

**State:** Pennsylvania **Filing Company:** Mutual of Omaha Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** Mutual of Omaha - 2016 LTCi Rate Increase  
**Project Name/Number:** 2016 LTCi/

### Filing at a Glance

Company: Mutual of Omaha Insurance Company  
 Product Name: Mutual of Omaha - 2016 LTCi Rate Increase  
 State: Pennsylvania  
 TOI: LTC03I Individual Long Term Care  
 Sub-TOI: LTC03I.003 Other  
 Filing Type: Rate - M.U. (Medically underwritten)  
 Date Submitted: 01/27/2016  
 SERFF Tr Num: MUTA-130415826  
 SERFF Status: Assigned  
 State Tr Num: MUTA-130415826  
 State Status: Received Review in Progress  
 Co Tr Num: LAFOND  
  
 Implementation: 08/01/2016  
 Date Requested:  
 Author(s): Jeff LaFond  
 Reviewer(s): Jim Laverty (primary)  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:

#### State Filing Description:

Proposed aggregate 12.5% (non-lifetime BPs get 0%, lifetime before 12-1-03 get 36.5%, and lifetime on or after 12-1-03 get 24.6%) increase on 690 PA policyholders of Mutual of Omaha forms LT50, ODX5M, NH50, ODX6M, HCA, HCAQ, LTA, LTAQ, NHA, and NHAQ.

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## General Information

Project Name: 2016 LTCi	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing is pending approval in our state of domicile, Nebraska.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 12.5%	Filing Status Changed: 01/29/2016
	State Status Changed: 01/29/2016
Deemer Date:	Created By: Jeff LaFond
Submitted By: Jeff LaFond	Corresponding Filing Tracking Number:

### Filing Description:

We are requesting a rate increase for LTCi policy forms LT50, NH50, HCA, NHA and LTA and associated riders. The rate increase is summarized below:

#### Issues Prior to 12/01/2003

Non-Lifetime Benefit Periods - 0.0%  
 Lifetime Benefit Period - 36.5%  
  
 Total - 13.1%

#### Issues On and After 12/01/2003

Non-Lifetime Benefit Periods - 0.0%  
 Lifetime Benefit Period - 24.6%  
  
 Total - 9.4%

#### All Issues Combined

Non-Lifetime Benefit Periods - 0.0%  
 Lifetime Benefit Period - 34.6%  
  
 Total - 12.5%

The proposed effective date of this rate increase August 1, 2016, subject to your State's approval.

## Company and Contact

### Filing Contact Information

Jeff LaFond, Lead Actuarial Analyst      Jeff.LaFond@mutualofomaha.com

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**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** Mutual of Omaha - 2016 LTCi Rate Increase  
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6-Rerating 402-351-3799 [Phone]  
 Mutual of Omaha  
 Mutual of Omaha Plaza  
 Omaha, NE 68175

**Filing Company Information**

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
3300 Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0246511	

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #:

MUTA-130415826

State Tracking #:

MUTA-130415826

Company Tracking #:

LAFOND

State:

Pennsylvania

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Mutual of Omaha - 2016 LTCi Rate Increase

Project Name/Number:

2016 LTCi/

### Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

7.200%

Effective Date of Last Rate Revision:

08/01/2015

Filing Method of Last Filing:

SERFF

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	12.500%	12.500%	\$168,148	690	\$1,346,052	34.600%	0.000%

**SERFF Tracking #:**

MUTA-130415826

**State Tracking #:**

MUTA-130415826

**Company Tracking #:**

LAFOND

**State:**

Pennsylvania

**Filing Company:**

Mutual of Omaha Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.003 Other

**Product Name:**

Mutual of Omaha - 2016 LTCi Rate Increase

**Project Name/Number:**

2016 LTCi/

## 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	LT50, 0DX5M, NH50, 0DX6M, HCA, HCAQ, LTA, LTAQ, NHA, NHAQ	Revised	Previous State Filing Number: MUTA-129929116 Percent Rate Change Request: 12.5	2016 Rates - HCA-HCAQ-NHA-NHAQ-LTA-LTAQ (PA).pdf, 2016 Rates - PA (issues on and after 12-01-2003).pdf, 2016 Rates - LT50 (PA).pdf, 2016 Rates - 0DX5M (PA).pdf, 2016 Rates - NH50 (PA).pdf, 2016 Rates - 0DX6M (PA).pdf,

MUTUAL OF OMAHA INSURANCE COMPANY

INDIVIDUAL HOME HEALTH CARE POLICY FORM HCA  
 ANNUAL PREMIUM RATES  
 PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003  
 Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Policy Form HCA			Confined Care Rider Form 0GH1M-36			5% Compound Inflation Rider Form 0GH3M-36	Shortened Benefit Period Rider Form 0GH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	29.52	14.64	13.92	10.92	9.72	7.68	1.37	0.19
51	31.56	15.60	14.76	11.64	10.32	8.28	1.32	0.18
52	33.72	16.56	15.72	12.48	11.04	8.88	1.27	0.17
53	36.24	17.76	16.92	13.44	11.76	9.36	1.23	0.16
54	39.00	19.08	18.12	14.52	12.72	10.20	1.17	0.16
55	42.00	20.64	19.56	15.72	13.80	11.04	1.12	0.16
56	45.00	22.44	21.24	17.04	15.00	12.00	1.08	0.16
57	48.36	24.36	23.16	18.60	16.44	13.08	1.03	0.15
58	51.36	26.64	25.44	20.28	17.88	14.28	0.99	0.15
59	54.72	29.16	27.84	22.08	19.56	15.60	0.96	0.15
60	58.44	32.04	30.60	24.24	21.48	17.16	0.92	0.14
61	62.88	35.40	33.72	26.76	23.64	18.96	0.90	0.14
62	67.56	39.00	37.08	29.40	25.92	20.88	0.86	0.14
63	73.80	43.20	40.92	32.76	28.92	23.28	0.82	0.14
64	80.64	48.12	45.24	36.36	32.16	25.92	0.78	0.13
65	88.32	53.52	50.16	40.44	35.76	28.80	0.74	0.13
66	96.96	59.64	55.80	45.00	39.84	32.04	0.69	0.12
67	106.56	66.60	62.16	50.04	44.40	35.76	0.65	0.12
68	116.28	74.40	69.60	55.20	48.84	39.36	0.62	0.12
69	127.20	83.04	77.88	61.08	54.00	43.56	0.59	0.11
70	139.44	92.64	87.24	67.68	59.88	48.24	0.55	0.11
71	152.88	103.32	97.56	75.12	66.36	53.52	0.52	0.10
72	167.64	114.96	108.96	83.28	73.80	59.52	0.49	0.10
73	184.44	127.44	120.84	92.52	81.96	66.12	0.46	0.10
74	202.56	140.88	133.68	102.72	91.08	73.44	0.43	0.10
75	222.48	155.16	147.12	113.52	100.56	81.24	0.40	0.09
76	243.60	170.40	161.40	125.04	110.76	89.40	0.37	0.09
77	266.16	186.48	176.28	137.16	121.56	98.16	0.34	0.09
78	290.16	203.52	191.76	149.76	132.72	107.16	0.32	0.09
79	315.48	221.28	207.96	162.96	144.36	116.52	0.30	0.08
80	342.24	240.00	224.64	176.52	156.48	126.36	0.28	0.08
81	370.32	259.44	241.92	190.44	168.72	136.20	0.26	0.07
82	399.84	279.84	259.68	204.72	181.44	146.40	0.25	0.07
83	430.56	300.96	277.92	219.24	194.28	156.72	0.23	0.06
84	462.72	322.80	296.52	234.00	207.36	167.28	0.22	0.06
85	483.96	339.60	312.00	245.88	217.92	175.92	0.20	0.05
86	504.84	357.24	328.20	258.36	229.32	185.16	0.20	0.05
87	525.12	376.56	345.72	271.92	241.92	195.36	0.18	0.04
88	544.80	397.32	364.80	286.56	255.48	206.52	0.17	0.04
89	564.00	419.28	384.96	302.04	270.00	218.28	0.16	0.04
90	594.84	442.20	405.96	318.24	284.40	229.92	0.15	0.03
91	627.36	466.32	427.92	335.16	299.52	242.16	0.14	0.03
92	661.20	491.52	450.96	352.80	315.24	254.88	0.13	0.03
93	696.48	517.80	474.96	371.28	331.56	267.96	0.13	0.02
94	733.20	545.04	499.92	390.36	348.60	281.88	0.12	0.02
95	771.24	573.36	525.96	410.28	366.48	296.28	0.11	0.02
96	811.08	602.88	552.84	430.92	384.84	311.04	0.11	0.02
97	852.12	633.36	580.80	452.40	403.92	326.40	0.10	0.02
98	894.60	665.04	609.72	474.48	423.60	342.24	0.09	0.02
99+	938.64	697.68	639.60	497.40	443.88	358.80	0.09	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

If the policy is issued to an individual and spouse that: (a) reside together and (b) are both covered under Form HCA, HCAQ, NHA, or NHAQ, then Spouse Premium Reduction Rider 0GH9M-13 will be attached and the premium will be reduced 10%.

To calculate premiums for a specific benefit period, apply the appropriate factors to the above premiums.

Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

MUTUAL OF OMAHA INSURANCE COMPANY

INDIVIDUAL CONFINED CARE POLICY FORM NHA  
ANNUAL PREMIUM RATES

PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form OGH7M-36			Confined Care Policy Form NHA			5% Compound Inflation Rider Form OGH3M-36	Shortened Benefit Period Rider Form OGH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	17.16	26.04	24.84	20.28	18.36	15.24	1.37	0.19
51	18.24	27.72	26.52	21.72	19.44	16.32	1.32	0.18
52	19.68	29.52	28.20	23.16	20.88	17.52	1.27	0.17
53	21.12	31.80	30.24	24.84	22.32	18.60	1.23	0.16
54	22.68	34.08	32.64	26.88	24.24	20.16	1.17	0.16
55	24.36	36.84	35.16	29.04	26.16	21.84	1.12	0.16
56	26.16	39.84	37.92	31.56	28.44	23.64	1.08	0.16
57	27.96	43.32	41.28	34.32	30.96	25.68	1.03	0.15
58	29.64	47.16	45.24	37.08	33.48	27.84	0.99	0.15
59	31.44	51.60	49.44	40.44	36.48	30.36	0.96	0.15
60	33.60	56.40	54.12	44.16	39.84	33.12	0.92	0.14
61	36.00	62.04	59.28	48.60	43.68	36.48	0.90	0.14
62	38.52	68.16	65.16	53.28	47.88	39.96	0.86	0.14
63	42.00	75.48	71.76	59.16	53.28	44.40	0.82	0.14
64	45.84	83.64	79.32	65.52	58.92	49.20	0.78	0.13
65	50.16	93.12	87.84	72.72	65.52	54.60	0.74	0.13
66	54.96	103.68	97.56	80.76	72.72	60.60	0.69	0.12
67	60.12	115.44	108.48	89.76	80.76	67.32	0.65	0.12
68	65.52	128.52	121.08	98.76	88.92	74.04	0.62	0.12
69	71.52	143.28	135.24	109.08	98.16	81.84	0.59	0.11
70	78.24	159.60	151.20	120.84	108.72	90.60	0.55	0.11
71	85.68	177.72	168.72	133.68	120.24	100.32	0.52	0.10
72	93.72	197.40	188.04	148.20	133.44	111.24	0.49	0.10
73	102.96	218.76	208.44	164.52	147.96	123.36	0.46	0.10
74	113.04	241.56	230.28	182.28	164.16	136.80	0.43	0.10
75	123.96	266.16	253.56	201.24	181.08	151.08	0.40	0.09
76	135.72	292.20	278.04	221.64	199.44	166.20	0.37	0.09
77	148.20	319.68	303.72	242.88	218.52	182.28	0.34	0.09
78	161.52	348.72	330.60	265.32	238.68	198.96	0.32	0.09
79	175.68	379.32	358.56	288.48	259.56	216.36	0.30	0.08
80	190.56	411.48	387.60	312.60	281.40	234.48	0.28	0.08
81	206.28	444.84	417.48	337.32	303.60	252.96	0.26	0.07
82	222.72	479.64	448.44	362.88	326.64	272.16	0.25	0.07
83	240.00	515.88	480.12	388.92	350.16	291.60	0.23	0.06
84	257.88	553.56	512.76	415.44	373.92	311.64	0.22	0.06
85	269.76	582.48	539.40	436.44	392.76	327.48	0.20	0.05
86	281.40	612.72	567.48	458.64	412.80	344.04	0.20	0.05
87	292.68	645.60	597.96	482.88	434.64	362.16	0.18	0.04
88	303.72	681.36	630.84	508.92	457.92	381.72	0.17	0.04
89	314.40	719.04	665.64	536.28	482.64	402.24	0.16	0.04
90	331.56	758.40	701.88	564.96	508.56	423.72	0.15	0.03
91	349.68	799.80	740.04	595.08	535.56	446.40	0.14	0.03
92	368.52	842.88	779.88	626.52	563.76	469.92	0.13	0.03
93	388.20	887.88	821.40	659.04	593.16	494.28	0.13	0.02
94	408.72	934.80	864.48	693.12	623.76	519.96	0.12	0.02
95	429.96	983.28	909.60	728.64	655.68	546.48	0.11	0.02
96	452.04	1033.92	955.92	765.24	688.80	573.84	0.11	0.02
97	474.96	1086.24	1004.28	803.16	722.88	602.40	0.10	0.02
98	498.60	1140.36	1054.32	842.52	758.40	631.80	0.09	0.02
99+	523.08	1196.52	1106.16	883.20	794.76	662.40	0.09	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

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Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

**MUTUAL OF OMAHA INSURANCE COMPANY**  
**COUPLES CONFINED CARE POLICY FORM LTA**  
**ANNUAL PREMIUM RATES**  
**PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003**  
 Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form 0GH8M-36			Confined Care Policy Form LTA			5% Compound Inflation Rider Form 0GH4M-36	Shortened Benefit Period Rider Form 0GH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	18.00	27.72	26.40	21.48	19.32	16.08	1.14	0.19
51	19.20	29.40	28.08	23.04	20.64	17.28	1.11	0.18
52	20.52	31.20	29.88	24.48	21.96	18.48	1.08	0.17
53	21.96	33.48	31.92	26.40	23.64	19.80	1.04	0.16
54	23.64	36.00	34.32	28.44	25.56	21.36	0.99	0.16
55	25.20	38.76	36.96	30.60	27.60	23.04	0.95	0.16
56	27.12	41.88	39.96	33.12	29.76	24.84	0.91	0.16
57	28.92	45.36	43.32	36.00	32.40	27.00	0.87	0.15
58	30.60	49.20	47.16	38.76	34.92	29.04	0.83	0.15
59	32.52	53.64	51.36	42.12	37.92	31.56	0.81	0.15
60	34.56	58.68	56.28	46.08	41.52	34.56	0.77	0.14
61	36.96	64.20	61.44	50.28	45.24	37.68	0.74	0.14
62	39.36	70.44	67.32	55.08	49.56	41.28	0.71	0.14
63	42.72	77.76	73.92	60.84	54.72	45.72	0.68	0.14
64	46.44	86.04	81.48	67.32	60.60	50.52	0.64	0.13
65	50.52	95.28	89.88	74.64	67.20	55.92	0.62	0.13
66	55.08	105.84	99.60	82.44	74.28	61.80	0.58	0.12
67	60.12	117.48	110.40	91.20	82.20	68.40	0.55	0.12
68	65.04	130.20	122.64	99.96	90.00	74.88	0.51	0.12
69	70.68	144.60	136.56	110.04	99.12	82.44	0.48	0.11
70	76.80	160.44	151.92	121.44	109.32	91.08	0.45	0.11
71	83.64	177.72	168.84	133.92	120.48	100.44	0.43	0.10
72	91.20	196.68	187.32	147.48	132.72	110.76	0.40	0.10
73	99.84	216.84	206.76	163.08	146.88	122.28	0.38	0.10
74	109.08	238.44	227.28	179.76	161.76	134.88	0.36	0.10
75	118.92	261.24	249.00	197.52	177.72	148.20	0.34	0.09
76	129.36	285.48	271.68	216.36	194.76	162.24	0.32	0.09
77	140.52	310.80	295.20	236.04	212.52	177.12	0.30	0.09
78	151.92	337.20	319.56	256.32	230.64	192.36	0.28	0.09
79	164.04	364.68	344.76	277.32	249.60	207.96	0.27	0.08
80	176.40	393.48	370.56	299.04	269.16	224.28	0.25	0.08
81	189.24	423.24	397.20	321.00	288.96	240.72	0.23	0.07
82	202.32	453.72	424.20	343.44	309.12	257.52	0.21	0.07
83	215.64	485.40	451.80	365.88	329.28	274.56	0.19	0.06
84	229.32	517.80	479.52	388.56	349.80	291.48	0.18	0.06
85	239.88	542.52	502.20	406.56	365.88	304.92	0.15	0.05
86	250.20	567.96	525.96	425.16	382.68	318.84	0.14	0.05
87	260.28	595.68	551.76	445.32	400.80	333.96	0.13	0.04
88	270.00	625.68	579.60	467.16	420.48	350.40	0.11	0.04
89	279.60	657.00	608.64	490.20	441.12	367.80	0.11	0.04
90	294.84	689.64	639.36	513.96	462.48	385.44	0.09	0.03
91	310.92	723.72	671.16	538.80	484.80	404.04	0.08	0.03
92	327.72	759.24	704.28	564.60	508.20	423.48	0.08	0.03
93	345.24	796.20	738.84	591.48	532.44	443.64	0.07	0.02
94	363.36	834.24	774.60	619.44	557.40	464.52	0.06	0.02
95	382.32	874.08	811.92	648.36	583.44	486.24	0.06	0.02
96	402.00	914.88	850.44	678.00	610.20	508.56	0.05	0.02
97	422.28	957.48	890.28	708.84	637.92	531.60	0.04	0.02
98	443.40	1001.28	931.44	740.76	666.60	555.60	0.04	0.02
99+	465.24	1046.52	973.92	773.52	696.24	580.08	0.04	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$15 Policy Fee per insured (\$30 per couple) payable first year only.

To calculate premiums for a specific benefit period, apply the appropriate factors to the above premiums.

Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087



MUTUAL OF OMAHA INSURANCE COMPANY

INDIVIDUAL HOME HEALTH CARE POLICY FORM HCAQ  
ANNUAL PREMIUM RATES

PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Policy Form HCAQ			Confined Care Rider Form OGT5M-36			5% Compound Inflation Rider Form OGH3M-36	Shortened Benefit Period Rider Form OGH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	25.08	12.48	11.76	9.24	8.28	6.60	1.37	0.19
51	26.88	13.32	12.60	9.84	8.76	7.08	1.32	0.18
52	28.68	14.04	13.32	10.68	9.36	7.56	1.27	0.17
53	30.84	15.12	14.40	11.40	9.96	7.92	1.23	0.16
54	33.12	16.20	15.36	12.36	10.80	8.64	1.17	0.16
55	35.76	17.52	16.68	13.32	11.76	9.36	1.12	0.16
56	38.28	19.08	18.00	14.52	12.72	10.20	1.08	0.16
57	41.16	20.76	19.68	15.84	13.92	11.16	1.03	0.15
58	43.80	22.68	21.60	17.28	15.24	12.12	0.99	0.15
59	46.56	24.84	23.64	18.84	16.68	13.32	0.96	0.15
60	49.80	27.24	26.04	20.64	18.24	14.64	0.92	0.14
61	53.40	30.12	28.68	22.80	20.04	16.08	0.90	0.14
62	57.48	33.12	31.56	24.96	21.96	17.76	0.86	0.14
63	62.64	36.72	34.80	27.84	24.60	19.80	0.82	0.14
64	68.52	40.92	38.40	30.96	27.36	21.96	0.78	0.13
65	75.12	45.48	42.60	34.32	30.36	24.48	0.74	0.13
66	82.32	50.64	47.40	38.28	33.84	27.24	0.69	0.12
67	90.48	56.64	52.80	42.48	37.80	30.36	0.65	0.12
68	98.76	63.24	59.16	46.92	41.52	33.48	0.62	0.12
69	108.12	70.56	66.24	51.96	45.96	37.08	0.59	0.11
70	118.56	78.72	74.16	57.60	50.88	41.04	0.55	0.11
71	130.08	87.84	82.92	63.84	56.40	45.48	0.52	0.10
72	142.44	97.68	92.64	70.80	62.76	50.52	0.49	0.10
73	156.72	108.36	102.72	78.60	69.72	56.16	0.46	0.10
74	172.32	119.76	113.64	87.24	77.40	62.40	0.43	0.10
75	189.12	131.88	125.04	96.48	85.44	69.00	0.40	0.09
76	207.12	144.84	137.16	106.32	94.20	75.96	0.37	0.09
77	226.20	158.52	149.88	116.64	103.32	83.40	0.34	0.09
78	246.72	172.92	162.96	127.32	112.80	91.08	0.32	0.09
79	268.20	188.16	176.76	138.48	122.76	99.00	0.30	0.08
80	290.88	204.00	190.92	150.00	133.08	107.40	0.28	0.08
81	314.76	220.56	205.56	161.88	143.40	115.80	0.26	0.07
82	339.84	237.84	220.80	174.00	154.20	124.44	0.25	0.07
83	366.00	255.84	236.16	186.36	165.12	133.20	0.23	0.06
84	393.24	274.44	252.00	198.96	176.28	142.20	0.22	0.06
85	411.36	288.72	265.20	209.04	185.16	149.52	0.20	0.05
86	429.12	303.60	279.00	219.60	194.88	157.44	0.20	0.05
87	446.40	320.04	293.88	231.12	205.56	166.08	0.18	0.04
88	463.08	337.68	310.08	243.60	217.20	175.56	0.17	0.04
89	479.40	356.40	327.24	256.68	229.56	185.52	0.16	0.04
90	505.68	375.84	345.12	270.48	241.80	195.36	0.15	0.03
91	533.16	396.36	363.72	284.88	254.52	205.80	0.14	0.03
92	562.08	417.72	383.28	299.88	267.96	216.72	0.13	0.03
93	592.08	440.16	403.68	315.60	281.88	227.76	0.13	0.02
94	623.16	463.32	424.92	331.80	296.28	239.64	0.12	0.02
95	655.56	487.32	447.12	348.72	311.52	251.88	0.11	0.02
96	689.52	512.52	469.92	366.24	327.12	264.36	0.11	0.02
97	724.20	538.32	493.68	384.60	343.32	277.44	0.10	0.02
98	760.44	565.32	518.28	403.32	360.12	290.88	0.09	0.02
99+	797.88	593.04	543.72	422.76	377.28	305.04	0.09	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

If the policy is issued to an individual and spouse that: (a) reside together and (b) are both covered under Form HCA, HCAQ,

NHA, or NHAQ, then Spouse Premium Reduction Rider OGH9M-13 will be attached and the premium will be reduced 10%.

To calculate premiums for a specific benefit period, apply the appropriate factors to the above premiums.

Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

MUTUAL OF OMAHA INSURANCE COMPANY

INDIVIDUAL CONFINED CARE POLICY FORM NHAQ  
ANNUAL PREMIUM RATES

PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form OGT6M-3f			Confined Care Policy Form NHAQ			5% Compound Inflation Rider Form OGH3M-36	Shortened Benefit Period Rider Form OGH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	14.64	22.08	21.24	17.28	15.60	12.96	1.37	0.19
51	15.48	23.64	22.56	18.48	16.56	13.80	1.32	0.18
52	16.80	25.08	24.00	19.68	17.76	14.88	1.27	0.17
53	17.88	27.00	25.68	21.24	18.96	15.84	1.23	0.16
54	19.32	29.04	27.60	22.80	20.64	17.16	1.17	0.16
55	20.76	31.32	29.88	24.60	22.20	18.60	1.12	0.16
56	22.20	33.84	32.28	26.88	24.24	20.16	1.08	0.16
57	23.76	36.84	35.16	29.16	26.28	21.84	1.03	0.15
58	25.20	40.08	38.52	31.56	28.44	23.76	0.99	0.15
59	26.76	43.92	41.88	34.44	30.96	25.80	0.96	0.15
60	28.56	48.00	45.96	37.56	33.84	28.08	0.92	0.14
61	30.60	52.80	50.40	41.28	37.08	30.96	0.90	0.14
62	32.76	58.08	55.44	45.24	40.68	33.96	0.86	0.14
63	35.76	64.20	61.08	50.16	45.24	37.68	0.82	0.14
64	39.00	71.04	67.32	55.80	50.04	41.76	0.78	0.13
65	42.60	79.08	74.76	61.80	55.80	46.44	0.74	0.13
66	46.68	88.08	82.92	68.64	61.80	51.60	0.69	0.12
67	51.12	98.16	92.28	76.20	68.64	57.24	0.65	0.12
68	55.68	109.32	102.96	84.00	75.60	63.00	0.62	0.12
69	60.72	121.80	114.96	92.76	83.40	69.60	0.59	0.11
70	66.48	135.72	128.52	102.72	92.40	76.92	0.55	0.11
71	72.84	151.08	143.40	113.64	102.24	85.20	0.52	0.10
72	79.68	167.76	159.84	126.00	113.28	94.56	0.49	0.10
73	87.48	186.00	177.24	139.80	125.76	104.76	0.46	0.10
74	96.12	205.32	195.72	154.92	139.44	116.16	0.43	0.10
75	105.36	226.20	215.52	171.00	153.96	128.40	0.40	0.09
76	115.32	248.28	236.28	188.40	169.56	141.24	0.37	0.09
77	126.00	271.80	258.24	206.52	185.76	154.92	0.34	0.09
78	137.28	296.40	281.04	225.48	202.92	169.08	0.32	0.09
79	149.40	322.44	304.68	245.16	220.68	183.96	0.30	0.08
80	162.00	349.80	329.52	265.80	239.16	199.32	0.28	0.08
81	175.32	378.24	354.84	286.80	258.12	215.16	0.26	0.07
82	189.24	407.64	381.24	308.40	277.68	231.36	0.25	0.07
83	204.00	438.48	408.12	330.60	297.60	247.92	0.23	0.06
84	219.24	470.52	435.72	353.04	317.88	264.84	0.22	0.06
85	229.32	495.12	458.52	370.92	333.84	278.40	0.20	0.05
86	239.16	520.80	482.40	389.88	350.88	292.56	0.20	0.05
87	248.76	548.76	508.20	410.40	369.48	307.80	0.18	0.04
88	258.12	579.12	536.16	432.60	389.28	324.36	0.17	0.04
89	267.24	611.16	565.80	455.76	410.16	341.76	0.16	0.04
90	281.88	644.52	596.64	480.24	432.36	360.12	0.15	0.03
91	297.24	679.92	629.04	505.80	455.28	379.44	0.14	0.03
92	313.20	716.40	662.88	532.56	479.16	399.36	0.13	0.03
93	330.00	754.68	698.16	560.28	504.12	420.12	0.13	0.02
94	347.40	794.52	734.88	589.20	530.16	441.96	0.12	0.02
95	365.52	835.80	773.04	619.32	557.40	464.52	0.11	0.02
96	384.24	878.76	812.64	650.40	585.48	487.80	0.11	0.02
97	403.68	923.40	853.68	682.68	614.52	512.16	0.10	0.02
98	423.84	969.36	896.16	716.16	644.52	537.12	0.09	0.02
99+	444.60	1017.00	940.20	750.72	675.48	563.04	0.09	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

If the policy is issued to an individual and spouse that: (a) reside together and (b) are both covered under Form HCA, HCAQ,

NHA, or NHAQ, then Spouse Premium Reduction Rider OGH9M-13 will be attached and the premium will be reduced 10%.

To calculate premiums for a specific benefit period, apply the appropriate factors to the above premiums.

Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

MUTUAL OF OMAHA INSURANCE COMPANY

COUPLES CONFINED CARE POLICY FORM LTAQ  
ANNUAL PREMIUM RATES

PENNSYLVANIA - FOR USE WITH POLICIES ISSUED PRIOR TO 12/01/2003

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form OGT7M-36			Confined Care Policy Form LTAQ			5% Compound Inflation Rider Form OGH4M-36	Shortened Benefit Period Rider Form OGH5M-36
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim	365 Day Elim		
18-50	15.36	23.64	22.44	18.36	16.44	13.68	1.14	0.19
51	16.32	24.96	23.88	19.56	17.64	14.76	1.11	0.18
52	17.40	26.64	25.44	20.88	18.60	15.84	1.08	0.17
53	18.72	28.44	27.24	22.44	20.16	16.80	1.04	0.16
54	20.04	30.48	29.16	24.24	21.60	18.24	0.99	0.16
55	21.48	32.88	31.44	26.04	23.40	19.56	0.95	0.16
56	23.04	35.64	33.96	28.08	25.20	21.24	0.91	0.16
57	24.60	38.64	36.84	30.48	27.48	23.04	0.87	0.15
58	26.04	41.76	40.08	32.88	29.76	24.60	0.83	0.15
59	27.60	45.60	43.80	35.76	32.28	26.88	0.81	0.15
60	29.40	49.92	47.76	39.12	35.28	29.52	0.77	0.14
61	31.44	54.60	52.32	42.72	38.52	32.04	0.74	0.14
62	33.48	59.88	57.24	46.92	42.12	35.16	0.71	0.14
63	36.24	66.12	62.88	51.72	46.56	38.76	0.68	0.14
64	39.48	73.08	69.24	57.24	51.60	42.96	0.64	0.13
65	42.96	81.00	76.32	63.48	57.12	47.52	0.62	0.13
66	46.80	90.00	84.60	70.08	63.12	52.56	0.58	0.12
67	51.12	99.84	93.84	77.52	69.84	58.20	0.55	0.12
68	55.32	110.64	104.28	84.96	76.56	63.72	0.51	0.12
69	60.12	123.00	116.04	93.48	84.36	70.08	0.48	0.11
70	65.28	136.32	129.12	103.32	92.88	77.40	0.45	0.11
71	71.04	151.08	143.52	113.76	102.36	85.32	0.43	0.10
72	77.52	167.16	159.24	125.40	112.92	94.08	0.40	0.10
73	84.84	184.32	175.68	138.60	124.80	104.04	0.38	0.10
74	92.76	202.68	193.20	152.88	137.52	114.72	0.36	0.10
75	101.04	222.00	211.68	167.88	151.08	126.00	0.34	0.09
76	109.92	242.64	230.88	183.96	165.48	138.00	0.32	0.09
77	119.40	264.24	250.92	200.64	180.72	150.48	0.30	0.09
78	129.12	286.68	271.68	217.92	195.96	163.56	0.28	0.09
79	139.44	309.96	292.92	235.68	212.28	176.76	0.27	0.08
80	150.00	334.44	315.12	254.16	228.84	190.56	0.25	0.08
81	160.80	359.76	337.56	272.88	245.64	204.60	0.23	0.07
82	171.96	385.68	360.60	291.96	262.80	218.88	0.21	0.07
83	183.24	412.56	384.00	311.04	279.84	233.28	0.19	0.06
84	194.88	440.16	407.52	330.24	297.36	247.68	0.18	0.06
85	203.88	461.16	426.84	345.60	311.04	259.20	0.15	0.05
86	212.64	482.76	447.00	361.32	325.32	270.96	0.14	0.05
87	221.28	506.40	468.96	378.48	340.80	283.92	0.13	0.04
88	229.56	531.84	492.72	397.08	357.48	297.96	0.11	0.04
89	237.72	558.48	517.44	416.64	375.00	312.60	0.11	0.04
90	250.56	586.20	543.60	436.80	393.12	327.48	0.09	0.03
91	264.24	615.24	570.48	458.04	412.20	343.44	0.08	0.03
92	278.52	645.36	598.56	480.00	432.00	360.00	0.08	0.03
93	293.40	676.68	627.96	502.80	452.64	377.16	0.07	0.02
94	308.88	709.20	658.44	526.56	473.76	394.92	0.06	0.02
95	324.96	743.04	690.12	551.04	495.84	413.16	0.06	0.02
96	341.76	777.72	722.88	576.36	518.64	432.36	0.05	0.02
97	358.92	813.84	756.72	602.52	542.16	451.80	0.04	0.02
98	376.92	851.04	791.76	629.64	566.64	472.32	0.04	0.02
99+	395.40	889.56	827.76	657.48	591.84	493.08	0.04	0.01

Rates for ages 85+ are available only for the Guarantee Purchase Benefit Option.

\$15 Policy Fee per insured (\$30 per couple) payable first year only.

To calculate premiums for a specific benefit period, apply the appropriate factors to the above premiums.

Benefit Period	Factor	2012 Increase Factor	2013 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.365

The 180 and 365 Day Elimination Periods are not allowed with the 1 year benefit period.

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

**MUTUAL OF OMAHA INSURANCE COMPANY**  
**PENNSYLVANIA - FOR USE WITH ISSUES ON AND AFTER 12/01/2003**  
**INDIVIDUAL CONFINED CARE POLICY FORM NHA**  
**ANNUAL PREMIUM RATES**

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form 0GH7M			Confined Care Policy Form NHA			5% Compound Inflation Rider Form 0GH3M	Shortened Benefit Period Rider Form 0GH5M	Return of Premium Rider Form 0GH2M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim <sup>1</sup>	365 Day Elim <sup>2</sup>			
18-50	19.56	36.24	34.68	28.32	25.44	21.24	1.37	0.19	0.93
51	20.76	38.64	36.96	30.12	27.12	22.68	1.32	0.18	0.91
52	22.44	41.16	39.24	32.28	29.04	24.36	1.27	0.17	0.89
53	24.12	44.16	42.12	34.68	31.08	25.92	1.23	0.16	0.86
54	25.80	47.52	45.36	37.44	33.72	28.08	1.17	0.16	0.84
55	27.72	51.24	48.84	40.44	36.48	30.36	1.12	0.16	0.81
56	29.88	55.44	52.92	43.92	39.48	33.00	1.08	0.16	0.79
57	31.92	60.36	57.60	47.76	43.08	35.76	1.03	0.15	0.76
58	33.84	65.76	62.88	51.72	46.56	38.88	0.99	0.15	0.73
59	35.88	71.76	68.76	56.40	50.76	42.36	0.96	0.15	0.71
60	38.28	78.60	75.36	61.56	55.44	46.08	0.92	0.14	0.70
61	41.04	86.28	82.56	67.56	60.84	50.76	0.90	0.14	0.68
62	43.92	94.92	90.72	74.16	66.72	55.68	0.86	0.14	0.67
63	47.88	105.00	99.84	82.32	74.16	61.80	0.82	0.14	0.66
64	52.20	116.52	110.40	91.20	82.08	68.52	0.78	0.13	0.64
65	57.24	129.60	122.40	101.28	91.20	76.08	0.74	0.13	0.62
66	62.64	144.36	135.96	112.56	101.28	84.48	0.69	0.12	0.60
67	68.52	160.68	151.08	124.92	112.56	93.84	0.65	0.12	0.58
68	74.64	178.92	168.72	137.52	123.72	103.20	0.62	0.12	0.58
69	81.48	199.56	188.28	151.80	136.56	113.88	0.59	0.11	0.55
70	89.16	222.24	210.48	168.24	151.32	126.12	0.55	0.11	0.52
71	97.68	247.44	234.84	186.24	167.52	139.68	0.52	0.10	0.48
72	106.80	274.92	261.72	206.28	185.76	154.92	0.49	0.10	0.44
73	117.36	304.56	290.28	228.96	206.04	171.72	0.46	0.10	0.39
74	128.88	336.36	320.76	253.80	228.60	190.44	0.43	0.10	0.34
75	141.36	370.56	353.04	280.20	252.12	210.36	0.40	0.09	0.30
76	154.68	406.80	387.12	308.52	277.68	231.36	0.37	0.09	0.27
77	168.96	445.20	423.00	338.28	304.32	253.80	0.34	0.09	0.25
78	184.08	485.64	460.32	369.36	332.40	276.96	0.32	0.09	0.23
79	200.28	528.24	499.20	401.64	361.44	301.32	0.30	0.08	0.23
80	217.20	572.88	539.64	435.36	391.80	326.52		0.08	0.23
81	235.20	619.44	581.28	469.68	422.76	352.32		0.07	0.23
82	253.92	667.92	624.36	505.32	454.80	378.96		0.07	0.23
83	273.60	718.44	668.52	541.56	487.56	406.08		0.06	0.23
84	294.00	770.76	714.00	578.52	520.68	433.92		0.06	0.23
85	307.56	811.08	751.20	607.80	546.96	455.88		0.05	0.23
86	320.76	853.08	790.20	638.64	574.80	479.04		0.05	0.23
87	333.60	899.04	832.56	672.36	605.16	504.36		0.04	0.23
88	346.20	948.84	878.40	708.60	637.68	531.48		0.04	0.23
89	358.44	1001.16	926.88	746.64	672.12	560.04		0.04	0.23
90	378.00	1056.00	977.40	786.72	708.12	589.92		0.03	0.23
91	398.64	1113.72	1030.44	828.60	745.80	621.60		0.03	0.23
92	420.12	1173.60	1085.88	872.28	785.04	654.24		0.03	0.23
93	442.56	1236.36	1143.72	917.64	825.96	688.20		0.02	0.23
94	465.96	1301.52	1203.84	965.16	868.56	723.96		0.02	0.23
95	490.20	1369.20	1266.48	1014.60	913.08	760.92		0.02	0.23
96	515.28	1439.64	1331.04	1065.60	959.16	799.08		0.02	0.23
97	541.44	1512.60	1398.48	1118.40	1006.56	838.92		0.02	0.23
98	568.44	1587.96	1468.08	1173.12	1056.00	879.84		0.02	0.23
99+	596.28	1666.08	1540.20	1229.76	1106.76	922.32		0.01	0.23

Rates for ages 80+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

If the policy is issued to an individual and spouse that: (a) reside together and (b) are both covered under Form NHA or NHAQ, then Spouse Premium Reduction Rider 0GH9M-41 Rev will be attached and the premium will be reduced 30%.

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

Benefit Period	Factor	2011 Increase Factor	2012 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year <sup>3</sup>	0.55	1.000	1.000	1.000	1.000
2 year <sup>4</sup>	0.80	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.246

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

<sup>1</sup> The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.  
<sup>2</sup> The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.  
<sup>3</sup> The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.  
<sup>4</sup> The 2 year benefit period is not available in FL.

**MUTUAL OF OMAHA INSURANCE COMPANY**  
**PENNSYLVANIA - FOR USE WITH ISSUES ON AND AFTER 12/01/2003**  
**COUPLES CONFINED CARE POLICY FORM LTA**  
**ANNUAL PREMIUM RATES**

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form 0GH8M			Confined Care Policy Form LTA			5% Compound Inflation Rider Form 0GH4M	Shortened Benefit Period Rider Form 0GH5M	Return of Premium Rider Form 0GH2M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim <sup>1</sup>	365 Day Elim <sup>2</sup>			
18-50	15.96	30.00	28.56	23.28	20.88	17.52	1.37	0.19	0.93
51	17.04	31.80	30.36	24.96	22.32	18.72	1.32	0.18	0.91
52	18.24	33.84	32.40	26.52	23.88	20.04	1.27	0.17	0.89
53	19.44	36.24	34.56	28.56	25.68	21.48	1.23	0.16	0.86
54	21.00	38.88	37.08	30.72	27.60	23.16	1.17	0.16	0.84
55	22.32	42.00	40.08	33.12	29.88	24.96	1.12	0.16	0.81
56	24.00	45.36	43.32	35.88	32.16	26.88	1.08	0.16	0.79
57	25.68	49.08	46.92	38.88	35.16	29.28	1.03	0.15	0.76
58	27.12	53.28	51.12	42.00	37.80	31.44	0.99	0.15	0.73
59	28.80	58.08	55.68	45.72	41.16	34.20	0.96	0.15	0.71
60	30.60	63.48	60.96	49.80	45.00	37.44	0.92	0.14	0.70
61	32.76	69.48	66.60	54.36	48.96	40.80	0.90	0.14	0.68
62	34.92	76.20	72.96	59.64	53.64	44.76	0.86	0.14	0.67
63	37.92	84.24	80.04	65.88	59.28	49.44	0.82	0.14	0.66
64	41.16	93.12	88.20	72.96	65.64	54.72	0.78	0.13	0.64
65	44.76	103.20	97.32	80.76	72.72	60.60	0.74	0.13	0.62
66	48.84	114.60	107.88	89.28	80.40	66.96	0.69	0.12	0.60
67	53.28	127.20	119.52	98.76	88.92	74.04	0.65	0.12	0.58
68	57.72	141.00	132.84	108.24	97.56	81.12	0.62	0.12	0.58
69	62.64	156.60	147.96	119.16	107.40	89.28	0.59	0.11	0.55
70	68.04	173.76	164.52	131.52	118.44	98.64	0.55	0.11	0.52
71	74.16	192.48	182.88	144.96	130.44	108.84	0.52	0.10	0.48
72	80.88	213.00	202.92	159.72	143.76	119.88	0.49	0.10	0.44
73	88.56	234.84	223.92	176.64	159.00	132.48	0.46	0.10	0.39
74	96.72	258.12	246.12	194.64	175.20	146.16	0.43	0.10	0.34
75	105.48	282.96	269.64	213.96	192.48	160.44	0.40	0.09	0.30
76	114.72	309.12	294.24	234.36	210.84	175.80	0.37	0.09	0.27
77	124.56	336.60	319.68	255.60	230.16	191.76	0.34	0.09	0.25
78	134.76	365.16	346.08	277.68	249.84	208.32	0.32	0.09	0.23
79	145.44	395.04	373.32	300.36	270.36	225.24	0.30	0.08	0.23
80	156.36	426.12	401.40	323.88	291.48	242.88		0.08	0.23
81	167.76	458.28	430.08	347.64	312.96	260.76		0.07	0.23
82	179.40	491.40	459.36	371.88	334.80	278.88		0.07	0.23
83	191.16	525.60	489.24	396.24	356.64	297.24		0.06	0.23
84	203.28	560.76	519.24	420.84	378.84	315.72		0.06	0.23
85	212.64	587.52	543.84	440.28	396.24	330.24		0.05	0.23
86	221.88	615.12	569.64	460.56	414.48	345.36		0.05	0.23
87	230.76	645.12	597.48	482.28	434.16	361.68		0.04	0.23
88	239.40	677.52	627.72	506.04	455.40	379.56		0.04	0.23
89	247.92	711.60	659.16	530.88	477.84	398.28		0.04	0.23
90	261.48	746.88	692.52	556.56	500.88	417.36		0.03	0.23
91	275.64	783.84	726.84	583.44	525.12	437.52		0.03	0.23
92	290.52	822.24	762.72	611.52	550.44	458.64		0.03	0.23
93	306.12	862.20	800.16	640.68	576.60	480.48		0.02	0.23
94	322.20	903.48	838.92	670.80	603.72	503.04		0.02	0.23
95	339.00	946.68	879.36	702.12	631.92	526.56		0.02	0.23
96	356.40	990.84	921.00	734.28	660.84	550.80		0.02	0.23
97	374.40	1036.92	964.08	767.64	690.84	575.64		0.02	0.23
98	393.12	1084.44	1008.72	802.20	721.92	601.68		0.02	0.23
99+	412.56	1133.28	1054.68	837.72	753.96	628.20		0.01	0.23

Rates for ages 80+ are available only for the Guarantee Purchase Benefit Option.

\$15 Policy Fee per insured (\$30 per couple) payable first year only.

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

Benefit Period	Factor	2011 Increase Factor	2012 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year <sup>3</sup>	0.55	1.000	1.000	1.000	1.000
2 year <sup>4</sup>	0.80	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.246

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

<sup>1</sup> The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.  
<sup>2</sup> The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.  
<sup>3</sup> The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.  
<sup>4</sup> The 2 year benefit period is not available in FL.

**MUTUAL OF OMAHA INSURANCE COMPANY**  
**PENNSYLVANIA - FOR USE WITH ISSUES ON AND AFTER 12/01/2003**  
**INDIVIDUAL CONFINED CARE POLICY FORM NHAQ**  
**ANNUAL PREMIUM RATES**

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form OGT6M		Confined Care Policy Form NHAQ				5% Compound Inflation Rider Form OGH3M	Shortened Benefit Period Rider Form OGH5M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim <sup>1</sup>	365 Day Elim <sup>2</sup>		
18-50	16.68	30.72	29.52	24.12	21.72	18.00	1.37	0.19
51	17.64	32.88	31.44	25.80	23.04	19.20	1.32	0.18
52	19.08	34.92	33.48	27.36	24.72	20.76	1.27	0.17
53	20.40	37.68	35.76	29.52	26.40	21.96	1.23	0.16
54	22.08	40.44	38.52	31.80	28.68	23.88	1.17	0.16
55	23.64	43.56	41.64	34.32	30.96	25.92	1.12	0.16
56	25.32	47.04	45.00	37.44	33.72	28.08	1.08	0.16
57	27.00	51.24	48.96	40.56	36.60	30.36	1.03	0.15
58	28.80	55.92	53.64	43.92	39.60	33.12	0.99	0.15
59	30.48	61.08	58.44	47.88	43.08	36.00	0.96	0.15
60	32.52	66.72	64.08	52.32	47.04	39.12	0.92	0.14
61	34.92	73.44	70.08	57.60	51.72	43.08	0.90	0.14
62	37.32	80.76	77.28	63.00	56.76	47.28	0.86	0.14
63	40.80	89.40	84.96	69.96	63.00	52.56	0.82	0.14
64	44.40	99.00	93.72	77.64	69.72	58.20	0.78	0.13
65	48.60	110.04	104.04	86.04	77.64	64.68	0.74	0.13
66	53.28	122.64	115.56	95.64	86.04	71.76	0.69	0.12
67	58.32	136.68	128.52	106.08	95.64	79.80	0.65	0.12
68	63.48	152.16	143.40	117.00	105.24	87.72	0.62	0.12
69	69.24	169.56	160.08	129.12	116.16	96.96	0.59	0.11
70	75.72	189.00	178.92	142.92	128.76	107.16	0.55	0.11
71	83.04	210.36	199.68	158.28	142.32	118.68	0.52	0.10
72	90.84	233.64	222.48	175.44	157.80	131.64	0.49	0.10
73	99.72	258.96	246.72	194.64	175.20	145.92	0.46	0.10
74	109.56	285.96	272.52	215.76	194.28	161.76	0.43	0.10
75	120.12	315.00	300.12	238.20	214.32	178.80	0.40	0.09
76	131.40	345.72	329.04	262.20	236.04	196.80	0.37	0.09
77	143.52	378.48	359.64	287.64	258.72	215.76	0.34	0.09
78	156.60	412.80	391.44	313.92	282.60	235.44	0.32	0.09
79	170.28	448.92	424.20	341.40	307.20	256.20	0.30	0.08
80	184.68	487.08	458.76	370.08	333.00	277.56		0.08
81	199.92	526.56	494.16	399.36	359.40	299.52		0.07
82	215.76	567.60	530.76	429.48	386.64	322.08		0.07
83	232.56	610.56	568.32	460.20	414.48	345.12		0.06
84	249.96	655.08	606.72	491.64	442.68	368.76		0.06
85	261.48	689.40	638.40	516.60	464.88	387.60		0.05
86	272.76	725.28	671.64	542.88	488.52	407.28		0.05
87	283.56	764.16	707.64	571.44	514.44	428.64		0.04
88	294.24	806.40	746.64	602.40	542.04	451.68		0.04
89	304.68	851.04	787.80	634.56	571.20	475.92		0.04
90	321.36	897.48	830.76	668.76	601.92	501.48		0.03
91	338.76	946.68	875.88	704.28	633.96	528.24		0.03
92	357.00	997.56	923.04	741.60	667.32	556.08		0.03
93	376.08	1050.96	972.24	780.12	702.00	585.00		0.02
94	396.12	1106.40	1023.24	820.44	738.24	615.36		0.02
95	416.64	1163.76	1076.40	862.32	776.04	646.80		0.02
96	438.12	1223.64	1131.48	905.64	815.28	679.20		0.02
97	460.20	1285.80	1188.60	950.64	855.60	713.04		0.02
98	483.12	1349.76	1247.88	997.08	897.48	747.84		0.02
99+	506.88	1416.12	1309.20	1045.32	940.56	784.08		0.01

Rates for ages 80+ are available only for the Guarantee Purchase Benefit Option.

