

MutualCare® Secure Solution

Tax Qualified Long-Term Care Insurance Policy Illustration



Mutual of Omaha Insurance Company

Designed for: Valued Client

Plan Design		Client1: Age 55
Household Status		Partner - One Insured
Gender		Male
Rate Classification		Select
Policy Limit		\$240,000
Cash Benefits (30% of HHC)		\$1,500 per month
Elimination Period		0 Days
Benefit Duration		13.3 years (160 months)
Reimbursement Benefits:		
Nursing Home (NH)		Up to \$5,000 per month
Assisted Living		Up to \$5,000 per month
Home Health Care (HHC)		Up to \$5,000 per month
Elimination Period (Calendar Days)		90 Days
Benefit Duration (NH)		4 years (48 months)
Partnership Qualified		No
Inflation Protection		
Inflation Protection Benefit		3% Compound 20 Years
Total Premium		Client1
15% Partner - One Insured Savings		-295.75
Your Annual Premium		1,675.87
Other Modes of Payment		
Annual Premium		1,675.87
Semi-Annual Premium		854.70
Quarterly Premium		435.73
Monthly Premium		150.83

This is a proposal, not an offer, and is subject to underwriting. This policy may not cover all of the costs associated with long-term care incurred during the period of coverage. Please carefully review the accompanying outline of coverage for a full description of policy benefits and policy limitations and exclusions. Premium rates are subject to increase. A medical exam may be required for coverage.

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Tax Qualified Long-Term Care Insurance Policy Illustration



Mutual of Omaha Insurance Company

Designed for: Client1 - Age: 55

Rate Classification: Select

Monthly Cash Benefit (30% of HHC): \$1,500

Elimination Period: 90 Calendar Days

Maximum Monthly Benefit: \$5,000

Cash Benefit Elimination Period: 0 Days

Policy Limit: \$240,000

Inflation Protection: 3% Compound 20 Years

Benefit Duration (NH): 4 years (48 months)

Mode: Annual

Break Even Analysis

Years Premium Paid	Age	Annualized Premium	Future Monthly Benefit / Cost of Care	Days on Claim to Recover Premiums Paid
1	56	\$1,675.87	\$5,150	10
2	57	\$1,675.87	\$5,305	19
3	58	\$1,675.87	\$5,464	28
4	59	\$1,675.87	\$5,628	36
5	60	\$1,675.87	\$5,797	44
10	65	\$1,675.87	\$6,721	75
15	70	\$1,675.87	\$7,792	97
20	75	\$1,675.87	\$9,033	112
25	80	\$1,675.87	\$9,033	140
30	85	\$1,675.87	\$9,033	167
35	90	\$1,675.87	\$9,033	195
40	95	\$1,675.87	\$9,033	223

The "Future Monthly Benefit/Cost of Care" shows the value of the policy's "Maximum Monthly Benefit" over time based on the Maximum Monthly Benefit and Inflation Protection option selected, as indicated at the top of this page. This illustration assumes that actual covered expenses are equal to or greater than your Maximum Monthly Benefit and that the full Maximum Monthly Benefit is paid for each month on claim. The "Days on Claim to Recover Premium Paid" figures are calculated by taking the total premium paid divided by the "Future Monthly Benefit/Cost of Care" multiplied by 30.

The premiums above are based on the coverage illustrated on page 1.

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