986,337	2.3%	2.0%
2014	1,688,091	1,118,503	3.1%	2.0%
2015	2,282,389	2,252,299	4.3%	4.1%
2016	3,020,609	3,892,423	5.8%	7.2%
2017	3,950,524	4,470,596	7.8%	8.4%
2018	5,114,544	4,705,882	10.3%	9.0%
2019	6,544,940	6,543,571	13.4%	12.7%

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%**

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September 12, 2022

Mr. Bill Dismore, APIR
Senior Insurance Market Examiner
Virginia Bureau of Insurance

RE: SERFF Filing # MUTA-133092605

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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