\$20 Policy Fee payable first year only.

If the policy is issued to an individual and spouse that: (a) reside together and (b) are both covered under Form NHA or NHAQ, then Spouse Premium Reduction Rider OGH9M-41 Rev will be attached and the premium will be reduced 30%.

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

Benefit Period	Factor	2011 Increase Factor	2012 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year <sup>3</sup>	0.55	1.000	1.000	1.000	1.000
2 year	0.80	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.246

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

<sup>1</sup> The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.

<sup>2</sup> The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.

<sup>3</sup> The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.

**MUTUAL OF OMAHA INSURANCE COMPANY**  
**PENNSYLVANIA - FOR USE WITH ISSUES ON AND AFTER 12/01/2003**  
**COUPLES CONFINED CARE POLICY FORM LTAQ**  
**ANNUAL PREMIUM RATES**

Per \$10 Daily Benefit

Per \$1 Gross Premium

Age	Home Health Care Rider Form 0GT7M	Confined Care Policy Form LTAQ					5% Compound Inflation Rider Form 0GH4M	Shortened Benefit Period Rider Form 0GH5M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim <sup>1</sup>	365 Day Elim <sup>2</sup>		
18-50	13.56	25.56	24.24	19.92	17.76	14.76	1.37	0.19
51	14.52	27.00	25.92	21.12	19.08	15.96	1.32	0.18
52	15.48	28.80	27.48	22.68	20.16	17.04	1.27	0.17
53	16.56	30.72	29.52	24.24	21.84	18.24	1.23	0.16
54	17.76	33.00	31.56	26.16	23.40	19.68	1.17	0.16
55	19.08	35.64	34.08	28.20	25.44	21.12	1.12	0.16
56	20.52	38.64	36.84	30.48	27.36	22.92	1.08	0.16
57	21.84	41.88	39.84	33.00	29.76	24.96	1.03	0.15
58	23.04	45.24	43.44	35.64	32.28	26.64	0.99	0.15
59	24.48	49.32	47.40	38.76	35.04	29.16	0.96	0.15
60	26.04	54.00	51.72	42.36	38.28	31.92	0.92	0.14
61	27.84	59.04	56.64	46.20	41.64	34.68	0.90	0.14
62	29.76	64.80	62.04	50.76	45.60	38.04	0.86	0.14
63	32.16	71.64	68.04	56.04	50.52	42.00	0.82	0.14
64	35.04	79.08	75.00	62.04	55.80	46.56	0.78	0.13
65	38.04	87.72	82.68	68.64	61.92	51.48	0.74	0.13
66	41.52	97.56	91.68	75.84	68.40	57.00	0.69	0.12
67	45.36	108.12	101.64	84.00	75.72	63.00	0.65	0.12
68	49.08	119.76	112.92	91.92	82.92	69.00	0.62	0.12
69	53.28	133.20	125.64	101.28	91.32	75.84	0.59	0.11
70	57.84	147.60	139.80	111.84	100.56	83.88	0.55	0.11
71	63.00	163.56	155.52	123.24	110.88	92.52	0.52	0.10
72	68.76	181.08	172.44	135.72	122.28	101.88	0.49	0.10
73	75.24	199.56	190.32	150.12	135.12	112.68	0.46	0.10
74	82.20	219.48	209.16	165.60	148.92	124.20	0.43	0.10
75	89.64	240.48	229.20	181.80	163.56	136.44	0.40	0.09
76	97.44	262.80	250.08	199.20	179.28	149.40	0.37	0.09
77	105.84	286.20	271.68	217.32	195.72	162.96	0.34	0.09
78	114.48	310.44	294.12	236.04	212.28	177.12	0.32	0.09
79	123.72	335.64	317.28	255.24	229.92	191.40	0.30	0.08
80	132.96	362.16	341.16	275.28	247.80	206.40		0.08
81	142.56	389.52	365.64	295.44	266.04	221.52		0.07
82	152.52	417.72	390.48	316.20	284.52	237.00		0.07
83	162.48	446.88	415.92	336.84	303.12	252.60		0.06
84	172.80	476.64	441.36	357.60	321.96	268.32		0.06
85	180.84	499.44	462.36	374.28	336.84	280.68		0.05
86	188.64	522.84	484.20	391.32	352.32	293.52		0.05
87	196.20	548.40	507.96	409.92	369.00	307.56		0.04
88	203.52	576.00	533.64	430.08	387.12	322.68		0.04
89	210.72	604.80	560.28	451.20	406.20	338.64		0.04
90	222.24	634.92	588.60	473.04	425.76	354.72		0.03
91	234.24	666.36	617.76	496.08	446.40	372.00		0.03
92	246.96	698.88	648.24	519.84	467.88	389.88		0.03
93	260.16	732.84	680.16	544.56	490.20	408.48		0.02
94	273.84	768.00	713.04	570.24	513.12	427.68		0.02
95	288.12	804.72	747.36	596.76	537.00	447.48		0.02
96	303.00	842.28	782.88	624.12	561.60	468.24		0.02
97	318.24	881.40	819.48	652.44	587.16	489.36		0.02
98	334.20	921.72	857.40	681.96	613.68	511.44		0.02
99+	350.64	963.36	896.52	712.08	640.92	534.00		0.01

Rates for ages 80+ are available only for the Guarantee Purchase Benefit Option.

\$15 Policy Fee per insured (\$30 per couple) payable first year only.

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

Benefit Period	Factor	2011 Increase Factor	2012 Increase Factor	2015 Increase Factor	2016 Increase Factor
1 year <sup>3</sup>	0.55	1.000	1.000	1.000	1.000
2 year	0.80	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.246

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.520
Quarterly	0.260
Monthly/BSP	0.087

<sup>1</sup> The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.

<sup>2</sup> The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.

<sup>3</sup> The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.59	1.47	1.28	1.10
40	1.76	1.61	1.39	1.20
41	1.82	1.67	1.44	1.24
42	1.90	1.75	1.50	1.29
43	1.98	1.82	1.55	1.33
44	2.05	1.89	1.61	1.37
45	2.14	1.97	1.68	1.43
46	2.24	2.06	1.76	1.50
47	2.35	2.16	1.84	1.56
48	2.46	2.29	1.93	1.64
49	2.60	2.43	2.04	1.70
50	2.75	2.56	2.15	1.79
51	2.91	2.74	2.28	1.90
52	3.08	2.91	2.42	2.00
53	3.30	3.11	2.56	2.13
54	3.51	3.31	2.74	2.27
55	3.76	3.54	2.92	2.40
56	4.01	3.80	3.13	2.56
57	4.31	4.06	3.35	2.75
58	4.62	4.36	3.57	2.91
59	4.95	4.67	3.82	3.12
60	5.30	4.98	4.06	3.31
61	5.70	5.37	4.36	3.54
62	6.19	5.80	4.72	3.83
63	6.72	6.28	5.11	4.16
64	7.30	6.81	5.54	4.52
65	7.95	7.38	6.03	4.92
66	8.67	8.03	6.56	5.36
67	9.48	8.76	7.15	5.84
68	10.37	9.57	7.76	6.30
69	11.32	10.42	8.42	6.80
70	12.36	11.36	9.13	7.34
71	13.52	12.42	9.92	7.94
72	14.82	13.62	10.87	8.67
73	16.27	14.95	11.94	9.52
74	17.86	16.40	13.12	10.50
75	19.55	17.97	14.40	11.53
76	21.39	19.67	15.77	12.64
77	23.38	21.51	17.23	13.81
78	25.52	23.49	18.78	15.02
79	27.81	25.60	20.42	16.30
80	30.23	27.85	22.16	17.63
81	32.81	30.23	23.99	19.03
82	35.51	32.75	25.91	20.49
83	38.38	35.40	27.92	22.02
84	41.38	38.18	30.02	23.60

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4



Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- TWO YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.10	2.00	1.71	1.47
40	2.33	2.22	1.89	1.61
41	2.42	2.30	1.96	1.66
42	2.51	2.39	2.04	1.73
43	2.62	2.48	2.10	1.79
44	2.74	2.58	2.19	1.85
45	2.85	2.69	2.28	1.93
46	2.98	2.82	2.38	2.00
47	3.14	2.97	2.50	2.10
48	3.31	3.13	2.62	2.20
49	3.50	3.31	2.77	2.32
50	3.71	3.50	2.92	2.45
51	3.94	3.71	3.09	2.58
52	4.21	3.96	3.30	2.75
53	4.47	4.22	3.51	2.91
54	4.77	4.49	3.74	3.12
55	5.09	4.78	3.98	3.31
56	5.46	5.09	4.26	3.55
57	5.89	5.49	4.55	3.77
58	6.36	5.90	4.89	4.06
59	6.87	6.34	5.24	4.35
60	7.42	6.82	5.64	4.66
61	8.05	7.37	6.06	4.98
62	8.76	8.00	6.54	5.36
63	9.53	8.72	7.07	5.74
64	10.35	9.46	7.65	6.19
65	11.26	10.32	8.27	6.64
66	12.27	11.25	8.96	7.14
67	13.41	12.27	9.78	7.80
68	14.66	13.37	10.67	8.51
69	16.02	14.52	11.63	9.30
70	17.48	15.79	12.68	10.18
71	19.11	17.23	13.87	11.17
72	20.94	18.87	15.21	12.28
73	22.97	20.71	16.73	13.52
74	25.14	22.74	18.41	14.92
75	27.51	24.93	20.22	16.39
76	30.05	27.29	22.14	17.96
77	32.79	29.82	24.18	19.61
78	35.71	32.52	26.34	21.33
79	38.82	35.36	28.61	23.15
80	42.12	38.40	31.02	25.05
81	45.60	41.61	33.53	27.03
82	49.27	44.97	36.17	29.10
83	53.12	48.51	38.93	31.25
84	57.16	52.20	41.81	33.50

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIOD			
	0 Day	20 Day	100 Day	365 Day
18-39	2.56	2.36	1.99	1.67
40	2.84	2.60	2.21	1.87
41	2.94	2.71	2.29	1.93
42	3.07	2.82	2.38	2.00
43	3.20	2.93	2.47	2.09
44	3.34	3.06	2.56	2.16
45	3.48	3.20	2.68	2.24
46	3.65	3.35	2.81	2.36
47	3.84	3.52	2.94	2.46
48	4.06	3.71	3.09	2.58
49	4.29	3.94	3.27	2.71
50	4.55	4.17	3.44	2.84
51	4.84	4.44	3.65	2.99
52	5.16	4.74	3.89	3.19
53	5.51	5.04	4.13	3.38
54	5.89	5.38	4.40	3.61
55	6.30	5.75	4.72	3.86
56	6.74	6.15	5.04	4.12
57	7.23	6.60	5.41	4.43
58	7.76	7.10	5.80	4.75
59	8.31	7.61	6.22	5.08
60	8.91	8.18	6.68	5.46
61	9.59	8.80	7.19	5.88
62	10.36	9.50	7.75	6.33
63	11.20	10.26	8.37	6.82
64	12.11	11.04	9.02	7.37
65	13.10	11.90	9.74	7.97
66	14.21	12.90	10.56	8.64
67	15.50	14.08	11.49	9.38
68	16.92	15.42	12.54	10.19
69	18.46	16.91	13.66	11.05
70	20.15	18.53	14.92	12.01
71	22.00	20.31	16.27	13.04
72	24.05	22.24	17.79	14.23
73	26.25	24.32	19.44	15.53
74	28.61	26.55	21.19	16.91
75	31.15	28.95	23.09	18.42
76	33.91	31.51	25.14	20.04
77	36.95	34.28	27.37	21.85
78	40.23	37.24	29.77	23.81
79	43.76	40.39	32.35	25.92
80	47.51	43.70	35.10	28.19
81	51.50	47.22	37.98	30.57
82	55.72	50.91	41.06	33.11
83	60.18	54.77	44.29	35.80
84	64.87	58.85	47.69	38.65

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

Issue Age	BENEFIT -- 5 YEARS			
	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	3.08	2.88	2.43	2.05
40	3.40	3.19	2.65	2.20
41	3.54	3.30	2.75	2.29
42	3.69	3.43	2.85	2.38
43	3.84	3.58	2.97	2.45
44	4.00	3.73	3.08	2.56
45	4.19	3.89	3.22	2.68
46	4.38	4.06	3.37	2.79
47	4.61	4.29	3.54	2.92
48	4.88	4.52	3.74	3.09
49	5.16	4.78	3.94	3.25
50	5.47	5.06	4.20	3.48
51	5.83	5.38	4.45	3.68
52	6.20	5.73	4.75	3.93
53	6.60	6.12	5.05	4.17
54	7.02	6.53	5.39	4.46
55	7.48	6.97	5.76	4.76
56	7.97	7.45	6.15	5.08
57	8.53	7.98	6.57	5.39
58	9.12	8.54	6.99	5.73
59	9.75	9.12	7.45	6.07
60	10.42	9.75	7.94	6.46
61	11.19	10.44	8.48	6.88
62	12.05	11.22	9.10	7.37
63	13.00	12.08	9.76	7.90
64	14.01	12.97	10.48	8.46
65	15.11	13.95	11.27	9.11
66	16.36	15.08	12.17	9.82
67	17.79	16.36	13.20	10.65
68	19.39	17.81	14.34	11.53
69	21.11	19.41	15.59	12.52
70	23.01	21.14	16.96	13.60
71	25.08	23.06	18.47	14.79
72	27.37	25.16	20.14	16.12
73	29.82	27.42	21.94	17.57
74	32.41	29.82	23.87	19.11
75	35.22	32.42	25.96	20.78
76	38.32	35.28	28.26	22.63
77	41.73	38.43	30.80	24.67
78	45.51	41.88	33.58	26.93
79	49.57	45.60	36.59	29.36
80	53.92	49.59	39.81	31.96
81	58.58	53.84	43.26	34.76
82	63.54	58.35	46.92	37.73
83	68.79	63.15	50.81	40.87
84	74.34	68.21	54.90	44.19

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

Issue Age	BENEFIT -- LIFETIME			
	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	7.38	6.99	5.68	4.65
40	8.11	7.64	6.29	5.16
41	8.41	7.94	6.52	5.35
42	8.78	8.27	6.78	5.60
43	9.15	8.63	7.11	5.87
44	9.53	9.01	7.43	6.13
45	9.99	9.42	7.77	6.39
46	10.46	9.88	8.18	6.74
47	11.00	10.37	8.54	7.06
48	11.56	10.89	9.01	7.43
49	12.19	11.45	9.50	7.84
50	12.84	12.09	9.99	8.26
51	13.57	12.72	10.51	8.67
52	14.35	13.43	11.08	9.16
53	15.17	14.16	11.68	9.66
54	16.05	14.91	12.29	10.13
55	16.98	15.70	12.94	10.66
56	18.05	16.57	13.66	11.25
57	19.19	17.58	14.44	11.88
58	20.42	18.62	15.32	12.59
59	21.76	19.75	16.20	13.30
60	23.15	20.98	17.19	14.06
61	24.75	22.37	18.32	14.97
62	26.60	24.01	19.59	15.97
63	28.58	25.85	21.02	17.06
64	30.73	27.83	22.52	18.25
65	33.06	30.03	24.23	19.56
66	35.69	32.45	26.14	21.08
67	38.67	35.20	28.35	22.85
68	41.99	38.25	30.81	24.84
69	45.51	41.46	33.50	27.03
70	49.39	45.03	36.43	29.48
71	53.70	48.95	39.67	32.12
72	58.48	53.34	43.30	35.08
73	63.65	58.07	47.12	38.26
74	69.18	63.12	51.26	41.61
75	75.20	68.60	55.75	45.29
76	81.79	74.75	60.69	49.28
77	89.12	81.75	66.28	53.74
78	97.19	89.63	72.54	58.67
79	105.84	98.21	79.25	63.95
80	115.15	107.53	86.54	69.64
81	125.12	117.58	94.42	75.77
82	135.71	128.34	102.73	82.28
83	146.93	139.82	111.64	89.16
84	158.80	152.06	121.10	96.45

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCT I ON ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.43	1.35	1.16	1.01
40	1.59	1.47	1.29	1.13
41	1.64	1.53	1.32	1.15
42	1.71	1.59	1.38	1.21
43	1.78	1.64	1.43	1.24
44	1.85	1.73	1.48	1.28
45	1.93	1.79	1.54	1.33
46	2.01	1.87	1.61	1.38
47	2.10	1.98	1.69	1.44
48	2.22	2.08	1.78	1.53
49	2.35	2.22	1.87	1.59
50	2.47	2.33	1.98	1.67
51	2.62	2.50	2.09	1.76
52	2.79	2.65	2.22	1.87
53	2.97	2.83	2.37	1.99
54	3.15	3.01	2.51	2.10
55	3.38	3.23	2.69	2.24
56	3.61	3.45	2.88	2.39
57	3.89	3.71	3.07	2.54
58	4.17	3.97	3.28	2.71
59	4.46	4.24	3.50	2.89
60	4.77	4.53	3.74	3.08
61	5.14	4.89	4.00	3.29
62	5.55	5.28	4.34	3.55
63	6.05	5.72	4.70	3.88
64	6.58	6.19	5.09	4.17
65	7.16	6.72	5.54	4.58
66	7.81	7.30	6.03	4.98
67	8.54	7.97	6.57	5.42
68	9.35	8.71	7.14	5.85
69	10.20	9.48	7.74	6.30
70	11.14	10.34	8.38	6.81
71	12.18	11.30	9.13	7.38
72	13.36	12.40	9.98	8.05
73	14.66	13.60	10.96	8.83
74	16.08	14.93	12.05	9.74
75	17.62	16.35	13.24	10.72
76	19.26	17.91	14.50	11.74
77	21.07	19.57	15.84	12.80
78	22.99	21.38	17.27	13.95
79	25.05	23.30	18.77	15.11
80	27.23	25.35	20.38	16.38
81	29.54	27.52	22.05	17.66
82	31.99	29.81	23.82	19.03
83	34.57	32.21	25.67	20.45
84	37.27	34.74	27.59	21.92

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12. RESPECTIVELY . THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
SCHEDULE OF MONTHLY RATES POLICY FORM L T50

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 2 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.92	1.85	1.59	1.37
40	2.12	2.04	1.76	1.52
41	2.21	2.10	1.82	1.58
42	2.29	2.19	1.89	1.63
43	2.39	2.29	1.97	1.69
44	2.48	2.38	2.04	1.74
45	2.59	2.47	2.12	1.82
46	2.73	2.59	2.22	1.90
47	2.85	2.74	2.32	1.97
48	3.02	2.88	2.44	2.06
49	3.20	3.04	2.56	2.17
50	3.38	3.22	2.73	2.30
51	3.59	3.43	2.89	2.44
52	3.83	3.65	3.06	2.56
53	4.07	3.89	3.27	2.75
54	4.35	4.12	3.47	2.92
55	4.65	4.40	3.70	3.12
56	4.98	4.69	3.94	3.31
57	5.36	5.04	4.23	3.55
58	5.78	5.43	4.54	3.81
59	6.24	5.83	4.86	4.06
60	6.76	6.28	5.23	4.36
61	7.34	6.79	5.64	4.68
62	7.97	7.36	6.08	5.04
63	8.68	8.02	6.58	5.39
64	9.43	8.72	7.11	5.81
65	10.26	9.49	7.68	6.23
66	11.18	10.34	8.33	6.70
67	12.22	11.29	9.09	7.31
68	13.35	12.31	9.91	7.98
69	14.58	13.36	10.80	8.73
70	15.93	14.54	11.78	9.55
71	17.41	15.85	12.89	10.49
72	19.07	17.37	14.15	11.52
73	20.91	19.06	15.56	12.70
74	22.91	20.91	17.11	14.00
75	25.05	22.93	18.78	15.39
76	27.37	25.10	20.57	16.87
77	29.87	27.43	22.47	18.41
78	32.52	29.91	24.47	20.01
79	35.36	32.55	26.59	21.71
80	38.38	35.33	28.82	23.51
81	41.54	38.27	31.15	25.36
82	44.87	41.38	33.61	27.30
83	48.38	44.62	36.17	29.31
84	52.06	48.02	38.85	31.42

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.36	2.19	1.87	1.60
40	2.61	2.42	2.06	1.76
41	2.71	2.52	2.15	1.83
42	2.83	2.62	2.23	1.91
43	2.94	2.74	2.33	1.99
44	3.07	2.85	2.42	2.05
45	3.21	2.97	2.51	2.13
46	3.36	3.11	2.63	2.23
47	3.54	3.28	2.77	2.33
48	3.74	3.45	2.91	2.46
49	3.94	3.67	3.07	2.56
50	4.20	3.89	3.24	2.70
51	4.46	4.12	3.43	2.84
52	4.75	4.40	3.65	3.02
53	5.07	4.69	3.89	3.21
54	5.42	5.00	4.14	3.43
55	5.80	5.35	4.43	3.67
56	6.20	5.73	4.74	3.92
57	6.66	6.14	5.07	4.19
58	7.15	6.59	5.44	4.51
59	7.66	7.07	5.84	4.82
60	8.21	7.60	6.28	5.19
61	8.83	8.19	6.75	5.55
62	9.55	8.83	7.28	6.00
63	10.32	9.55	7.85	6.47
64	11.14	10.27	8.48	6.99
65	12.06	11.07	9.15	7.57
66	13.09	12.01	9.91	8.18
67	14.26	13.09	10.79	8.89
68	15.57	14.34	11.76	9.66
69	17.00	15.72	12.83	10.48
70	18.55	17.23	14.01	11.39
71	20.25	18.89	15.28	12.37
72	22.14	20.68	16.71	13.50
73	24.17	22.62	18.25	14.72
74	26.35	24.70	19.91	16.03
75	28.68	26.92	21.69	17.47
76	31.23	29.30	23.61	19.02
77	34.02	31.89	25.71	20.73
78	37.05	34.64	27.97	22.57
79	40.28	37.56	30.39	24.59
80	43.75	40.64	32.96	26.73
81	47.41	43.91	35.68	28.99
82	51.30	47.35	38.56	31.42
83	55.41	50.95	41.60	33.96
84	59.72	54.73	44.79	36.66

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6 AND 12 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 5 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.86	2.70	2.30	1.96
40	3.16	2.99	2.51	2.10
41	3.30	3.09	2.61	2.20
42	3.43	3.23	2.71	2.28
43	3.58	3.37	2.82	2.36
44	3.73	3.50	2.93	2.46
45	3.89	3.65	3.05	2.55
46	4.07	3.83	3.20	2.68
47	4.29	4.03	3.37	2.81
48	4.53	4.24	3.54	2.97
49	4.81	4.50	3.76	3.14
50	5.09	4.76	3.98	3.32
51	5.43	5.05	4.23	3.54
52	5.77	5.38	4.50	3.75
53	6.14	5.75	4.81	4.00
54	6.53	6.14	5.12	4.27
55	6.96	6.54	5.46	4.57
56	7.42	7.00	5.84	4.86
57	7.94	7.51	6.24	5.19
58	8.49	8.03	6.65	5.51
59	9.07	8.58	7.06	5.82
60	9.69	9.17	7.53	6.19
61	10.41	9.81	8.04	6.59
62	11.20	10.56	8.64	7.06
63	12.10	11.35	9.27	7.57
64	13.03	12.18	9.95	8.13
65	14.06	13.11	10.71	8.74
66	15.23	14.17	11.56	9.43
67	16.56	15.39	12.54	10.21
68	18.03	16.76	13.62	11.07
69	19.64	18.24	14.80	12.01
70	21.42	19.87	16.10	13.04
71	23.35	21.67	17.53	14.18
72	25.47	23.66	19.12	15.46
73	27.75	25.78	20.84	16.84
74	30.16	28.04	22.66	18.32
75	32.79	30.48	24.64	19.93
76	35.66	33.15	26.83	21.70
77	38.85	36.12	29.24	23.67
78	42.35	39.36	31.88	25.81
79	46.13	42.87	34.74	28.15
80	50.19	46.61	37.80	30.65
81	54.52	50.62	41.07	33.32
82	59.13	54.86	44.54	36.17
83	64.02	59.35	48.23	39.19
84	69.18	64.10	52.13	42.40

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4



Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- LIFETIME**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	6.95	6.63	5.49	4.50
40	7.63	7.28	6.03	5.01
41	7.93	7.53	6.25	5.23
42	8.26	7.86	6.52	5.39
43	8.57	8.19	6.78	5.62
44	8.95	8.54	7.13	5.92
45	9.39	8.94	7.45	6.22
46	9.83	9.39	7.84	6.55
47	10.33	9.84	8.20	6.83
48	10.89	10.37	8.63	7.21
49	11.45	10.89	9.09	7.62
50	12.09	11.45	9.57	7.96
51	12.72	12.09	10.09	8.42
52	13.49	12.76	10.66	8.90
53	14.28	13.45	11.21	9.32
54	15.10	14.16	11.79	9.81
55	15.98	14.91	12.42	10.33
56	16.95	15.74	13.09	10.89
57	18.05	16.69	13.84	11.52
58	19.22	17.70	14.69	12.18
59	20.46	18.76	15.56	12.86
60	21.80	19.96	16.48	13.60
61	23.27	21.27	17.58	14.52
62	24.99	22.84	18.81	15.47
63	26.88	24.57	20.17	16.56
64	28.88	26.43	21.62	17.68
65	31.09	28.53	23.25	18.95
66	33.55	30.81	25.09	20.39
67	36.38	33.42	27.25	22.14
68	39.46	36.30	29.58	24.09
69	42.83	39.39	32.12	26.22
70	46.42	42.77	34.94	28.56
71	50.51	46.51	38.07	31.15
72	54.98	50.68	41.54	34.04
73	59.86	55.17	45.22	37.07
74	65.04	59.95	49.14	40.31
75	70.71	65.17	53.47	43.84
76	76.96	71.02	58.23	47.76
77	83.80	77.65	63.58	52.09
78	91.39	85.15	69.60	56.89
79	99.54	93.30	76.07	62.00
80	108.33	102.14	83.03	67.49
81	117.69	111.68	90.55	73.41
82	127.63	121.92	98.59	79.72
83	138.18	132.84	107.13	86.39
84	149.33	144.44	116.16	93.43

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	1.18	1.13	0.98	0.85
40	1.32	1.23	1.07	0.92
41	1.37	1.28	1.10	0.95
42	1.43	1.32	1.14	0.99
43	1.48	1.38	1.18	1.02
44	1.54	1.44	1.24	1.08
45	1.61	1.50	1.30	1.13
46	1.68	1.56	1.35	1.15
47	1.77	1.64	1.41	1.21
48	1.86	1.75	1.48	1.27
49	1.96	1.84	1.56	1.32
50	2.06	1.96	1.64	1.39
51	2.17	2.08	1.76	1.47
52	2.33	2.22	1.86	1.56
53	2.48	2.37	1.98	1.64
54	2.63	2.52	2.10	1.75
55	2.83	2.70	2.25	1.87
56	3.02	2.89	2.40	2.00
57	3.25	3.08	2.56	2.14
58	3.48	3.31	2.74	2.27
59	3.73	3.54	2.92	2.40
60	3.99	3.80	3.12	2.56
61	4.29	4.07	3.35	2.75
62	4.66	4.40	3.61	2.97
63	5.05	4.77	3.92	3.22
64	5.50	5.18	4.26	3.50
65	5.98	5.61	4.63	3.83
66	6.52	6.10	5.04	4.15
67	7.14	6.66	5.49	4.52
68	7.80	7.27	5.96	4.88
69	8.51	7.91	6.46	5.27
70	9.30	8.65	7.00	5.67
71	10.18	9.44	7.62	6.16
72	11.16	10.35	8.35	6.73
73	12.25	11.36	9.17	7.39
74	13.43	12.47	10.07	8.14
75	14.71	13.66	11.06	8.96
76	16.09	14.95	12.11	9.81
77	17.60	16.34	13.23	10.71
78	19.21	17.86	14.42	11.65
79	20.92	19.46	15.67	12.63
80	22.75	21.16	17.01	13.67
81	24.69	22.98	18.42	14.75
82	26.71	24.89	19.88	15.89
83	28.87	26.90	21.42	17.07
84	31.13	29.01	23.03	18.30

TO OBTAIN QUARTERLY, SEMI-ANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
SCHEDULE OF MONTHLY RATES POLICY FORM L T50

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 2 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	1.62	1.56	1.36	1.17
40	1.81	1.73	1.48	1.28
41	1.87	1.79	1.54	1.33
42	1.93	1.86	1.60	1.38
43	2.02	1.93	1.66	1.41
44	2.10	2.01	1.73	1.47
45	2.21	2.10	1.81	1.54
46	2.31	2.21	1.87	1.59
47	2.43	2.31	1.97	1.67
48	2.56	2.45	2.06	1.74
49	2.70	2.58	2.17	1.84
50	2.86	2.74	2.31	1.96
51	3.04	2.90	2.45	2.06
52	3.25	3.08	2.59	2.16
53	3.46	3.29	2.77	2.33
54	3.69	3.50	2.94	2.47
55	3.93	3.73	3.14	2.63
56	4.23	3.98	3.36	2.83
57	4.54	4.29	3.59	3.00
58	4.91	4.59	3.85	3.23
59	5.30	4.93	4.12	3.44
60	5.73	5.32	4.44	3.70
61	6.22	5.75	4.77	3.96
62	6.76	6.24	5.16	4.28
63	7.36	6.80	5.57	4.57
64	7.99	7.39	6.01	4.91
65	8.71	8.04	6.51	5.27
66	9.46	8.77	7.05	5.67
67	10.35	9.58	7.71	6.20
68	11.32	10.43	8.40	6.76
69	12.36	11.33	9.17	7.41
70	13.50	12.32	9.98	8.10
71	14.75	13.44	10.93	8.88
72	16.17	14.71	11.99	9.79
73	17.73	16.16	13.19	10.76
74	19.41	17.73	14.50	11.86
75	21.24	19.45	15.93	13.04
76	23.21	21.29	17.45	14.29
77	25.32	23.26	19.06	15.61
78	27.58	25.36	20.73	16.96
79	29.98	27.58	22.54	18.42
80	32.52	29.95	24.44	19.94
81	35.21	32.45	26.42	21.49
82	38.04	35.08	28.50	23.15
83	41.02	37.82	30.67	24.86
84	44.14	40.71	32.92	26.63

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	2.04	1.89	1.60	1.36
40	2.25	2.08	1.78	1.53
41	2.33	2.16	1.85	1.59
42	2.44	2.25	1.92	1.63
43	2.53	2.35	1.99	1.70
44	2.63	2.45	2.08	1.77
45	2.76	2.55	2.16	1.82
46	2.89	2.68	2.28	1.93
47	3.04	2.82	2.38	2.00
48	3.22	2.97	2.51	2.10
49	3.40	3.14	2.63	2.22
50	3.60	3.35	2.78	2.31
51	3.83	3.54	2.94	2.45
52	4.08	3.78	3.14	2.60
53	4.37	4.04	3.35	2.77
54	4.67	4.30	3.55	2.94
55	4.98	4.59	3.81	3.15
56	5.34	4.92	4.06	3.36
57	5.73	5.28	4.37	3.61
58	6.15	5.67	4.69	3.88
59	6.58	6.07	5.03	4.15
60	7.05	6.53	5.39	4.46
61	7.60	7.04	5.81	4.80
62	8.21	7.61	6.27	5.16
63	8.88	8.20	6.76	5.58
64	9.58	8.83	7.29	6.03
65	10.37	9.52	7.87	6.51
66	11.26	10.33	8.52	7.04
67	12.27	11.26	9.28	7.64
68	13.39	12.34	10.13	8.31
69	14.62	13.52	11.05	9.03
70	15.96	14.81	12.05	9.80
71	17.43	16.25	13.14	10.65
72	19.04	17.79	14.38	11.62
73	20.79	19.46	15.70	12.67
74	22.66	21.25	17.12	13.80
75	24.67	23.15	18.65	15.02
76	26.86	25.22	20.32	16.36
77	29.27	27.43	22.11	17.83
78	31.87	29.80	24.06	19.41
79	34.65	32.30	26.14	21.14
80	37.63	34.97	28.36	22.99
81	40.78	37.77	30.69	24.94
82	44.13	40.72	33.18	27.04
83	47.67	43.83	35.78	29.20
84	51.38	47.07	38.53	31.53

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 5 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	2.53	2.39	2.04	1.73
40	2.79	2.63	2.22	1.87
41	2.91	2.74	2.31	1.94
42	3.02	2.85	2.39	2.01
43	3.15	2.97	2.48	2.07
44	3.29	3.08	2.59	2.16
45	3.44	3.23	2.70	2.27
46	3.60	3.37	2.82	2.36
47	3.80	3.55	2.97	2.46
48	4.00	3.75	3.13	2.61
49	4.24	3.97	3.31	2.77
50	4.50	4.21	3.52	2.94
51	4.80	4.46	3.73	3.12
52	5.09	4.75	3.98	3.32
53	5.43	5.07	4.23	3.54
54	5.77	5.42	4.52	3.77
55	6.15	5.78	4.83	4.04
56	6.56	6.19	5.15	4.29
57	7.00	6.64	5.50	4.57
58	7.50	7.10	5.87	4.85
59	8.00	7.57	6.24	5.16
60	8.57	8.10	6.66	5.49
61	9.19	8.66	7.11	5.84
62	9.89	9.32	7.62	6.24
63	10.67	10.03	8.19	6.68
64	11.51	10.76	8.79	7.18
65	12.41	11.58	9.45	7.72
66	13.46	12.51	10.21	8.31
67	14.62	13.58	11.07	9.02
68	15.93	14.79	12.03	9.79
69	17.35	16.11	13.08	10.61
70	18.91	17.55	14.21	11.51
71	20.61	19.14	15.49	12.54
72	22.49	20.88	16.88	13.66
73	24.50	22.76	18.40	14.87
74	26.65	24.76	20.01	16.18
75	28.95	26.91	21.77	17.61
76	31.49	29.28	23.68	19.16
77	34.30	31.89	25.82	20.91
78	37.40	34.76	28.15	22.80
79	40.73	37.85	30.68	24.87
80	44.31	41.16	33.37	27.06
81	48.13	44.69	36.26	29.42
82	52.21	48.44	39.33	31.95
83	56.52	52.42	42.58	34.60
84	61.09	56.61	46.03	37.42

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
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Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM LT50

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- LIFETIME**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	6.29	6.03	4.93	4.07
40	6.91	6.61	5.47	4.50
41	7.18	6.81	5.65	4.67
42	7.45	7.11	5.91	4.90
43	7.77	7.40	6.16	5.15
44	8.12	7.77	6.46	5.38
45	8.50	8.11	6.77	5.64
46	8.93	8.50	7.11	5.92
47	9.36	8.93	7.43	6.22
48	9.84	9.39	7.84	6.55
49	10.39	9.88	8.24	6.88
50	10.92	10.39	8.67	7.23
51	11.55	10.95	9.15	7.64
52	12.19	11.55	9.64	8.03
53	12.94	12.15	10.14	8.49
54	13.68	12.83	10.67	8.90
55	14.47	13.49	11.22	9.34
56	15.34	14.26	11.88	9.88
57	16.33	15.10	12.54	10.43
58	17.38	16.03	13.28	11.03
59	18.51	16.98	14.06	11.66
60	19.72	18.05	14.91	12.30
61	21.08	19.25	15.87	13.10
62	22.63	20.64	17.01	14.02
63	24.32	22.22	18.25	14.99
64	26.14	23.93	19.56	16.03
65	28.15	25.83	21.06	17.19
66	30.38	27.90	22.70	18.48
67	32.92	30.29	24.65	20.07
68	35.71	32.90	26.77	21.81
69	38.75	35.68	29.09	23.74
70	42.04	38.73	31.63	25.85
71	45.73	42.08	34.45	28.17
72	49.78	45.88	37.58	30.79
73	54.16	49.95	40.95	33.58
74	58.90	54.27	44.49	36.50
75	64.02	58.98	48.39	39.71
76	69.64	64.29	52.72	43.22
77	75.87	70.30	57.59	47.19
78	82.73	77.08	62.99	51.46
79	90.12	84.47	68.85	56.09
80	98.06	92.45	75.18	61.11
81	106.54	101.12	81.98	66.45
82	115.55	110.37	89.26	72.18
83	125.09	120.28	96.98	78.21
84	135.20	130.78	105.16	84.60

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.68	2.50	2.15	1.85
40	2.93	2.69	2.32	2.00
41	3.00	2.76	2.37	2.04
42	3.08	2.83	2.44	2.09
43	3.20	2.92	2.51	2.16
44	3.27	3.00	2.56	2.21
45	3.37	3.08	2.65	2.28
46	3.46	3.20	2.70	2.29
47	3.57	3.31	2.79	2.36
48	3.71	3.44	2.91	2.46
49	3.84	3.58	3.00	2.51
50	3.99	3.74	3.14	2.62
51	4.12	3.89	3.23	2.68
52	4.29	4.05	3.36	2.78
53	4.45	4.20	3.47	2.86
54	4.61	4.35	3.60	2.97
55	4.75	4.49	3.70	3.06
56	4.92	4.65	3.84	3.19
57	5.11	4.82	3.96	3.25
58	5.30	4.99	4.09	3.36
59	5.50	5.18	4.23	3.45
60	5.73	5.38	4.39	3.59
61	5.91	5.57	4.52	3.67
62	6.18	5.80	4.70	3.83
63	6.45	6.03	4.92	4.03
64	6.72	6.26	5.09	4.15
65	7.02	6.51	5.32	4.35
66	7.34	6.79	5.55	4.53
67	7.67	7.07	5.77	4.70
68	8.04	7.41	6.01	4.88
69	8.44	7.77	6.28	5.07
70	8.87	8.15	6.54	5.26
71	9.28	8.53	6.82	5.44
72	9.66	8.87	7.08	5.66
73	9.98	9.15	7.31	5.84
74	10.26	9.41	7.53	6.03
75	10.52	9.67	7.75	6.22
76	10.81	9.95	7.97	6.39
77	11.17	10.27	8.22	6.59
78	11.55	10.63	8.50	6.81
79	11.98	11.04	8.81	7.03
80	12.44	11.47	9.12	7.27
81	12.94	11.91	9.45	7.50
82	13.46	12.41	9.82	7.77
83	14.01	12.94	10.20	8.03
84	14.62	13.49	10.61	8.35

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- TWO YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	3.80	3.62	3.08	2.63
40	4.11	3.90	3.34	2.85
41	4.21	4.00	3.40	2.91
42	4.34	4.12	3.51	3.00
43	4.46	4.23	3.60	3.06
44	4.58	4.35	3.69	3.14
45	4.74	4.46	3.77	3.20
46	4.86	4.59	3.89	3.29
47	5.03	4.74	3.98	3.34
48	5.16	4.88	4.09	3.43
49	5.32	5.04	4.21	3.52
50	5.52	5.21	4.35	3.62
51	5.70	5.38	4.50	3.76
52	5.90	5.55	4.62	3.84
53	6.12	5.74	4.80	4.00
54	6.30	5.93	4.93	4.11
55	6.56	6.14	5.13	4.29
56	6.82	6.37	5.31	4.42
57	7.11	6.62	5.50	4.58
58	7.43	6.89	5.73	4.75
59	7.79	7.19	5.95	4.91
60	8.14	7.49	6.18	5.09
61	8.53	7.80	6.42	5.29
62	8.89	8.13	6.65	5.44
63	9.22	8.43	6.87	5.59
64	9.57	8.75	7.05	5.68
65	9.90	9.07	7.28	5.83
66	10.29	9.43	7.52	6.01
67	10.79	9.87	7.85	6.26
68	11.40	10.40	8.29	6.61
69	12.14	11.02	8.82	7.05
70	12.90	11.66	9.36	7.51
71	13.60	12.27	9.88	7.96
72	14.21	12.80	10.33	8.34
73	14.66	13.23	10.68	8.64
74	15.03	13.57	10.99	8.90
75	15.33	13.88	11.26	9.14
76	15.64	14.20	11.53	9.36
77	16.02	14.57	11.82	9.60
78	16.46	14.97	12.13	9.83
79	16.92	15.41	12.45	10.07
80	17.40	15.85	12.81	10.36
81	17.89	16.33	13.16	10.61
82	18.43	16.81	13.52	10.88
83	18.98	17.33	13.89	11.14
84	19.54	17.85	14.29	11.45

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4



Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIOD			
	0 Day	20 Day	100 Day	365 Day
18-39	4.74	4.35	3.67	3.09
40	5.18	4.75	4.01	3.39
41	5.30	4.88	4.12	3.48
42	5.45	5.00	4.23	3.58
43	5.58	5.12	4.32	3.65
44	5.68	5.22	4.39	3.69
45	5.84	5.34	4.51	3.80
46	5.97	5.46	4.58	3.84
47	6.13	5.62	4.70	3.94
48	6.36	5.82	4.85	4.05
49	6.56	6.01	4.99	4.14
50	6.84	6.26	5.16	4.26
51	7.08	6.50	5.34	4.38
52	7.36	6.74	5.53	4.54
53	7.65	6.99	5.73	4.69
54	7.91	7.23	5.93	4.86
55	8.19	7.46	6.12	5.01
56	8.46	7.73	6.34	5.20
57	8.77	8.00	6.56	5.37
58	9.09	8.29	6.79	5.55
59	9.41	8.60	7.04	5.75
60	9.75	8.94	7.30	5.97
61	10.09	9.26	7.56	6.16
62	10.44	9.57	7.80	6.36
63	10.74	9.83	8.03	6.57
64	11.05	10.07	8.25	6.74
65	11.36	10.34	8.44	6.89
66	11.68	10.61	8.66	7.07
67	12.05	10.95	8.94	7.28
68	12.49	11.39	9.26	7.53
69	13.01	11.91	9.64	7.80
70	13.56	12.45	10.03	8.06
71	14.04	12.95	10.38	8.33
72	14.43	13.34	10.67	8.54
73	14.64	13.56	10.83	8.66
74	14.67	13.62	10.88	8.69
75	14.70	13.66	10.90	8.69
76	14.81	13.77	10.97	8.75
77	15.10	14.01	11.19	8.94
78	15.57	14.42	11.53	9.22
79	16.19	14.93	11.97	9.59
80	16.89	15.55	12.48	10.02
81	17.72	16.24	13.05	10.50
82	18.64	17.03	13.73	11.07
83	19.69	17.92	14.48	11.71
84	20.83	18.89	15.31	12.40

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 5 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	6.13	5.72	4.82	4.07
40	6.65	6.19	5.18	4.34
41	6.83	6.36	5.30	4.42
42	7.00	6.53	5.44	4.52
43	7.18	6.69	5.53	4.58
44	7.34	6.84	5.68	4.72
45	7.56	7.00	5.80	4.80
46	7.74	7.19	5.95	4.91
47	7.97	7.39	6.12	5.06
48	8.26	7.65	6.33	5.23
49	8.54	7.91	6.53	5.39
50	8.88	8.21	6.81	5.65
51	9.23	8.52	7.05	5.84
52	9.55	8.83	7.30	6.04
53	9.87	9.12	7.57	6.27
54	10.14	9.44	7.80	6.43
55	10.47	9.75	8.05	6.65
56	10.78	10.07	8.30	6.83
57	11.11	10.40	8.54	7.04
58	11.44	10.73	8.79	7.21
59	11.82	11.06	9.05	7.39
60	12.20	11.41	9.29	7.57
61	12.62	11.76	9.56	7.75
62	13.03	12.14	9.83	7.97
63	13.46	12.51	10.12	8.20
64	13.92	12.89	10.43	8.43
65	14.38	13.27	10.73	8.66
66	14.87	13.69	11.05	8.92
67	15.38	14.13	11.40	9.18
68	15.92	14.64	11.78	9.46
69	16.54	15.20	12.21	9.81
70	17.17	15.79	12.66	10.15
71	17.79	16.35	13.09	10.49
72	18.37	16.88	13.50	10.80
73	18.86	17.34	13.88	11.10
74	19.31	17.76	14.21	11.37
75	19.76	18.19	14.56	11.65
76	20.23	18.62	14.90	11.93
77	20.80	19.15	15.34	12.29
78	21.46	19.75	15.84	12.68
79	22.16	20.39	16.35	13.11
80	22.92	21.08	16.92	13.58
81	23.71	21.80	17.51	14.06
82	24.59	22.59	18.15	14.58
83	25.50	23.40	18.83	15.13
84	26.45	24.27	19.54	15.73

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$10 DAILY COMMUNITY BASED BENEFIT  
**100% HOME HEALTH CARE BENEFIT**

**BENEFIT -- LIFETIME**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	16.31	15.40	12.60	10.33
40	17.28	16.31	13.38	10.92
41	17.72	16.71	13.70	11.29
42	18.10	17.09	14.06	11.55
43	18.59	17.53	14.41	11.85
44	19.07	17.99	14.82	12.19
45	19.56	18.48	15.26	12.60
46	20.17	19.03	15.72	13.02
47	20.73	19.56	16.16	13.34
48	21.35	20.12	16.63	13.73
49	22.06	20.75	17.19	14.18
50	22.71	21.38	17.66	14.58
51	23.40	21.96	18.17	15.02
52	24.01	22.50	18.58	15.33
53	24.57	22.90	18.89	15.56
54	24.98	23.15	19.10	15.78
55	25.40	23.45	19.34	15.92
56	25.85	23.78	19.56	16.08
57	26.47	24.23	19.89	16.33
58	27.20	24.83	20.38	16.73
59	28.04	25.53	20.91	17.14
60	28.99	26.24	21.47	17.58
61	29.91	27.04	22.11	18.07
62	30.86	27.90	22.75	18.58
63	31.86	28.77	23.40	19.03
64	32.90	29.78	24.13	19.56
65	33.91	30.78	24.87	20.08
66	35.05	31.87	25.66	20.67
67	36.15	32.92	26.52	21.36
68	37.35	34.02	27.45	22.13
69	38.63	35.19	28.45	22.99
70	39.89	36.36	29.42	23.82
71	41.20	37.54	30.41	24.65
72	42.44	38.73	31.42	25.50
73	43.67	39.83	32.35	26.26
74	44.87	40.90	33.20	27.00
75	46.08	42.03	34.17	27.75
76	47.32	43.23	35.12	28.53
77	48.58	44.57	36.13	29.31
78	49.95	46.06	37.26	30.15
79	51.32	47.61	38.42	31.04
80	52.83	49.30	39.69	31.93
81	54.41	51.12	41.03	32.92
82	56.05	53.02	42.45	33.99
83	57.85	55.05	43.98	35.12
84	59.69	57.15	45.51	36.25

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCT I ON ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.42	2.27	1.99	1.74
40	2.65	2.45	2.12	1.84
41	2.70	2.51	2.17	1.89
42	2.77	2.59	2.22	1.91
43	2.88	2.67	2.31	2.00
44	2.94	2.73	2.35	2.04
45	3.02	2.79	2.43	2.10
46	3.13	2.91	2.48	2.12
47	3.22	3.01	2.58	2.22
48	3.32	3.14	2.68	2.28
49	3.46	3.25	2.75	2.33
50	3.60	3.40	2.88	2.43
51	3.71	3.54	2.97	2.50
52	3.86	3.69	3.08	2.56
53	4.00	3.83	3.19	2.65
54	4.16	3.96	3.31	2.77
55	4.29	4.08	3.38	2.81
56	4.44	4.23	3.53	2.93
57	4.60	4.38	3.66	3.04
58	4.76	4.54	3.76	3.11
59	4.95	4.70	3.89	3.21
60	5.15	4.90	4.04	3.31
61	5.32	5.06	4.16	3.42
62	5.58	5.27	4.34	3.55
63	5.82	5.50	4.52	3.71
64	6.06	5.69	4.69	3.86
65	6.31	5.92	4.89	4.03
66	6.61	6.19	5.09	4.21
67	6.91	6.44	5.31	4.37
68	7.23	6.75	5.52	4.52
69	7.61	7.08	5.77	4.70
70	7.98	7.42	6.01	4.88
71	8.36	7.75	6.24	5.04
72	8.71	8.07	6.51	5.24
73	8.98	8.34	6.73	5.44
74	9.23	8.56	6.93	5.61
75	9.46	8.80	7.13	5.78
76	9.75	9.04	7.33	5.93
77	10.06	9.35	7.57	6.13
78	10.40	9.67	7.80	6.30
79	10.80	10.04	8.10	6.53
80	11.21	10.43	8.37	6.73
81	11.65	10.84	8.69	6.97
82	12.13	11.29	9.02	7.20
83	12.63	11.76	9.37	7.46
84	13.16	12.28	9.75	7.74

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12. RESPECTIVELY . THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 2 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	3.45	3.32	2.86	2.46
40	3.74	3.60	3.09	2.67
41	3.83	3.68	3.15	2.70
42	3.94	3.80	3.27	2.82
43	4.06	3.89	3.34	2.86
44	4.17	3.99	3.43	2.94
45	4.31	4.11	3.52	3.02
46	4.43	4.23	3.60	3.07
47	4.58	4.35	3.69	3.14
48	4.72	4.49	3.80	3.21
49	4.84	4.63	3.91	3.30
50	5.04	4.78	4.03	3.39
51	5.20	4.95	4.16	3.50
52	5.37	5.11	4.30	3.62
53	5.57	5.28	4.45	3.75
54	5.75	5.47	4.58	3.83
55	5.96	5.67	4.75	3.99
56	6.22	5.87	4.93	4.16
57	6.47	6.10	5.09	4.27
58	6.76	6.34	5.31	4.45
59	7.08	6.60	5.52	4.62
60	7.42	6.89	5.73	4.77
61	7.77	7.18	5.96	4.96
62	8.10	7.48	6.18	5.09
63	8.41	7.76	6.36	5.21
64	8.71	8.05	6.56	5.34
65	9.02	8.34	6.76	5.47
66	9.37	8.68	6.99	5.61
67	9.81	9.07	7.30	5.88
68	10.38	9.57	7.71	6.20
69	11.05	10.14	8.20	6.62
70	11.75	10.73	8.71	7.05
71	12.39	11.30	9.18	7.45
72	12.95	11.78	9.60	7.83
73	13.36	12.17	9.92	8.08
74	13.67	12.49	10.21	8.36
75	13.95	12.77	10.47	8.59
76	14.24	13.06	10.71	8.77
77	14.59	13.41	10.97	8.99
78	14.98	13.78	11.27	9.23
79	15.40	14.17	11.58	9.46
80	15.84	14.58	11.90	9.72
81	16.30	15.02	12.22	9.96
82	16.78	15.46	12.56	10.20
83	17.28	15.94	12.91	10.45
84	17.80	16.42	13.31	10.78

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	4.36	4.06	3.44	2.91
40	4.77	4.42	3.77	3.23
41	4.88	4.53	3.88	3.31
42	5.03	4.66	3.97	3.38
43	5.15	4.75	4.06	3.46
44	5.24	4.86	4.12	3.50
45	5.37	4.98	4.23	3.60
46	5.50	5.09	4.30	3.65
47	5.66	5.22	4.42	3.74
48	5.85	5.42	4.55	3.83
49	6.04	5.60	4.69	3.94
50	6.30	5.83	4.85	4.04
51	6.52	6.06	5.01	4.15
52	6.77	6.28	5.21	4.31
53	7.05	6.50	5.38	4.46
54	7.29	6.73	5.58	4.62
55	7.53	6.93	5.75	4.76
56	7.80	7.19	5.95	4.91
57	8.08	7.44	6.18	5.12
58	8.37	7.73	6.37	5.26
59	8.66	8.02	6.61	5.45
60	8.97	8.31	6.85	5.65
61	9.29	8.60	7.10	5.84
62	9.59	8.89	7.33	6.03
63	9.89	9.13	7.54	6.23
64	10.18	9.37	7.74	6.39
65	10.47	9.60	7.92	6.54
66	10.75	9.87	8.14	6.73
67	11.11	10.19	8.38	6.90
68	11.49	10.59	8.71	7.15
69	11.98	11.09	9.06	7.39
70	12.49	11.59	9.42	7.65
71	12.94	12.04	9.75	7.89
72	13.28	12.41	10.03	8.10
73	13.48	12.62	10.18	8.21
74	13.51	12.65	10.21	8.26
75	13.54	12.70	10.22	8.23
76	13.63	12.80	10.30	8.30
77	13.90	13.03	10.50	8.48
78	14.33	13.41	10.83	8.75
79	14.92	13.89	11.25	9.10
80	15.55	14.47	11.73	9.51
81	16.31	15.10	12.27	9.97
82	17.17	15.85	12.90	10.50
83	18.12	16.65	13.60	11.12
84	19.18	17.57	14.38	11.76

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED. PREMIUMS BY 3, 6 AND 12 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

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Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 5 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	5.70	5.37	4.58	3.91
40	6.19	5.82	4.92	4.16
41	6.36	5.99	5.04	4.24
42	6.52	6.13	5.15	4.34
43	6.68	6.29	5.26	4.39
44	6.82	6.43	5.39	4.52
45	7.04	6.59	5.52	4.62
46	7.21	6.76	5.64	4.69
47	7.42	6.93	5.80	4.85
48	7.69	7.18	6.01	5.04
49	7.97	7.44	6.20	5.16
50	8.26	7.73	6.46	5.39
51	8.60	8.03	6.68	5.55
52	8.89	8.30	6.93	5.81
53	9.18	8.57	7.18	6.01
54	9.44	8.87	7.41	6.19
55	9.74	9.17	7.66	6.39
56	10.04	9.46	7.88	6.56
57	10.34	9.76	8.11	6.74
58	10.66	10.09	8.34	6.89
59	11.01	10.40	8.60	7.11
60	11.35	10.73	8.82	7.26
61	11.73	11.07	9.07	7.45
62	12.13	11.42	9.34	7.64
63	12.51	11.76	9.61	7.85
64	12.95	12.12	9.90	8.08
65	13.37	12.48	10.18	8.30
66	13.82	12.86	10.49	8.54
67	14.29	13.29	10.82	8.81
68	14.81	13.77	11.19	9.10
69	15.40	14.29	11.59	9.41
70	15.99	14.82	12.03	9.75
71	16.55	15.38	12.43	10.04
72	17.08	15.86	12.81	10.35
73	17.55	16.30	13.19	10.67
74	17.96	16.71	13.50	10.91
75	18.39	17.09	13.82	11.18
76	18.81	17.51	14.16	11.44
77	19.35	18.01	14.57	11.78
78	19.98	18.56	15.04	12.18
79	20.62	19.16	15.53	12.58
80	21.31	19.80	16.05	13.02
81	22.07	20.48	16.63	13.50
82	22.87	21.23	17.23	14.00
83	23.72	22.00	17.87	14.52
84	24.61	22.82	18.55	15.09

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
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Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$8 DAILY COMMUNITY BASED BENEFIT  
**80% HOME HEALTH CARE BENEFIT**

**BENEFIT -- LIFETIME**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	15.32	14.61	12.09	10.01
40	16.22	15.49	12.83	10.58
41	16.65	15.87	13.16	10.89
42	17.04	16.20	13.49	11.22
43	17.47	16.63	13.84	11.53
44	17.94	17.09	14.20	11.81
45	18.43	17.58	14.61	12.18
46	18.95	18.09	15.07	12.56
47	19.49	18.59	15.49	12.95
48	20.08	19.11	15.98	13.34
49	20.75	19.72	16.46	13.73
50	21.36	20.32	16.95	14.16
51	22.04	20.88	17.43	14.55
52	22.59	21.36	17.80	14.84
53	23.11	21.72	18.17	15.17
54	23.49	22.00	18.33	15.26
55	23.89	22.28	18.58	15.45
56	24.32	22.59	18.81	15.64
57	24.87	23.01	19.10	15.83
58	25.58	23.59	19.56	16.24
59	26.39	24.24	20.08	16.63
60	27.26	24.95	20.61	17.04
61	28.15	25.72	21.21	17.50
62	29.02	26.48	21.84	17.95
63	29.96	27.35	22.44	18.43
64	30.93	28.28	23.15	18.95
65	31.89	29.25	23.85	19.46
66	32.94	30.28	24.65	20.08
67	33.99	31.29	25.40	20.64
68	35.15	32.35	26.34	21.46
69	36.34	33.42	27.29	22.26
70	37.54	34.55	28.23	23.08
71	38.73	35.65	29.21	23.89
72	39.91	36.79	30.15	24.71
73	41.06	37.87	31.04	25.44
74	42.19	38.85	31.89	26.14
75	43.33	39.91	32.77	26.92
76	44.49	41.10	33.67	27.61
77	45.69	42.33	34.67	28.42
78	46.96	43.75	35.76	29.21
79	48.25	45.22	36.87	30.04
80	49.69	46.85	38.08	30.93
81	51.16	48.58	39.39	31.93
82	52.73	50.38	40.73	32.94
83	54.41	52.32	42.19	34.06
84	56.16	54.30	43.71	35.15

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
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Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 1 YEAR**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	2.02	1.90	1.64	1.43
40	2.21	2.05	1.78	1.56
41	2.25	2.09	1.82	1.59
42	2.33	2.16	1.87	1.63
43	2.39	2.22	1.93	1.68
44	2.45	2.28	1.97	1.69
45	2.53	2.35	2.02	1.75
46	2.62	2.43	2.08	1.78
47	2.68	2.52	2.15	1.82
48	2.79	2.61	2.24	1.93
49	2.90	2.73	2.30	1.94
50	3.00	2.84	2.40	2.05
51	3.12	2.96	2.48	2.09
52	3.22	3.08	2.56	2.15
53	3.35	3.19	2.66	2.22
54	3.46	3.31	2.76	2.31
55	3.58	3.42	2.83	2.33
56	3.71	3.54	2.94	2.45
57	3.84	3.67	3.02	2.51
58	3.99	3.80	3.14	2.59
59	4.13	3.93	3.25	2.70
60	4.30	4.08	3.37	2.79
61	4.45	4.23	3.48	2.85
62	4.63	4.40	3.62	2.98
63	4.85	4.58	3.78	3.13
64	5.06	4.75	3.91	3.22
65	5.27	4.96	4.08	3.37
66	5.53	5.15	4.26	3.52
67	5.76	5.38	4.44	3.66
68	6.05	5.62	4.63	3.81
69	6.36	5.90	4.82	3.94
70	6.67	6.19	5.04	4.09
71	6.98	6.49	5.22	4.21
72	7.28	6.74	5.43	4.37
73	7.50	6.96	5.61	4.52
74	7.72	7.14	5.78	4.68
75	7.91	7.35	5.95	4.81
76	8.14	7.56	6.12	4.95
77	8.40	7.80	6.31	5.11
78	8.68	8.07	6.52	5.27
79	9.00	8.38	6.76	5.44
80	9.36	8.72	6.99	5.61
81	9.72	9.06	7.26	5.82
82	10.13	9.43	7.54	6.03
83	10.56	9.82	7.83	6.24
84	10.99	10.25	8.14	6.47

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
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Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 2 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	2.93	2.83	2.44	2.10
40	3.16	3.05	2.62	2.28
41	3.24	3.12	2.68	2.31
42	3.36	3.21	2.77	2.39
43	3.44	3.30	2.83	2.43
44	3.55	3.38	2.90	2.48
45	3.65	3.48	2.97	2.54
46	3.75	3.58	3.06	2.62
47	3.88	3.69	3.14	2.67
48	3.99	3.81	3.22	2.74
49	4.12	3.92	3.31	2.79
50	4.28	4.06	3.42	2.86
51	4.40	4.20	3.53	2.97
52	4.55	4.34	3.66	3.08
53	4.72	4.49	3.77	3.16
54	4.86	4.63	3.89	3.27
55	5.06	4.80	4.04	3.39
56	5.27	4.98	4.17	3.50
57	5.49	5.15	4.34	3.65
58	5.74	5.38	4.51	3.77
59	6.01	5.61	4.69	3.91
60	6.29	5.84	4.86	4.06
61	6.59	6.08	5.05	4.20
62	6.87	6.34	5.23	4.32
63	7.13	6.58	5.41	4.45
64	7.38	6.82	5.57	4.54
65	7.64	7.08	5.74	4.65
66	7.96	7.36	5.93	4.78
67	8.33	7.68	6.19	4.98
68	8.81	8.11	6.54	5.29
69	9.37	8.60	6.93	5.61
70	9.96	9.11	7.38	5.98
71	10.51	9.57	7.79	6.34
72	10.98	9.99	8.13	6.61
73	11.32	10.32	8.42	6.87
74	11.59	10.59	8.66	7.10
75	11.83	10.83	8.88	7.28
76	12.08	11.07	9.07	7.45
77	12.37	11.36	9.30	7.62
78	12.70	11.68	9.57	7.83
79	13.06	12.02	9.81	8.02
80	13.43	12.37	10.10	8.23
81	13.81	12.73	10.37	8.45
82	14.23	13.12	10.65	8.65
83	14.65	13.52	10.95	8.87
84	15.10	13.93	11.27	9.12

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
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MUTUAL OF OMAHA INSURANCE COMPANY  
SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 3 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	3.75	3.48	2.97	2.52
40	4.09	3.81	3.24	2.76
41	4.20	3.90	3.34	2.85
42	4.32	4.00	3.42	2.91
43	4.42	4.09	3.50	2.99
44	4.52	4.19	3.54	3.00
45	4.62	4.28	3.65	3.11
46	4.74	4.37	3.70	3.14
47	4.86	4.50	3.81	3.22
48	5.03	4.66	3.92	3.30
49	5.20	4.82	4.05	3.39
50	5.42	5.00	4.17	3.47
51	5.61	5.21	4.32	3.59
52	5.84	5.39	4.47	3.71
53	6.05	5.60	4.62	3.82
54	6.26	5.78	4.81	3.98
55	6.47	5.99	4.95	4.08
56	6.70	6.19	5.13	4.26
57	6.95	6.41	5.30	4.39
58	7.19	6.64	5.49	4.53
59	7.46	6.90	5.69	4.69
60	7.73	7.15	5.90	4.86
61	7.98	7.42	6.10	5.01
62	8.26	7.64	6.30	5.21
63	8.51	7.87	6.47	5.34
64	8.76	8.07	6.66	5.50
65	9.00	8.27	6.82	5.62
66	9.25	8.49	7.02	5.80
67	9.56	8.76	7.22	5.96
68	9.90	9.12	7.48	6.13
69	10.30	9.52	7.79	6.36
70	10.74	9.98	8.10	6.58
71	11.11	10.36	8.38	6.79
72	11.42	10.67	8.63	6.97
73	11.59	10.84	8.76	7.07
74	11.63	10.90	8.77	7.07
75	11.65	10.93	8.81	7.11
76	11.72	11.01	8.87	7.15
77	11.95	11.20	9.05	7.30
78	12.34	11.53	9.32	7.52
79	12.82	11.95	9.67	7.82
80	13.37	12.43	10.10	8.20
81	14.03	13.00	10.55	8.56
82	14.78	13.63	11.10	9.04
83	15.58	14.34	11.71	9.57
84	16.49	15.11	12.37	10.13

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
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MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX5M

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
**50% HOME HEALTH CARE BENEFIT**

**BENEFIT -- 5 YEARS**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	5.03	4.75	4.04	3.44
40	5.45	5.15	4.34	3.65
41	5.61	5.27	4.45	3.76
42	5.76	5.43	4.55	3.83
43	5.90	5.55	4.63	3.89
44	6.03	5.68	4.76	4.00
45	6.21	5.82	4.86	4.06
46	6.36	5.96	4.98	4.16
47	6.54	6.13	5.13	4.29
48	6.79	6.36	5.31	4.44
49	7.03	6.58	5.47	4.55
50	7.29	6.82	5.70	4.77
51	7.58	7.07	5.91	4.95
52	7.85	7.34	6.13	5.12
53	8.11	7.58	6.34	5.30
54	8.33	7.83	6.53	5.46
55	8.59	8.08	6.76	5.65
56	8.86	8.36	6.96	5.80
57	9.13	8.61	7.16	5.96
58	9.41	8.90	7.37	6.11
59	9.72	9.19	7.57	6.24
60	10.02	9.46	7.79	6.41
61	10.36	9.78	8.00	6.56
62	10.72	10.09	8.23	6.72
63	11.06	10.38	8.49	6.93
64	11.43	10.70	8.73	7.12
65	11.82	11.02	8.99	7.34
66	12.21	11.36	9.26	7.56
67	12.63	11.74	9.55	7.76
68	13.09	12.16	9.87	8.02
69	13.58	12.62	10.24	8.31
70	14.12	13.10	10.61	8.60
71	14.62	13.57	10.96	8.86
72	15.09	14.01	11.32	9.14
73	15.50	14.40	11.63	9.40
74	15.86	14.74	11.91	9.63
75	16.24	15.10	12.19	9.84
76	16.62	15.47	12.50	10.10
77	17.09	15.90	12.86	10.40
78	17.63	16.39	13.27	10.75
79	18.20	16.93	13.71	11.10
80	18.83	17.48	14.18	11.51
81	19.49	18.09	14.70	11.94
82	20.21	18.73	15.23	12.37
83	20.95	19.42	15.78	12.81
84	21.74	20.15	16.38	13.32

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX5M

PER \$10 DAILY CONFINED CARE/PER \$5 DAILY COMMUNITY BASED BENEFIT  
 50% HOME HEALTH CARE BENEFIT

**BENEFIT -- LIFETIME**

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	13.90	13.24	10.95	9.06
40	14.67	14.03	11.64	9.65
41	15.07	14.35	11.94	9.92
42	15.45	14.69	12.19	10.14
43	15.83	15.07	12.53	10.40
44	16.20	15.47	12.86	10.70
45	16.65	15.90	13.27	11.03
46	17.17	16.35	13.68	11.41
47	17.66	16.84	14.03	11.68
48	18.17	17.31	14.43	12.03
49	18.81	17.83	14.91	12.46
50	19.34	18.37	15.33	12.80
51	19.92	18.89	15.78	13.16
52	20.46	19.34	16.12	13.43
53	20.91	19.68	16.43	13.69
54	21.27	19.93	16.60	13.83
55	21.62	20.17	16.79	13.99
56	22.00	20.46	16.98	14.14
57	22.52	20.86	17.29	14.32
58	23.15	21.38	17.72	14.69
59	23.89	21.95	18.18	15.06
60	24.65	22.58	18.66	15.42
61	25.50	23.25	19.23	15.87
62	26.28	24.00	19.79	16.28
63	27.12	24.75	20.32	16.69
64	28.01	25.62	20.97	17.17
65	28.88	26.48	21.61	17.61
66	29.84	27.41	22.28	18.17
67	30.78	28.34	23.01	18.69
68	31.79	29.29	23.83	19.38
69	32.90	30.28	24.68	20.12
70	33.96	31.26	25.57	20.91
71	35.05	32.28	26.43	21.64
72	36.13	33.32	27.27	22.35
73	37.17	34.26	28.11	23.01
74	38.18	35.19	28.88	23.68
75	39.22	36.13	29.68	24.38
76	40.28	37.17	30.49	25.01
77	41.35	38.34	31.37	25.66
78	42.52	39.59	32.38	26.48
79	43.71	40.95	33.39	27.25
80	44.94	42.42	34.48	28.01
81	46.33	43.98	35.68	28.91
82	47.72	45.60	36.88	29.84
83	49.24	47.34	38.18	30.81
84	50.85	49.13	39.54	31.79

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS,  
 MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12,  
 RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN  
 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.  
 R25387-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM NH50

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 1 YEAR**

IssueAge	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	0.67	0.64	0.60	0.55
40	0.69	0.66	0.61	0.55
41	0.71	0.68	0.62	0.58
42	0.75	0.70	0.64	0.59
43	0.78	0.74	0.67	0.60
44	0.81	0.77	0.68	0.61
45	0.84	0.79	0.70	0.61
46	0.89	0.84	0.74	0.66
47	0.93	0.87	0.77	0.67
48	0.98	0.92	0.79	0.69
49	1.02	0.97	0.84	0.72
50	1.08	1.02	0.87	0.74
51	1.15	1.08	0.92	0.78
52	1.23	1.15	0.97	0.82
53	1.30	1.23	1.02	0.85
54	1.38	1.30	1.08	0.91
55	1.47	1.37	1.15	0.97
56	1.58	1.46	1.24	1.05
57	1.69	1.56	1.32	1.13
58	1.82	1.68	1.41	1.20
59	1.96	1.81	1.53	1.29
60	2.10	1.94	1.64	1.38
61	2.31	2.10	1.78	1.51
62	2.53	2.32	1.93	1.62
63	2.79	2.56	2.12	1.76
64	3.09	2.85	2.32	1.89
65	3.44	3.14	2.53	2.04
66	3.82	3.48	2.79	2.23
67	4.23	3.88	3.08	2.45
68	4.69	4.28	3.40	2.71
69	5.18	4.69	3.75	2.99
70	5.70	5.15	4.12	3.30
71	6.30	5.67	4.55	3.66
72	6.96	6.27	5.05	4.07
73	7.71	6.95	5.61	4.52
74	8.52	7.71	6.23	5.04
75	9.41	8.52	6.89	5.58
76	10.34	9.41	7.61	6.16
77	11.35	10.33	8.37	6.77
78	12.41	11.32	9.18	7.43
79	13.55	12.36	10.04	8.14
80	14.74	13.47	10.93	8.87
81	16.01	14.63	11.88	9.64
82	17.32	15.84	12.87	10.47
83	18.71	17.11	13.92	11.32
84	20.16	18.43	15.02	12.22

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE .

R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM NH50

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 2 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 day	100 Day	365 Day
18-39	0.84	0.81	0.70	0.61
40	0.87	0.84	0.72	0.62
41	0.91	0.86	0.76	0.67
42	0.95	0.90	0.78	0.69
43	1.00	0.94	0.82	0.71
44	1.05	0.99	0.84	0.72
45	1.10	1.04	0.87	0.74
46	1.16	1.09	0.91	0.76
47	1.24	1.15	0.95	0.79
48	1.30	1.23	1.01	0.83
49	1.38	1.30	1.07	0.87
50	1.46	1.37	1.13	0.93
51	1.55	1.46	1.21	1.00
52	1.66	1.56	1.30	1.08
53	1.79	1.68	1.40	1.17
54	1.93	1.81	1.51	1.25
55	2.08	1.93	1.63	1.37
56	2.27	2.09	1.77	1.51
57	2.46	2.28	1.93	1.63
58	2.69	2.47	2.09	1.76
59	2.92	2.69	2.28	1.93
60	3.20	2.93	2.47	2.09
61	3.51	3.22	2.71	2.28
62	3.89	3.55	2.97	2.48
63	4.32	3.96	3.27	2.70
64	4.81	4.40	3.58	2.91
65	5.32	4.89	3.93	3.16
66	5.95	5.44	4.35	3.46
67	6.65	6.07	4.83	3.84
68	7.43	6.76	5.38	4.29
69	8.30	7.52	6.01	4.81
70	9.25	8.35	6.70	5.39
71	10.27	9.26	7.45	6.01
72	11.37	10.25	8.27	6.68
73	12.55	11.30	9.14	7.39
74	13.77	12.44	10.06	8.14
75	15.07	13.66	11.05	8.95
76	16.48	14.98	12.12	9.81
77	18.02	16.41	13.28	10.75
78	19.69	17.95	14.55	11.79
79	21.47	19.58	15.89	12.89
80	23.37	21.33	17.31	14.04
81	25.38	23.17	18.84	15.31
82	27.50	25.13	20.44	16.62
83	29.74	27.19	22.11	17.97
84	32.09	29.35	23.89	19.44

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM NH50

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.04	0.95	0.79	0.67
40	1.07	0.99	0.83	0.69
41	1.13	1.02	0.85	0.71
42	1.17	1.07	0.90	0.74
43	1.24	1.13	0.93	0.77
44	1.30	1.18	0.98	0.82
45	1.36	1.25	1.01	0.83
46	1.44	1.32	1.07	0.87
47	1.53	1.40	1.13	0.91
48	1.61	1.48	1.20	0.97
49	1.71	1.58	1.28	1.04
50	1.82	1.67	1.35	1.08
51	1.94	1.78	1.43	1.14
52	2.08	1.91	1.53	1.24
53	2.24	2.05	1.64	1.33
54	2.40	2.21	1.78	1.44
55	2.59	2.37	1.92	1.55
56	2.79	2.56	2.07	1.68
57	3.05	2.79	2.27	1.83
58	3.32	3.04	2.45	1.99
59	3.61	3.31	2.67	2.14
60	3.94	3.62	2.91	2.33
61	4.34	3.98	3.20	2.56
62	4.80	4.40	3.52	2.81
63	5.32	4.86	3.90	3.14
64	5.89	5.36	4.34	3.50
65	6.53	5.92	4.81	3.89
66	7.27	6.57	5.32	4.32
67	8.12	7.34	5.92	4.78
68	9.06	8.21	6.56	5.23
69	10.11	9.19	7.25	5.72
70	11.25	10.27	7.99	6.22
71	12.51	11.43	8.83	6.82
72	13.88	12.71	9.78	7.52
73	15.38	14.09	10.84	8.36
74	17.00	15.56	12.03	9.29
75	18.72	17.15	13.29	10.30
76	20.55	18.79	14.64	11.40
77	22.48	20.53	16.03	12.52
78	24.52	22.33	17.48	13.69
79	26.67	24.21	19.01	14.93
80	28.91	26.16	20.59	16.19
81	31.26	28.20	22.23	17.51
82	33.73	30.30	23.95	18.93
83	36.28	32.49	25.74	20.39
84	38.96	34.76	27.58	21.88

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.



Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR POLICY FORM NH50

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 5 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.24	1.15	0.92	0.74
40	1.29	1.18	0.95	0.78
41	1.35	1.25	0.99	0.78
42	1.41	1.31	1.04	0.82
43	1.47	1.38	1.08	0.85
44	1.55	1.45	1.14	0.90
45	1.64	1.53	1.21	0.95
46	1.75	1.61	1.29	1.02
47	1.85	1.71	1.36	1.08
48	1.97	1.82	1.45	1.15
49	2.08	1.93	1.53	1.22
50	2.22	2.05	1.63	1.30
51	2.38	2.19	1.75	1.39
52	2.55	2.36	1.87	1.50
53	2.75	2.54	2.04	1.63
54	2.97	2.75	2.21	1.76
55	3.21	2.97	2.39	1.93
56	3.48	3.23	2.60	2.09
57	3.80	3.52	2.84	2.29
58	4.12	3.83	3.08	2.47
59	4.49	4.17	3.34	2.67
60	4.89	4.53	3.60	2.86
61	5.35	4.97	3.94	3.13
62	5.91	5.47	4.35	3.46
63	6.56	6.05	4.82	3.84
64	7.27	6.68	5.35	4.29
65	8.05	7.38	5.93	4.77
66	8.95	8.19	6.59	5.30
67	9.97	9.10	7.34	5.91
68	11.11	10.11	8.15	6.58
69	12.34	11.21	9.03	7.27
70	13.70	12.43	9.99	8.04
71	15.18	13.78	11.06	8.89
72	16.81	15.25	12.22	9.80
73	18.60	16.88	13.49	10.79
74	20.52	18.63	14.86	11.85
75	22.57	20.52	16.32	12.98
76	24.76	22.52	17.89	14.21
77	27.07	24.63	19.55	15.51
78	29.52	26.86	21.31	16.92
79	32.09	29.21	23.16	18.38
80	34.78	31.67	25.12	19.93
81	37.62	34.25	27.17	21.56
82	40.57	36.95	29.33	23.26
83	43.65	39.77	31.58	25.08
84	46.86	42.70	33.91	26.94

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE DF MONTHLY RATES FOR POLICY FORM NH50

PER \$10 DAILY CONFINED CARE BENEFIT

<b>BENEFITS -- LIFETIME</b>				
Issue Age	<b>ELIMINATION PERIODS</b>			
	<b>0 Day</b>	<b>20 Day</b>	<b>100 Day</b>	<b>365 Day</b>
18-39	3.03	2.88	2.27	1.77
40	3.14	3.00	2.36	1.87
41	3.30	3.14	2.47	1.97
42	3.49	3.30	2.62	2.05
43	3.71	3.52	2.77	2.18
44	3.93	3.77	3.00	2.35
45	4.23	4.04	3.21	2.54
46	4.52	4.35	3.44	2.73
47	4.82	4.64	3.69	2.92
48	5.19	4.93	3.92	3.10
49	5.57	5.26	4.18	3.34
50	5.92	5.60	4.44	3.52
51	6.36	5.91	4.74	3.77
52	6.78	6.29	5.02	4.01
53	7.19	6.63	5.32	4.29
54	7.53	6.98	5.62	4.52
55	7.96	7.32	5.92	4.82
56	8.49	7.77	6.32	5.16
57	9.09	8.33	6.78	5.50
58	9.83	8.95	7.28	5.91
59	10.65	9.68	7.79	6.29
60	11.55	10.46	8.41	6.78
61	12.63	11.41	9.16	7.36
62	13.92	12.59	10.06	8.04
63	15.42	13.92	11.12	8.90
64	17.06	15.45	12.31	9.83
65	18.92	17.14	13.70	10.96
66	20.95	19.03	15.21	12.15
67	23.21	21.08	16.84	13.43
68	25.66	23.34	18.59	14.80
69	28.31	25.74	20.42	16.19
70	31.18	28.41	22.43	17.72
71	34.29	31.26	24.65	19.44
72	37.70	34.40	27.04	21.29
73	41.44	37.84	29.74	23.36
74	45.40	41.47	32.60	25.61
75	49.69	45.40	35.69	28.04
76	54.20	49.63	38.97	30.62
77	58.98	54.14	42.52	33.42
78	64.06	58.97	46.33	36.39
79	69.37	64.07	50.35	39.56
80	74.97	69.48	54.60	42.90
81	80.86	75.21	59.10	46.42
82	87.03	81.19	63.80	50.12
83	93.42	87.50	68.77	54.03
84	100.11	94.08	73.94	58.07

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX6M

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 1 YEAR**

IssueAge	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	1.00	0.95	0.89	0.83
40	1.04	0.98	0.91	0.85
41	1.07	1.00	0.93	0.86
42	1.09	1.05	0.95	0.86
43	1.13	1.07	0.97	0.89
44	1.17	1.09	0.99	0.90
45	1.21	1.13	1.02	0.93
46	1.25	1.17	1.04	0.92
47	1.31	1.23	1.07	0.94
48	1.38	1.30	1.13	0.97
49	1.46	1.37	1.17	1.00
50	1.53	1.45	1.23	1.05
51	1.62	1.53	1.30	1.09
52	1.70	1.61	1.36	1.13
53	1.77	1.67	1.41	1.20
54	1.86	1.74	1.47	1.24
55	1.93	1.82	1.53	1.28
56	2.01	1.87	1.59	1.33
57	2.12	1.96	1.64	1.39
58	2.21	2.05	1.71	1.44
59	2.32	2.13	1.81	1.53
60	2.43	2.22	1.87	1.58
61	2.53	2.33	1.94	1.63
62	2.67	2.44	2.04	1.70
63	2.78	2.55	2.10	1.75
64	2.91	2.65	2.16	1.77
65	3.02	2.79	2.25	1.82
66	3.17	2.92	2.33	1.85
67	3.36	3.07	2.45	1.94
68	3.57	3.25	2.59	2.06
69	3.81	3.46	2.76	2.21
70	4.07	3.68	2.97	2.39
71	4.32	3.90	3.15	2.55
72	4.55	4.09	3.31	2.67
73	4.72	4.26	3.45	2.79
74	4.86	4.40	3.54	2.86
75	4.99	4.53	3.66	2.96
76	5.15	4.67	3.77	3.04
77	5.30	4.82	3.90	3.15
78	5.50	4.98	4.05	3.29
79	5.67	5.18	4.19	3.38
80	5.88	5.37	4.35	3.53
81	6.07	5.55	4.52	3.69
82	6.30	5.77	4.69	3.83
83	6.53	5.98	4.86	3.97
84	6.77	6.21	5.06	4.12

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE .

R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX6M

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 2 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 day	100 Day	365 Day
18-39	1.62	1.54	1.35	1.17
40	1.67	1.59	1.39	1.21
41	1.73	1.64	1.43	1.24
42	1.79	1.70	1.47	1.29
43	1.86	1.76	1.52	1.30
44	1.93	1.82	1.55	1.32
45	2.00	1.90	1.60	1.36
46	2.10	1.97	1.64	1.37
47	2.19	2.06	1.70	1.40
48	2.28	2.14	1.78	1.48
49	2.38	2.23	1.86	1.55
50	2.48	2.35	1.94	1.62
51	2.61	2.45	2.05	1.70
52	2.74	2.56	2.14	1.78
53	2.86	2.70	2.25	1.87
54	3.02	2.83	2.38	2.00
55	3.20	2.97	2.51	2.10
56	3.35	3.13	2.62	2.21
57	3.54	3.27	2.77	2.35
58	3.71	3.44	2.91	2.45
59	3.93	3.60	3.04	2.56
60	4.12	3.78	3.20	2.70
61	4.35	3.98	3.32	2.78
62	4.58	4.19	3.48	2.91
63	4.81	4.39	3.62	2.99
64	5.04	4.60	3.77	3.08
65	5.28	4.84	3.90	3.14
66	5.55	5.09	4.06	3.24
67	5.89	5.38	4.29	3.42
68	6.30	5.75	4.58	3.65
69	6.77	6.15	4.92	3.93
70	7.28	6.59	5.28	4.23
71	7.76	6.99	5.64	4.53
72	8.17	7.35	5.93	4.78
73	8.45	7.62	6.15	4.97
74	8.67	7.83	6.34	5.13
75	8.87	8.03	6.50	5.26
76	9.07	8.26	6.67	5.38
77	9.36	8.52	6.90	5.59
78	9.72	8.86	7.16	5.81
79	10.12	9.23	7.49	6.07
80	10.56	9.64	7.82	6.36
81	11.02	10.09	8.18	6.64
82	11.55	10.56	8.57	6.95
83	12.11	11.05	9.00	7.34
84	12.70	11.59	9.44	7.68

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12, RESPECTIVELY. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX6M

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 3 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	2.33	2.12	1.76	1.47
40	2.40	2.20	1.82	1.51
41	2.47	2.28	1.89	1.58
42	2.56	2.35	1.94	1.61
43	2.63	2.43	2.00	1.66
44	2.73	2.51	2.05	1.66
45	2.82	2.56	2.10	1.73
46	2.91	2.66	2.17	1.78
47	3.01	2.76	2.24	1.82
48	3.14	2.86	2.32	1.87
49	3.25	2.98	2.40	1.93
50	3.40	3.12	2.51	2.02
51	3.54	3.24	2.62	2.12
52	3.71	3.39	2.74	2.20
53	3.85	3.54	2.85	2.29
54	4.03	3.67	2.97	2.40
55	4.21	3.83	3.11	2.51
56	4.40	4.00	3.25	2.66
57	4.60	4.19	3.40	2.77
58	4.82	4.40	3.57	2.89
59	5.05	4.62	3.74	3.02
60	5.31	4.86	3.91	3.14
61	5.55	5.12	4.09	3.28
62	5.85	5.38	4.30	3.45
63	6.14	5.64	4.52	3.63
64	6.47	5.90	4.75	3.84
65	6.81	6.16	4.99	4.05
66	7.16	6.47	5.27	4.28
67	7.57	6.84	5.53	4.47
68	8.06	7.29	5.84	4.69
69	8.60	7.81	6.18	4.88
70	9.18	8.37	6.53	5.09
71	9.75	8.91	6.88	5.31
72	10.26	9.38	7.22	5.55
73	10.70	9.79	7.53	5.80
74	11.07	10.15	7.83	6.04
75	11.47	10.50	8.13	6.30
76	11.86	10.84	8.43	6.56
77	12.32	11.25	8.77	6.85
78	12.83	11.68	9.14	7.15
79	13.37	12.14	9.52	7.48
80	13.96	12.63	9.94	7.82
81	14.58	13.14	10.38	8.20
82	15.23	13.69	10.81	8.54
83	15.92	14.25	11.28	8.92
84	16.63	14.82	11.75	9.30

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R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM ODX6M

PER \$10 DAILY CONFINED CARE BENEFIT

**BENEFIT -- 5 YEARS**

Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	3.02	2.82	2.28	1.83
40	3.12	2.91	2.31	1.83
41	3.21	2.99	2.38	1.89
42	3.32	3.08	2.45	1.93
43	3.44	3.20	2.53	2.00
44	3.57	3.31	2.62	2.08
45	3.71	3.43	2.73	2.16
46	3.83	3.58	2.82	2.22
47	4.00	3.70	2.94	2.33
48	4.16	3.84	3.05	2.42
49	4.32	4.00	3.17	2.52
50	4.49	4.15	3.30	2.62
51	4.67	4.32	3.44	2.74
52	4.88	4.51	3.59	2.85
53	5.09	4.72	3.76	2.99
54	5.32	4.92	3.94	3.17
55	5.57	5.16	4.14	3.31
56	5.83	5.41	4.35	3.50
57	6.08	5.66	4.55	3.66
58	6.36	5.90	4.75	3.83
59	6.65	6.15	4.93	3.97
60	6.93	6.43	5.14	4.11
61	7.26	6.73	5.35	4.26
62	7.61	7.05	5.59	4.43
63	7.99	7.37	5.88	4.69
64	8.40	7.73	6.19	4.95
65	8.84	8.11	6.50	5.21
66	9.30	8.50	6.87	5.54
67	9.83	8.95	7.22	5.83
68	10.40	9.46	7.62	6.14
69	11.04	10.04	8.08	6.53
70	11.71	10.63	8.54	6.88
71	12.34	11.20	8.99	7.21
72	12.94	11.73	9.41	7.53
73	13.44	12.18	9.75	7.81
74	13.88	12.60	10.06	8.03
75	14.31	13.00	10.36	8.26
76	14.75	13.41	10.65	8.46
77	15.27	13.89	11.02	8.75
78	15.84	14.41	11.42	9.06
79	16.43	14.95	11.87	9.41
80	17.08	15.55	12.34	9.79
81	17.74	16.17	12.82	10.18
82	18.46	16.81	13.34	10.59
83	19.21	17.50	13.89	11.02
84	19.99	18.20	14.48	11.52

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R25388-36-4

Date: 01/27/2016

MUTUAL OF OMAHA INSURANCE COMPANY  
 SCHEDULE DF MONTHLY RATES FOR RIDER FORM ODX6M

PER \$10 DAILY CONFINED CARE BENEFIT

Issue Age	BENEFITS -- LIFETIME			
	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	7.81	7.40	5.79	4.50
40	8.00	7.62	5.91	4.61
41	8.24	7.81	6.13	4.82
42	8.52	8.08	6.37	5.02
43	8.83	8.42	6.66	5.26
44	9.25	8.86	6.99	5.54
45	9.68	9.32	7.36	5.80
46	10.14	9.72	7.70	6.13
47	10.58	10.14	8.05	6.39
48	11.03	10.55	8.38	6.66
49	11.53	10.89	8.67	6.89
50	11.97	11.27	9.00	7.18
51	12.44	11.58	9.27	7.40
52	12.84	11.89	9.56	7.67
53	13.13	12.11	9.76	7.86
54	13.38	12.30	9.94	8.04
55	13.53	12.44	10.13	8.20
56	13.81	12.67	10.31	8.41
57	14.16	12.95	10.57	8.63
58	14.59	13.30	10.84	8.83
59	15.12	13.73	11.15	9.06
60	15.71	14.26	11.49	9.25
61	16.37	14.84	11.88	9.50
62	17.12	15.45	12.35	9.88
63	17.92	16.22	12.95	10.33
64	18.81	17.04	13.60	10.89
65	19.79	17.94	14.33	11.45
66	20.82	18.89	15.12	12.09
67	21.94	19.92	15.90	12.69
68	23.10	21.02	16.72	13.28
69	24.41	22.22	17.61	13.98
70	25.73	23.45	18.58	14.69
71	27.03	24.65	19.41	15.29
72	28.17	25.73	20.22	15.87
73	29.13	26.60	20.91	16.43
74	29.92	27.35	21.51	16.87
75	30.66	28.11	22.06	17.29
76	31.48	28.84	22.69	17.83
77	32.43	29.76	23.41	18.43
78	33.52	30.88	24.26	19.07
79	34.71	32.04	25.20	19.79
80	36.01	33.35	26.19	20.58
81	37.32	34.70	27.26	21.43
82	38.73	36.15	28.41	22.28
83	40.27	37.73	29.62	23.25
84	41.84	39.39	30.90	24.26

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R25388-36-4

SERFF Tracking #:

MUTA-130415826

State Tracking #:

MUTA-130415826

Company Tracking #:

LAFOND

State:

Pennsylvania

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Mutual of Omaha - 2016 LTCi Rate Increase

Project Name/Number:

2016 LTCi/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Cover Letter (PA).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Certification (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Certification - Pennsylvania.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Explanatory Information (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memorandum (PA).pdf Exhibit 1 - Average Annual Premium.pdf Exhibit 2 - Rate Increase History.pdf Exhibit 3 - Lifetime Experience Projection.pdf Exhibit 4 - Updated Projections.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Advertisements (A&H)
<b>Bypass Reason:</b>	not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Authorization to File (A&H)
<b>Bypass Reason:</b>	not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Insert Page Explanation (A&H)
<b>Bypass Reason:</b>	not applicable



SERFF Tracking #:

MUTA-130415826

State Tracking #:

MUTA-130415826

Company Tracking #:

LAFOND

State: Pennsylvania

Filing Company: Mutual of Omaha Insurance Company

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

Product Name: Mutual of Omaha - 2016 LTCi Rate Increase

Project Name/Number: 2016 LTCi/

<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Rate Table (A&H)
<b>Bypass Reason:</b>	not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Replacement Form with Highlighted Changes (A&H)
<b>Bypass Reason:</b>	not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Reserve Calculation (A&H)
<b>Comments:</b>	The reserve information is included in the Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Variability Explanation (A&H)
<b>Bypass Reason:</b>	not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



January 27, 2016

Department of Insurance  
1311 Strawberry Square  
Harrisburg, PA 17120

**RE: NAIC #: 261-71412/ MUTUAL OF OMAHA INSURANCE COMPANY  
FEIN #: 47-0246511**

**SUBMISSION  
RATE INCREASE FILING  
LONG TERM CARE INSURANCE POLICIES**

**FORM NUMBERS: LT50, 0DX5M, NH50, 0DX6M, HCA, HCAQ, NHA, NHAQ, LTA and  
LTAQ**

The enclosed filing has been prepared to request approval for an overall rate increase of 12.5% with a target implementation date of August 1, 2016. Enclosed are revised rate schedules that reflect this change. The actuarial memorandum and certification support our requested changes.

We do plan to administer this rate increase in accordance with your state regulations regarding contingent benefits upon lapse.

We appreciate your time and consideration in the review of this filing.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey O. LaFond".

Jeffrey O. LaFond  
Lead Actuarial Analyst  
6 – DI-LTC-Other Health Product Performance  
Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

Phone: (402) 351-3799  
Fax: (402) 351-2465  
E-mail: [jeff.lafond@mutualofomaha.com](mailto:jeff.lafond@mutualofomaha.com)

**Mutual of Omaha Companies** • MUTUAL OF OMAHA PLAZA • OMAHA, NE 68175 • 402-342-7600

Actuarial Certification  
for  
Long-Term Care Policies HCA, HCAQ, NHA, NHAQ, LTA, LTAQ and Riders  
for  
Policies Issued On and After September 16, 2002

I, Adam Walling, am the LTC Product Performance Director at Mutual of Omaha Insurance Company and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums.

Rather than requesting a higher rate increase amount to cover moderately adverse experience, we have chosen to limit this rate increase amount and closely monitor our future experience before taking further action.

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.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, this premium rate filing is in compliance with the filing requirements and the loss ratio standards of this state.

Renewal premium rate schedules are not greater than the new business premium rates of those forms currently being marketed, where applicable, except for differences attributable to benefits.



Adam Walling, FSA, MAAA  
LTC Product Performance Director  
Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
  
(402) 351-3861  
Adam.Walling@mutualofomaha.com

January 27, 2016

# Mutual of Omaha Insurance Company

## ACTUARIAL JUSTIFICATION OF PREMIUM RATES

### Long-Term Care and Home Health Care Policies

#### Pennsylvania

#### 1. PURPOSE OF FILING

This is a rate increase filing for existing Long-Term Care and Home Health Care policy forms. The purpose of this filing is to demonstrate that the anticipated loss ratio of these forms meets the minimum requirements of this state and to provide updated projections following the rate increase that was implemented in 2015. This is the first of the three required filings. The updated projections are displayed in Exhibits 4A through 4C. This rate filing is not intended to be used for any other purposes.

#### 2. SCOPE OF FILING

This filing applies to the Company's Long-Term Care and Home Health Care policy forms as summarized below. These forms provide daily benefits for long term treatment in various settings when the insured meets policy benefit qualification requirements. All forms included in this filing are Individual policies that are guaranteed renewable. These policies were fully underwritten and were issue age rated. These policies were sold by agents and brokers.

The policy forms included in this filing, along with their respective issue dates (for the majority of the states) and issue age limits, are displayed below:

<u>Policy Form</u>	<u>Issue Dates</u>		<u>Issue Age Limits</u>
	<u>From</u>	<u>To</u>	
NH50	1997	2000	18 to 84
LT50	1997	2004	18 to 84
HCA	1998	2002	18 to 84
HCAQ	1998	2002	18 to 84
LTA	1998	2004	18 to 84 (changed to 18 to 79 in 2003)
LTAQ	1998	2004	18 to 84 (changed to 18 to 79 in 2003)
NHA	1998	2004	18 to 84 (changed to 18 to 79 in 2003)
NHAQ	1998	2004	18 to 84 (changed to 18 to 79 in 2003)

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, 2014, are displayed in Exhibit 1. Exhibit 1 also shows the average annual premium before and after the proposed rate increase.

#### 3. REASON FOR RATE INCREASE REQUEST

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly a result of higher lifetime benefit claim costs.

Mutual of Omaha has been evaluating this LTCi block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, experience has been significantly worse than original pricing. Lifetime benefit updated claim costs, ultimate lapse rates and mortality rates have had the most significant deviation from pricing. The combined effect of changing the underlying claim costs to better reflect actual experience, as well as nationwide data, and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, Mutual of Omaha is requesting a rate increase in order to maintain the viability and financial stability of the policy forms.

Some of the forms in this filing received a rate revision in 2003. A follow-up rate increase was filed in 2007 in those states that did not approve the entire rate increase that was requested in 2003 to bring those states to the national rate level. Also, an additional rate increase was filed in 2011 with a follow up increase in 2012 for policies with lifetime benefits, as summarized in Exhibit 2. We have closely monitored the experience of this block of business. During our analysis, we noticed that the experience of our lifetime benefit periods was deviating from the then current industry experience. We received an updated industry experience table from Milliman in early 2013 and fully incorporated the data into our projections and models during 2013. At this time, we recognized that the experience of this block was still deviating from industry experience, and that the industry was having the same issue with lifetime benefit periods that we are experiencing. We are requesting the increase at this time due to the updated morbidity assumptions from the current industry table.

#### 4. RATE INCREASE HISTORY

The National and Pennsylvania rate increase history by form is displayed in Exhibit 2.

#### 5. PROJECTION ASSUMPTIONS

##### Interest

A 4.5% effective annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience.

##### Lapse Rates

Mutual of Omaha reviews its persistency assumptions on a yearly basis to monitor for any changes in lapse rates. As 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. The ultimate lapse rates by attained age group, since all policies are at least in policy duration 10, as displayed below:

		Attained Age							
		0 - 49	50 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	
Non-Lifetime BP	Married	Inflation	1.1%	1.1%	1.0%	0.8%	0.8%	0.8%	0.8%
		No Inflation	1.9%	1.9%	1.6%	1.3%	1.3%	1.4%	1.8%
	Single	Inflation	1.8%	1.9%	1.6%	1.3%	1.3%	1.4%	1.6%
		No Inflation	3.3%	3.3%	2.9%	2.4%	2.4%	2.5%	3.3%
Lifetime BP	Married	Inflation	0.6%	0.6%	0.6%	0.4%	0.4%	0.4%	0.5%
		No Inflation	1.1%	1.1%	1.0%	0.8%	0.8%	0.8%	0.9%
	Single	Inflation	1.1%	1.1%	1.0%	0.8%	0.8%	0.8%	0.9%
		No Inflation	1.9%	2.0%	1.8%	1.4%	1.3%	1.4%	1.6%

##### Mortality

Mortality rates are derived using the Annuity 2000 Basic table. Selection factors grade from 40% to 100% over 12 years. Generational mortality improvement of 1% per year and future mortality 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.

##### Morbidity Assumption Updates

The Milliman 2011 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 15 million life years of exposure and over \$10.5 billion of incurred claims. In 2013, Milliman reviewed our actual experience and compared it against their expected industry experience. In 2014, Mutual of Omaha performed a comprehensive claim study on the policy forms mentioned in this filing. Below are our key findings.

1. Overall, Mutual of Omaha's claim costs align with Milliman claim costs. We continue to see worse experience overall on the lifetime benefit period policies compared to the Milliman Guidelines while those with non-lifetime benefit periods are somewhat better. Some adjustments were made to the Milliman

Guidelines based off of the actual to expected analysis. 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.

2. The Milliman 2011 Guidelines also reflect a significant increase over the Milliman 2009 Guidelines in expected claim costs for lifetime benefits, especially with regards to length of stay or continuance. Mutual of Omaha's experience follows this nationwide trend. Other benefit period claim costs did not experience much of an increase and reflect that the increase in continuance was mainly offset with the decrease in incidence and utilization.

#### Rate increase

Projected future earned premiums that include the proposed rate increase amounts, as noted in Section 11, assume a 08/01/2016 effective date.

### 6. POLICY RESERVES

The valuation basis for contract reserves which generates the net valuation premium for renewal years is: one-year preliminary term using pricing claim costs @ 4.5% and 1994 GAM with gender weighted by expected distribution by issue age with selection factors grading from 0.40 to 1.00 over 10 years. Terminations, other than mortality, do not exceed:

- a) For policy year one through four, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 8%;
- b) For policy years five and later, the lesser of 100% of the voluntary lapse rate used in the calculation of gross premiums and 4%.

### 7. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio is 60%.

### 8. HISTORICAL EXPERIENCE

The nationwide experience exhibits for the Non-Lifetime Benefit Periods, Lifetime Benefit Period, and all Benefit Periods combined, since inception through June 30, 2015, are shown in Exhibits 3A through 3C. The premiums in Exhibits 3A through 3C assume that all policyholders, on a nationwide basis, are paying the premium levels approved by your state. The Florida experience for Form HCA has been excluded from the historical experience as Form HCA in Florida was sold as a Home Health Care only contract, and Florida has a different premium structure than the rest of the country. The addition of the Florida Home Health Care experience would increase the loss ratio further.

### 9. PROJECTED FUTURE EXPERIENCE

Future experience, which has been projected both with and without the requested rate increase using the assumptions described in Section 5, is shown in Exhibits 3A through 3C. Separate exhibits have been completed for the Non-Lifetime Benefit Periods (Exhibit 3A), the Lifetime Benefit Period (Exhibit 3B), and all Benefit Periods combined (Exhibit 3C).

### 10. LIFETIME ANTICIPATED LOSS RATIO

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. Please note that the majority of the National business was issued prior to rate stabilization. These values are displayed in Exhibits 3A through 3C. See below for a summary of the maximum allowable rate increases that would still meet the minimum loss ratio requirements. The proposed rate increase is shown in section 11.

### Non-Lifetime Benefit Periods

A rate increase of 32.2% is needed on a going forward basis, for the Non-Lifetime Benefit periods, to bring the future loss ratio in line with expectations.

Experience Period	Earned Premium	Incurred Claims	Actual Loss Ratios	Pricing Loss Ratios
Past	590,600,610	246,707,423	41.8%	52.2%
Future	217,408,889	388,292,276	178.6%	178.6%
Lifetime	808,009,499	634,999,699	78.6%	63.0%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after the implementation of any rate increase less than 32.2%.

### Lifetime Benefit Periods

A rate increase of 94.5% is needed on a going forward basis, for the Lifetime Benefit period, to bring the future loss ratio in line with expectations.

Experience Period	Earned Premium	Incurred Claims	Actual Loss Ratios	Pricing Loss Ratios
Past	908,227,237	505,259,019	55.6%	52.4%
Future	675,951,423	1,203,869,484	178.1%	178.1%
Lifetime	1,584,178,660	1,709,128,502	107.9%	62.9%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after the implementation of any rate increase less than 94.5%.

### All Benefit Periods Combined

An overall rate increase of 74.4% is needed on a going forward basis, for all benefit periods combined, to bring the future loss ratio in line with expectations.

Experience Period	Earned Premium	Incurred Claims	Actual Loss Ratios	Pricing Loss Ratios
Past	1,498,827,848	751,966,442	50.2%	52.3%
Future	892,967,896	1,592,161,759	178.3%	178.3%
Lifetime	2,391,795,744	2,344,128,201	98.0%	62.9%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after the implementation of any rate increase less than 74.4%.

## 11. SUMMARY OF PROPOSED RATE INCREASE

Although a rate increase of 74.4% is needed to bring the future loss ratio in line with expectations, we are requesting a rate increase to be implemented as summarized below. We will continue to monitor emerging experience and consider further corrective action in the future.

Issues Prior to 12/01/2003

Benefit Period	2016
Non-Lifetime	0.0%
Lifetime	36.5%
Total	13.1%

Issues On and After 12/01/2003

Benefit Period	2016
Non-Lifetime	0.0%
Lifetime	24.6%
Total	9.4%

All Issues Combined

Benefit Period	2016
Non-Lifetime	0.0%
Lifetime	34.6%
Total	12.5%

The proposed rate increase amounts displayed above will bring Pennsylvania policyholders to the national rate level, as summarized in Exhibit 2.

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.
- Accept the nonforfeiture option.

If the proposed rate increase is approved, renewal premium rate schedules will not be greater than new business premium rate schedules, where applicable, except for differences attributable to benefits.

The proposed effective date of the increase for policies with a lifetime benefit period is August 1, 2016, subject to your State's approval.



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January 27, 2016



Attachments:

Attachment A – Actuarial Certification

Exhibit 1 – Policies In-Force, Annualized Premium and Average Annual Premium

Exhibit 2 – Rate Increase History

Exhibit 3A – Lifetime Experience (Non-Lifetime Benefit Periods)

Exhibit 3B – Lifetime Experience (Lifetime Benefit Period)

Exhibit 3C – Lifetime Experience (All Benefit Periods Combined)

Exhibit 4A – Updated Projection (Non-Lifetime Benefit Periods)

Exhibit 4B – Updated Projection (Lifetime Benefit Period)

Exhibit 4C – Updated Projection (All Benefit Periods Combined)

Proposed Rates

**Policies In-Force as of 12/31/2014, Annualized Premium and Average Annual Premium****National****Non-Lifetime Benefit Periods**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	1,845	2,880,794	1,561	1,561	0.0%
NH50	675	595,266	882	882	0.0%
HCA	479	858,243	1,792	1,792	0.0%
HCAQ	211	258,541	1,225	1,225	0.0%
LTA	5,235	9,309,661	1,778	1,778	0.0%
LTAQ	1,074	1,685,401	1,569	1,569	0.0%
NHA	5,468	11,761,157	2,151	2,151	0.0%
NHAQ	1,182	2,283,639	1,932	1,932	0.0%
Total	16,169	29,632,702	1,833	1,833	0.0%

**Lifetime Benefit Period**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	1,465	3,129,925	2,136	2,456	15.0%
NH50	713	817,357	1,146	1,318	15.0%
HCA	325	904,612	2,783	3,200	15.0%
HCAQ	80	196,089	2,451	2,819	15.0%
LTA	8,192	19,349,654	2,362	2,716	15.0%
LTAQ	2,209	4,213,610	1,907	2,193	15.0%
NHA	5,604	15,554,853	2,776	3,192	15.0%
NHAQ	1,703	3,992,904	2,345	2,697	15.0%
Total	20,291	48,159,004	2,373	2,729	15.0%

**Pennsylvania****Issues prior to 12/01/2003****Non-Lifetime Benefit Periods**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	62	65,617	1,058	1,058	0.0%
NH50	16	9,750	609	609	0.0%
HCA	1	559	559	559	0.0%
HCAQ	16	27,054	1,691	1,691	0.0%
LTA	39	62,017	1,590	1,590	0.0%
LTAQ	131	234,443	1,790	1,790	0.0%
NHA	62	153,065	2,469	2,469	0.0%
NHAQ	151	305,312	2,022	2,022	0.0%
Total	478	857,817	1,795	1,795	0.0%

**Lifetime Benefit Period**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	22	39,565	1,798	2,454	36.5%
NH50	5	3,617	723	987	36.5%
HCA	0	0	0	0	0.0%
HCAQ	6	26,410	4,402	6,009	36.5%
LTA	34	73,880	2,173	2,966	36.5%
LTAQ	51	113,016	2,216	3,025	36.5%
NHA	26	59,730	2,297	3,135	36.5%
NHAQ	68	172,017	2,530	3,453	36.5%
Total	212	488,235	2,303	3,144	36.5%

**Issues on and after 12/01/2003****Non-Lifetime Benefit Periods**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	62	65,617	1,058	1,058	0.0%
NH50	16	9,750	609	609	0.0%
HCA	1	559	559	559	0.0%
HCAQ	16	27,054	1,691	1,691	0.0%
LTA	39	62,017	1,590	1,590	0.0%
LTAQ	131	234,443	1,790	1,790	0.0%
NHA	62	153,065	2,469	2,469	0.0%
NHAQ	151	305,312	2,022	2,022	0.0%
Total	478	857,817	1,795	1,795	0.0%

**Lifetime Benefit Period**

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	22	39,565	1,798	2,240	24.6%
NH50	5	3,617	723	901	24.6%
HCA	0	0	0	0	0.0%
HCAQ	6	26,410	4,402	5,484	24.6%
LTA	34	73,880	2,173	2,707	24.6%
LTAQ	51	113,016	2,216	2,761	24.6%
NHA	26	59,730	2,297	2,862	24.6%
NHAQ	68	172,017	2,530	3,152	24.6%
Total	212	488,235	2,303	2,869	24.6%

**Rate Increase History**

**National**

Form	Effective Date	Overall Increase Amount
LT50	n/a	0.0%
NH50	n/a	0.0%
HCA	10/01/2003	29.0%
HCAQ	10/01/2003	29.0%
LTA	10/01/2003	29.0%
LTAQ	10/01/2003	29.0%
NHA	10/01/2003	29.0%
NHAQ	10/01/2003	29.0%

<u>Non-Lifetime</u>	
Effective Date	Overall Increase Amount
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%
10/01/2011	15.0%

<u>Lifetime</u>							
Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%
10/01/2011	30.0%	10/01/2012	11.5%	05/01/2015	30.0%	05/01/2016	15.0%

Note:

The overall increase in 2003 is the result of a 40% rate increase to the base policy only, combined with the Tax Qualified Discount increasing from 5% to 15%.

**Pennsylvania**

**Issues prior to 12/01/2003**

Form	Effective Date	Overall Increase Amount
LT50	n/a	0.0%
NH50	n/a	0.0%
HCA	10/01/2003	29.0%
HCAQ	10/01/2003	29.0%
LTA	10/01/2003	29.0%
LTAQ	10/01/2003	29.0%
NHA	10/01/2003	29.0%
NHAQ	10/01/2003	29.0%

<u>Non-Lifetime</u>	
Effective Date	Overall Increase Amount
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%
01/01/2012	15.0%

<u>Lifetime</u>					
Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%

Note:

The overall increase in 2003 is the result of a 40% rate increase to the base policy only, combined with the Tax Qualified Discount increasing from 5% to 15%.

**Issues on and after 12/01/2003**

Form
LTA
LTAQ
NHA
NHAQ

<u>Non-Lifetime</u>	
Effective Date	Overall Increase Amount
01/01/2012	0.0%
01/01/2012	0.0%
01/01/2012	0.0%
01/01/2012	0.0%

<u>Lifetime</u>			
Effective Date	Overall Increase Amount	Effective Date	Overall Increase Amount
01/01/2012	10.0%	08/01/2015	20.0%
01/01/2012	10.0%	08/01/2015	20.0%
01/01/2012	10.0%	08/01/2015	20.0%
01/01/2012	10.0%	08/01/2015	20.0%

Note:

The Pennsylvania issues on and after 12/01/2003 were re-priced based on revised assumptions at that time.

**Lifetime Experience (Nationwide) as of 06/30/2015**  
**Premiums at the Pennsylvania Rate Level**  
**Non-Lifetime Benefit Periods**

Year	Pennsylvania Rate Level Earned Premium	Incurring Claims Discounted to Incurred Year	Loss Ratio		
1997	493,144	0	0.0%		
1998	2,879,303	107,337	3.7%		
1999	5,164,376	620,403	12.0%		
2000	8,538,676	1,279,039	15.0%		
2001	13,296,598	2,429,334	18.3%		
2002	19,842,983	4,609,517	23.2%		
2003	28,740,282	3,660,231	12.7%		
2004	35,000,129	5,980,397	17.1%		
2005	35,036,067	8,695,837	24.8%		
2006	33,797,055	9,437,356	27.9%		
2007	32,402,237	12,021,747	37.1%		
2008	30,977,013	13,783,019	44.5%		
2009	29,532,625	16,497,232	55.9%		
2010	28,088,937	18,646,575	66.4%		
2011	26,659,985	21,044,089	78.9%		
2012	29,796,373	26,533,425	89.0%		
2013	28,770,030	24,828,749	86.3%		
2014	26,393,259	22,563,707	85.5%		
Total	415,409,073	192,737,993	46.4%		
Interest Adjusted	590,600,610	246,707,423	41.8%		
	<u>Earned Premium w/o Increase</u>	<u>Earned Premium w/Increase</u>	<u>Incurring Claims</u>	<u>Loss Ratio w/o Increase</u>	<u>Loss Ratio w/Increase</u>
2015	24,128,805	24,128,805	21,782,679	90.3%	90.3%
2016	22,030,634	22,030,634	22,587,813	102.5%	102.5%
2017	20,084,467	20,084,467	23,364,505	116.3%	116.3%
2018	18,286,728	18,286,728	24,066,441	131.6%	131.6%
2019	16,609,064	16,609,064	25,111,090	151.2%	151.2%
2020	15,050,651	15,050,651	26,108,686	173.5%	173.5%
2021	13,581,308	13,581,308	26,670,782	196.4%	196.4%
2022	12,204,985	12,204,985	27,688,165	226.9%	226.9%
2023	10,911,590	10,911,590	27,183,620	249.1%	249.1%
2024	9,724,758	9,724,758	26,528,534	272.8%	272.8%
2025	8,639,527	8,639,527	26,642,499	308.4%	308.4%
2026	7,643,374	7,643,374	26,777,680	350.3%	350.3%
2027	6,733,375	6,733,375	26,836,359	398.6%	398.6%
2028	5,906,718	5,906,718	26,714,818	452.3%	452.3%
2029	5,160,209	5,160,209	26,454,123	512.7%	512.7%
2030	4,489,524	4,489,524	26,043,978	580.1%	580.1%
2031	3,888,683	3,888,683	25,561,112	657.3%	657.3%
2032	3,353,526	3,353,526	25,048,050	746.9%	746.9%
2033	2,877,564	2,877,564	24,011,272	834.4%	834.4%
2034	2,459,103	2,459,103	22,793,445	926.9%	926.9%
2035	2,091,386	2,091,386	21,814,061	1043.0%	1043.0%
2036	1,769,270	1,769,270	20,794,227	1175.3%	1175.3%
2037	1,489,161	1,489,161	19,739,008	1325.5%	1325.5%
2038	1,246,792	1,246,792	18,605,471	1492.3%	1492.3%
2039	1,038,299	1,038,299	17,332,504	1669.3%	1669.3%
2040	859,996	859,996	15,944,614	1854.0%	1854.0%
2041	708,072	708,072	14,592,650	2060.9%	2060.9%
2042	579,675	579,675	13,256,518	2286.9%	2286.9%
2043	471,522	471,522	11,937,228	2531.6%	2531.6%
2044	381,209	381,209	10,576,562	2774.5%	2774.5%
2045	306,397	306,397	9,286,698	3030.9%	3030.9%
2046	244,601	244,601	8,082,742	3304.5%	3304.5%
	<u>Earned Premium w/o Increase</u>	<u>Earned Premium With Increase</u>	<u>Incurring Claims</u>	<u>Loss Ratio w/o Increase</u>	<u>Loss Ratio With Increase</u>
Past Experience @ 4.5%	590,600,610	590,600,610	246,707,423	41.8%	41.8%
Anticipated Experience @ 4.5%	164,433,118	164,433,118	388,292,276	236.1%	236.1%
Lifetime Experience @ 4.5%	755,033,729	755,033,729	634,999,699	84.1%	84.1%

**Lifetime Experience (Nationwide) as of 06/30/2015**  
**Premiums at the Pennsylvania Rate Level**  
**Lifetime Benefit Period**

Year	Pennsylvania Rate Level Earned Premium	Incurred Claims Discounted to Incurred Year	Loss Ratio		
1997	379,977	0	0.0%		
1998	2,595,131	229,543	8.8%		
1999	5,659,399	581,891	10.3%		
2000	11,774,776	1,523,173	12.9%		
2001	20,610,805	4,549,955	22.1%		
2002	30,785,341	5,596,713	18.2%		
2003	44,172,366	9,546,599	21.6%		
2004	53,510,550	13,064,476	24.4%		
2005	53,476,530	16,451,834	30.8%		
2006	52,232,014	16,009,735	30.7%		
2007	50,985,373	24,043,850	47.2%		
2008	49,704,716	31,566,100	63.5%		
2009	48,250,256	30,758,822	63.7%		
2010	46,724,080	44,986,448	96.3%		
2011	43,401,777	48,934,263	112.7%		
2012	43,308,551	49,333,851	113.9%		
2013	43,313,697	52,726,391	121.7%		
2014	40,990,357	47,916,702	116.9%		
Total	641,875,696	397,820,346	62.0%		
Interest Adjusted	908,227,237	505,259,019	55.6%		
	<u>Earned Premium</u> <u>w/o Increase</u>	<u>Earned Premium</u> <u>w/Increase</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u> <u>w/o Increase</u>	<u>Loss Ratio</u> <u>w/Increase</u>
2015	41,505,971	41,505,971	43,678,725	105.2%	105.2%
2016	42,883,824	51,534,263	46,881,051	109.3%	91.0%
2017	39,891,627	53,694,129	50,169,995	125.8%	93.4%
2018	37,028,523	49,840,392	53,505,377	144.5%	107.4%
2019	34,280,243	46,141,207	58,141,829	169.6%	126.0%
2020	31,643,520	42,592,178	63,397,891	200.4%	148.8%
2021	29,094,316	39,160,950	67,300,644	231.3%	171.9%
2022	26,648,334	35,868,657	71,920,474	269.9%	200.5%
2023	24,291,452	32,696,294	73,351,207	302.0%	224.3%
2024	22,088,030	29,730,489	73,677,563	333.6%	247.8%
2025	19,986,822	26,902,262	77,031,331	385.4%	286.3%
2026	17,928,749	24,132,096	80,399,862	448.4%	333.2%
2027	16,144,651	21,730,701	83,516,258	517.3%	384.3%
2028	14,511,273	19,532,173	86,167,229	593.8%	441.2%
2029	13,000,471	17,498,634	88,642,173	681.8%	506.6%
2030	11,602,712	15,617,250	91,135,981	785.5%	583.6%
2031	10,308,698	13,875,508	92,785,299	900.1%	668.7%
2032	9,120,652	12,276,397	94,312,633	1034.1%	768.2%
2033	8,027,384	10,804,858	93,943,727	1170.3%	869.5%
2034	7,037,636	9,472,658	92,365,508	1312.5%	975.1%
2035	6,147,711	8,274,820	91,980,536	1496.2%	1111.6%
2036	5,341,297	7,189,385	91,146,033	1706.4%	1267.8%
2037	4,615,850	6,212,934	89,726,042	1943.9%	1444.2%
2038	3,968,556	5,341,676	87,497,808	2204.8%	1638.0%
2039	3,395,844	4,570,806	84,223,903	2480.2%	1842.6%
2040	2,891,967	3,892,588	80,343,296	2778.2%	2064.0%
2041	2,448,482	3,295,657	76,036,630	3105.5%	2307.2%
2042	2,060,516	2,773,454	71,711,968	3480.3%	2585.7%
2043	1,721,790	2,317,530	66,783,918	3878.7%	2881.7%
2044	1,429,697	1,924,372	60,979,515	4265.2%	3168.8%
2045	1,184,219	1,593,958	55,433,031	4681.0%	3477.7%
2046	974,916	1,312,237	50,065,809	5135.4%	3815.3%
	<u>Earned Premium</u> <u>w/o Increase</u>	<u>Earned Premium</u> <u>With Increase</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u> <u>w/o Increase</u>	<u>Loss Ratio</u> <u>With Increase</u>
Past Experience @ 4.5%	908,227,237	908,227,237	505,259,019	55.6%	55.6%
Anticipated Experience @ 4.5%	347,507,702	448,336,766	1,203,869,484	346.4%	268.5%
Lifetime Experience @ 4.5%	1,255,734,940	1,356,564,003	1,709,128,502	136.1%	126.0%

**Note:**

**The Earned Premium w/o Increase includes the 20% increase that was implemented on 08/01/2015, and the Earned Premium with Increase includes the proposed 34.6% increase, with a target implementation date of 08/01/2016.**

**Lifetime Experience (Nationwide) as of 06/30/2015**  
**Premiums at the Pennsylvania Rate Level**  
**All Benefit Periods**

Year	Pennsylvania Rate Level Earned Premium	Incurring Claims Discounted to Incurred Year	Loss Ratio		
1997	873,120	0	0.0%		
1998	5,474,434	336,880	6.2%		
1999	10,823,775	1,202,294	11.1%		
2000	20,313,452	2,802,212	13.8%		
2001	33,907,403	6,979,289	20.6%		
2002	50,628,324	10,206,230	20.2%		
2003	72,912,648	13,206,830	18.1%		
2004	88,510,679	19,044,873	21.5%		
2005	88,512,597	25,147,671	28.4%		
2006	86,029,070	25,447,091	29.6%		
2007	83,387,610	36,065,597	43.3%		
2008	80,681,729	45,349,119	56.2%		
2009	77,782,881	47,256,054	60.8%		
2010	74,813,018	63,633,023	85.1%		
2011	70,061,763	69,978,352	99.9%		
2012	73,104,924	75,867,276	103.8%		
2013	72,083,728	77,555,140	107.6%		
2014	67,383,616	70,480,409	104.6%		
Total	1,057,284,769	590,558,340	55.9%		
Interest Adjusted	1,498,827,848	751,966,442	50.2%		
	<u>Earned Premium</u>	<u>Earned Premium</u>	<u>Loss Ratio</u>	<u>Loss Ratio</u>	
	<u>w/o Increase</u>	<u>w/Increase</u>	<u>Incurred Claims</u>	<u>w/o Increase</u>	<u>w/Increase</u>
2015	65,634,776	65,634,776	65,461,404	99.7%	99.7%
2016	64,914,458	73,564,898	69,468,865	107.0%	94.4%
2017	59,976,094	73,778,597	73,534,500	122.6%	99.7%
2018	55,315,251	68,127,120	77,571,817	140.2%	113.9%
2019	50,889,307	62,750,272	83,252,919	163.6%	132.7%
2020	46,694,171	57,642,829	89,506,577	191.7%	155.3%
2021	42,675,624	52,742,257	93,971,426	220.2%	178.2%
2022	38,853,319	48,073,642	99,608,639	256.4%	207.2%
2023	35,203,042	43,607,884	100,534,828	285.6%	230.5%
2024	31,812,789	39,455,247	100,206,097	315.0%	254.0%
2025	28,626,349	35,541,789	103,673,830	362.2%	291.7%
2026	25,572,123	31,775,470	107,177,541	419.1%	337.3%
2027	22,878,026	28,464,075	110,352,617	482.4%	387.7%
2028	20,417,991	25,438,892	112,882,047	552.9%	443.7%
2029	18,160,680	22,658,843	115,096,296	633.8%	508.0%
2030	16,092,236	20,106,774	117,179,959	728.2%	582.8%
2031	14,197,382	17,764,191	118,346,410	833.6%	666.2%
2032	12,474,178	15,629,923	119,360,683	956.9%	763.7%
2033	10,904,948	13,682,423	117,954,999	1081.7%	862.1%
2034	9,496,739	11,931,762	115,158,953	1212.6%	965.1%
2035	8,239,097	10,366,206	113,794,597	1381.2%	1097.7%
2036	7,110,567	8,958,656	111,940,260	1574.3%	1249.5%
2037	6,105,011	7,702,096	109,465,050	1793.0%	1421.2%
2038	5,215,348	6,588,468	106,103,279	2034.4%	1610.4%
2039	4,434,143	5,609,105	101,556,407	2290.3%	1810.6%
2040	3,751,963	4,752,584	96,287,910	2566.3%	2026.0%
2041	3,156,554	4,003,729	90,629,280	2871.1%	2263.6%
2042	2,640,191	3,353,129	84,968,486	3218.3%	2534.0%
2043	2,193,312	2,789,051	78,721,146	3589.1%	2822.5%
2044	1,810,906	2,305,581	71,556,077	3951.4%	3103.6%
2045	1,490,616	1,900,355	64,719,729	4341.8%	3405.7%
2046	1,219,517	1,556,838	58,148,550	4768.2%	3735.0%
	<u>Earned Premium</u>	<u>Earned Premium</u>	<u>Loss Ratio</u>	<u>Loss Ratio</u>	
	<u>w/o Increase</u>	<u>With Increase</u>	<u>Incurred Claims</u>	<u>w/o Increase</u>	<u>With Increase</u>
Past Experience @ 4.5%	1,498,827,848	1,498,827,848	751,966,442	50.2%	50.2%
Anticipated Experience @ 4.5%	511,940,821	612,769,884	1,592,161,759	311.0%	259.8%
Lifetime Experience @ 4.5%	2,010,768,668	2,111,597,732	2,344,128,201	116.6%	111.0%

Lifetime Experience (Nationwide) as of 06/30/2014

Lifetime Experience (Nationwide) as of 06/30/2015

Non-Lifetime Benefit Periods

Non-Lifetime Benefit Periods

Year	Non-Interest Adjusted			Interest Adjusted		
	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	493,144	0	0	1,042,198	0	0
1998	2,879,303	0	107,688	5,823,017	0	217,785
1999	5,164,376	0	620,404	9,994,525	0	1,200,657
2000	8,538,676	0	1,279,632	15,813,158	0	2,369,808
2001	13,296,598	0	2,429,982	23,564,179	0	4,306,404
2002	19,842,983	0	4,609,510	33,651,347	0	7,817,183
2003	27,114,367	1,618,967	3,660,230	44,002,633	2,627,346	5,940,015
2004	28,201,911	6,772,074	5,980,337	43,796,706	10,516,824	9,287,280
2005	28,214,687	6,793,491	8,696,020	41,929,710	10,095,774	12,923,114
2006	27,234,409	6,536,316	9,356,713	38,730,069	9,295,299	13,306,187
2007	25,966,395	6,215,036	12,065,137	35,336,676	8,457,805	16,418,985
2008	24,620,594	5,898,711	13,763,370	32,062,418	7,681,657	17,923,488
2009	23,465,113	5,636,672	16,522,732	29,241,800	7,024,319	20,590,331
2010	22,325,452	5,369,069	18,401,258	26,623,517	6,402,714	21,943,842
2011	21,189,025	5,109,377	21,338,561	24,180,197	5,830,648	24,350,843
2012	21,092,979	9,032,939	27,748,807	23,034,061	9,864,195	30,302,391
2013	20,583,694	8,861,187	27,564,382	21,509,960	9,259,940	28,804,780
<b>Total</b>	<b>320,223,705</b>	<b>67,843,839</b>	<b>174,144,763</b>	<b>450,336,170</b>	<b>87,056,521</b>	<b>217,703,091</b>
2014	18,811,749	8,106,096	20,977,943	18,811,749	8,106,096	20,977,943
2015	17,192,961	7,415,534	21,739,430	16,452,594	7,096,205	20,803,283
2016	15,692,674	6,725,881	22,542,525	14,370,252	6,204,877	20,642,865
2017	14,302,704	6,181,120	23,316,975	12,533,411	5,416,494	20,432,586
2018	13,020,007	5,630,641	24,016,757	10,918,075	4,721,638	20,139,524
2019	11,823,752	5,116,262	25,061,223	9,487,982	4,105,550	20,110,404
2020	10,713,584	4,637,511	26,057,699	8,226,916	3,561,125	20,009,596
2021	9,667,535	4,185,520	26,621,525	7,103,980	3,075,639	19,562,254
2022	8,687,981	3,761,852	27,639,108	6,109,259	2,645,278	19,435,410
2023	7,767,897	3,363,258	27,134,127	5,227,052	2,263,152	18,258,674
2024	6,923,367	2,997,684	26,479,231	4,458,147	1,930,292	17,050,710
2025	6,150,953	2,663,500	26,595,279	3,790,209	1,641,245	16,387,977
2026	5,442,079	2,356,567	26,732,751	3,208,997	1,389,583	15,763,337
2027	4,794,619	2,076,026	26,793,539	2,705,467	1,171,443	15,118,834
2028	4,206,507	1,821,076	26,673,883	2,271,400	983,331	14,403,173
2029	3,675,418	1,590,788	26,415,692	1,899,164	821,992	13,649,528
2030	3,198,302	1,383,813	26,007,612	1,581,462	684,253	12,859,967
2031	2,770,911	1,198,313	25,527,557	1,311,130	567,014	12,079,037
2032	2,390,252	1,033,034	25,016,505	1,082,307	467,758	11,327,483
2033	2,051,728	885,966	23,981,246	889,017	383,891	10,391,117
2034	1,753,985	756,735	22,764,589	727,277	313,775	9,439,174
2035	1,492,234	643,248	21,786,687	592,100	255,233	8,644,684
2036	1,262,842	543,899	20,768,410	479,502	206,519	7,885,784
2037	1,063,297	457,543	19,714,840	386,349	166,248	7,163,390
2038	890,571	382,862	18,583,131	309,655	133,122	6,461,419
2039	741,920	318,662	17,312,196	246,859	106,029	5,760,297
2040	614,719	263,813	15,926,163	195,728	83,999	5,070,930
2041	506,268	217,130	14,576,336	154,256	66,158	4,441,284
2042	414,591	177,685	13,242,311	120,883	51,808	3,861,070
2043	337,352	144,464	11,924,958	94,126	40,308	3,327,242
<b>Total</b>	<b>178,362,760</b>	<b>77,086,484</b>	<b>681,930,230</b>	<b>135,745,306</b>	<b>58,660,053</b>	<b>401,458,977</b>
<b>Grand Total</b>	<b>498,586,465</b>	<b>144,930,323</b>	<b>856,074,993</b>	<b>586,081,476</b>	<b>145,716,575</b>	<b>619,162,068</b>

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	339,927,256	123,859,089
Dual Loss Ratio Test Met	619,162,068	>

Year	Non-Interest Adjusted			Interest Adjusted		
	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	493,144	0	0	1,089,097	0	0
1998	2,879,303	0	107,337	6,085,052	0	226,844
1999	5,164,376	0	620,403	10,444,279	0	1,254,685
2000	8,538,676	0	1,279,039	16,524,751	0	2,475,302
2001	13,296,598	0	2,429,334	24,624,567	0	4,498,993
2002	19,842,983	0	4,609,517	35,165,657	0	8,168,968
2003	27,120,845	1,619,437	3,660,231	45,993,737	2,746,373	6,207,318
2004	28,222,177	6,777,951	5,980,397	45,800,446	10,999,619	9,705,305
2005	28,236,306	6,799,760	8,695,837	43,850,121	10,559,820	13,504,369
2006	27,254,820	6,542,235	9,437,356	40,503,256	9,722,384	14,024,809
2007	26,137,563	6,264,674	12,021,747	37,170,244	8,908,997	17,096,134
2008	24,975,406	6,001,607	13,783,019	33,988,077	8,167,358	18,756,784
2009	23,799,097	5,733,528	16,497,232	30,992,615	7,466,545	21,483,687
2010	22,631,201	5,457,736	18,646,575	28,202,594	6,801,332	23,237,025
2011	21,469,322	5,190,663	21,044,089	25,602,566	6,189,962	25,095,468
2012	21,298,943	8,497,431	26,533,425	24,305,632	9,696,980	30,279,046
2013	20,542,147	8,227,883	24,828,749	22,432,538	8,985,054	27,113,614
2014	18,853,653	7,539,606	22,563,707	19,702,068	7,878,888	23,579,074
<b>Total</b>	<b>340,756,561</b>	<b>74,652,512</b>	<b>192,737,993</b>	<b>492,477,297</b>	<b>98,123,313</b>	<b>246,707,423</b>
2015	17,230,702	6,898,103	21,782,679	17,230,702	6,898,103	21,782,679
2016	15,726,617	6,304,017	22,587,813	15,049,394	6,032,553	21,615,132
2017	14,333,169	5,751,298	23,364,505	13,125,312	5,266,636	21,395,577
2018	13,047,265	5,239,463	24,066,441	11,433,274	4,591,324	21,089,340
2019	11,848,027	4,761,037	25,111,090	9,935,298	3,992,422	21,057,189
2020	10,735,129	4,315,523	26,108,686	8,614,415	3,462,996	20,950,942
2021	9,686,528	3,894,780	26,670,782	7,438,244	2,990,785	20,480,380
2022	8,704,625	3,500,360	27,688,165	6,396,406	2,572,164	20,346,052
2023	7,782,382	3,129,208	27,183,620	5,472,455	2,200,412	19,115,118
2024	6,935,891	2,788,868	26,528,534	4,667,191	1,876,641	17,851,168
2025	6,161,724	2,477,803	26,642,499	3,967,704	1,595,526	17,155,843
2026	5,451,286	2,192,088	26,777,680	3,359,075	1,350,762	16,500,373
2027	4,802,443	1,930,931	26,836,359	2,831,827	1,138,600	15,824,431
2028	4,213,119	1,693,599	26,714,818	2,377,344	955,650	15,074,414
2029	3,680,973	1,479,236	26,454,123	1,987,626	798,747	14,284,509
2030	3,202,946	1,286,578	26,043,978	1,655,028	664,801	13,457,456
2031	2,774,773	1,113,910	25,561,112	1,372,040	550,794	12,639,186
2032	2,393,454	960,072	25,048,050	1,132,526	454,283	11,852,146
2033	2,054,377	823,187	24,011,272	930,223	372,739	10,872,313
2034	1,756,167	702,937	22,793,445	760,950	304,584	9,876,440
2035	1,494,019	597,360	21,814,061	619,484	247,694	9,045,045
2036	1,264,293	504,978	20,794,227	501,655	200,369	8,250,888
2037	1,064,470	424,691	19,739,008	404,180	161,256	7,494,919
2038	891,515	355,278	18,605,471	323,932	129,090	6,760,300
2039	742,673	295,626	17,332,504	258,230	102,790	6,026,572
2040	615,315	244,681	15,944,614	204,734	81,413	5,305,261
2041	506,732	201,340	14,592,650	161,345	64,107	4,646,336
2042	414,949	164,726	13,256,518	126,431	50,191	4,039,147
2043	337,626	133,895	11,937,228	98,442	39,040	3,480,546
<b>Total</b>	<b>159,853,189</b>	<b>64,165,580</b>	<b>661,991,932</b>	<b>122,435,469</b>	<b>49,146,472</b>	<b>398,269,700</b>
<b>Grand Total</b>	<b>500,609,749</b>	<b>138,818,093</b>	<b>854,729,926</b>	<b>614,912,766</b>	<b>147,269,785</b>	<b>644,977,123</b>

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	356,649,404	125,179,317
Dual Loss Ratio Test Met	644,977,123	>

Lifetime Experience (Nationwide) as of 06/30/2014

Lifetime Experience (Nationwide) as of 06/30/2015

Lifetime Benefit Period

Lifetime Benefit Period

Non-Interest Adjusted

Interest Adjusted

Non-Interest Adjusted

Interest Adjusted

Year	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	379,977	0	0	803,034	0	0
1998	2,595,131	0	229,543	5,248,315	0	464,222
1999	5,659,399	0	581,891	10,952,536	0	1,126,123
2000	11,774,776	0	1,523,171	21,806,237	0	2,820,830
2001	20,610,805	0	4,787,487	36,526,388	0	8,484,366
2002	30,785,341	0	5,555,292	52,208,288	0	9,421,117
2003	41,516,727	2,650,677	9,776,233	67,375,547	4,301,659	15,865,389
2004	42,586,764	10,904,887	13,230,102	66,135,942	16,934,956	20,545,944
2005	42,533,810	10,922,487	15,979,884	63,209,288	16,231,854	23,747,628
2006	41,554,262	10,658,369	15,913,903	59,094,341	15,157,273	22,631,172
2007	40,407,082	10,356,760	23,834,614	54,988,455	14,094,119	32,435,616
2008	39,180,709	10,056,349	31,575,154	51,023,475	13,095,983	41,119,064
2009	38,025,971	9,774,317	30,892,695	47,387,278	12,180,577	38,497,919
2010	36,817,852	9,482,546	44,600,421	43,905,973	11,308,113	53,186,832
2011	34,187,755	8,812,856	47,539,073	39,013,907	10,056,932	54,249,980
2012	29,962,515	13,357,107	48,588,941	32,719,816	14,586,294	53,060,338
2013	27,360,511	17,125,878	54,538,212	28,591,734	17,896,543	56,992,431
Total	485,939,385	114,102,231	349,146,616	680,990,554	145,844,302	434,648,968
2014	25,570,686	16,007,727	40,927,057	25,570,686	16,007,727	40,927,057
2015	23,898,554	23,706,787	43,968,048	22,869,429	22,685,921	42,074,687
2016	22,291,604	34,024,474	47,185,707	20,413,089	31,157,230	43,209,365
2017	20,735,769	34,502,120	50,489,233	18,170,684	30,234,090	44,243,543
2018	19,247,418	32,027,857	53,837,917	16,140,141	26,857,323	45,146,396
2019	17,819,133	29,652,566	58,493,010	14,298,982	23,794,733	46,937,777
2020	16,449,415	27,373,197	63,768,058	12,631,436	21,019,762	48,967,220
2021	15,126,274	25,168,572	67,679,613	11,115,217	18,494,583	49,732,906
2022	13,856,969	23,052,888	72,316,117	9,744,014	16,210,448	50,851,618
2023	12,634,653	21,013,556	73,746,687	8,501,914	14,140,115	49,624,472
2024	11,491,078	19,107,473	74,067,064	7,399,424	12,303,831	47,693,833
2025	10,399,106	17,290,677	77,426,919	6,407,916	10,654,493	47,710,370
2026	9,327,997	15,512,062	80,800,905	5,500,383	9,146,903	47,645,374
2027	8,401,645	13,968,670	83,921,217	4,740,810	7,882,124	47,354,363
2028	7,553,740	12,555,469	86,573,332	4,078,815	6,779,613	46,747,250
2029	6,769,169	11,248,446	89,048,448	3,497,768	5,812,302	46,013,154
2030	6,043,345	10,038,985	91,542,650	2,988,249	4,963,970	45,265,032
2031	5,371,319	8,919,178	93,186,283	2,541,581	4,220,345	44,093,549
2032	4,754,141	7,891,072	94,711,412	2,152,677	3,573,080	42,885,362
2033	4,185,990	6,945,039	94,330,169	1,813,797	3,009,298	40,873,431
2034	3,671,269	6,088,738	92,734,829	1,522,266	2,524,652	38,451,834
2035	3,208,039	5,319,037	92,339,278	1,272,909	2,110,527	36,639,064
2036	2,788,157	4,621,482	91,493,461	1,058,666	1,754,781	34,740,148
2037	2,410,084	3,994,141	90,061,135	875,704	1,451,272	32,723,725
2038	2,072,407	3,434,564	87,818,822	720,583	1,194,210	30,534,910
2039	1,773,336	2,939,627	84,528,785	590,043	978,104	28,125,313
2040	1,510,200	2,504,069	80,630,731	480,851	797,302	25,673,025
2041	1,278,612	2,120,585	76,304,748	389,582	646,124	23,249,398
2042	1,075,882	1,785,136	71,963,355	313,696	520,493	20,982,405
2043	898,809	1,492,261	67,015,465	250,781	416,363	18,698,321
Total	282,614,801	424,306,456	2,272,910,457	208,052,093	301,341,717	1,207,814,904

Year	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	379,977	0	0	839,170	0	0
1998	2,595,131	0	229,543	5,484,489	0	485,111
1999	5,659,399	0	581,891	11,445,400	0	1,176,799
2000	11,774,776	0	1,523,173	22,787,517	0	2,947,770
2001	20,610,805	0	4,549,955	38,170,076	0	8,426,266
2002	30,785,341	0	5,596,713	54,557,661	0	9,918,473
2003	41,521,354	2,651,013	9,546,599	70,415,293	4,495,803	16,189,900
2004	42,601,415	10,909,135	13,064,476	69,135,835	17,703,924	21,201,724
2005	42,549,495	10,927,035	16,451,834	66,078,065	16,969,352	25,549,196
2006	41,569,288	10,662,726	16,009,735	61,775,917	15,845,826	23,791,990
2007	40,578,811	10,406,561	24,043,850	57,707,152	14,799,177	34,192,774
2008	39,543,234	10,161,482	31,566,100	53,812,978	13,828,372	42,957,101
2009	38,374,783	9,875,472	30,758,822	49,973,850	12,860,434	40,055,987
2010	37,146,288	9,577,793	44,986,448	46,291,033	11,935,672	56,061,299
2011	34,498,737	8,903,040	48,934,263	41,140,385	10,617,041	58,355,018
2012	30,211,136	13,097,415	49,333,851	34,475,925	14,946,326	56,298,119
2013	27,379,304	15,934,394	52,726,391	29,898,884	17,400,756	57,578,537
2014	25,432,780	15,557,577	47,916,702	26,577,256	16,257,668	50,072,953
Total	513,212,053	128,663,643	397,820,346	740,566,886	167,660,351	505,259,019
2015	23,769,105	17,736,866	43,678,725	23,769,105	17,736,866	43,678,725
2016	22,170,351	29,363,912	46,881,051	21,215,647	28,099,437	44,862,250
2017	20,622,417	33,071,713	50,169,995	18,884,565	30,284,758	45,942,167
2018	19,141,612	30,698,780	53,505,377	16,773,730	26,901,236	46,886,580
2019	17,720,561	28,420,646	58,141,829	14,859,778	23,832,455	48,755,490
2020	16,357,768	26,234,410	63,397,891	13,126,308	21,051,830	50,873,704
2021	15,041,281	24,119,669	67,300,644	11,550,135	18,521,391	51,679,878
2022	13,778,374	22,090,283	71,920,474	10,124,741	16,232,569	52,849,211
2023	12,562,208	20,134,087	73,351,207	8,833,558	14,157,990	51,579,478
2024	11,424,511	18,305,978	73,677,563	7,687,604	12,318,174	49,577,958
2025	10,338,324	16,563,939	77,031,331	6,657,133	10,665,979	49,602,606
2026	9,273,044	14,859,052	80,399,862	5,714,038	9,156,129	49,542,293
2027	8,351,606	13,379,095	83,516,258	4,924,640	7,889,169	49,246,520
2028	7,508,216	12,023,957	86,167,229	4,236,673	6,784,778	48,621,724
2029	6,727,871	10,770,763	88,642,173	3,632,868	5,815,920	47,864,368
2030	6,006,007	9,611,243	91,135,981	3,103,427	4,966,326	47,091,824
2031	5,337,704	8,537,804	92,785,299	2,639,331	4,221,682	45,879,484
2032	4,723,989	7,552,409	94,312,633	2,235,280	3,573,621	44,626,511
2033	4,159,052	6,645,806	93,943,727	1,883,220	3,009,223	42,537,754
2034	3,647,293	5,825,365	92,365,508	1,580,379	2,524,141	40,022,140
2035	3,186,768	5,088,052	91,980,536	1,321,370	2,109,724	38,139,073
2036	2,769,386	4,419,999	91,146,033	1,098,858	1,753,800	36,165,600
2037	2,393,602	3,819,332	89,726,042	908,855	1,450,204	34,069,058
2038	2,058,002	3,283,674	87,497,808	747,775	1,193,123	31,792,340
2039	1,760,797	2,810,009	84,223,903	612,235	977,050	29,284,944
2040	1,499,334	2,393,254	80,343,296	498,874	796,309	26,732,673
2041	1,269,248	2,026,409	76,036,630	404,132	645,214	24,210,252
2042	1,067,859	1,705,595	71,711,968	325,367	519,680	21,850,018
2043	891,979	1,425,551	66,783,918	260,075	415,649	19,472,233
Total	255,558,268	382,917,650	2,221,774,892	189,609,699	277,604,426	1,213,436,855

Grand Total	768,554,186	538,408,687	2,622,057,073	889,042,647	447,186,019	1,642,463,873
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Grand Total	768,770,321	511,581,292	2,619,595,239	930,176,585	445,264,777	1,718,695,874
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Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	515,644,735	380,108,116	895,752,851
Dual Loss Ratio Test Met	1,642,463,873	>	895,752,851

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	539,502,420	378,475,061	917,977,480
Dual Loss Ratio Test Met	1,718,695,874	>	917,977,480



Lifetime Experience (Nationwide) as of 06/30/2014

Lifetime Experience (Nationwide) as of 06/30/2015

All Benefit Periods Combined

All Benefit Periods Combined

Year	Non-Interest Adjusted			Interest Adjusted		
	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	873,120	0	0	1,845,232	0	0
1998	5,474,434	0	337,231	11,071,332	0	682,007
1999	10,823,775	0	1,202,294	20,947,062	0	2,326,779
2000	20,313,452	0	2,802,804	37,619,395	0	5,190,638
2001	33,907,403	0	7,217,469	60,090,567	0	12,790,771
2002	50,628,324	0	10,164,803	85,859,635	0	17,238,300
2003	68,631,094	4,269,644	13,436,463	111,378,179	6,929,005	21,805,404
2004	70,788,675	17,676,961	19,210,438	109,932,648	27,451,780	29,833,223
2005	70,748,497	17,715,978	24,675,904	105,138,998	26,327,628	36,670,741
2006	68,788,670	17,194,685	25,270,616	97,824,410	24,452,571	35,937,359
2007	66,373,477	16,571,795	35,899,751	90,325,131	22,551,924	48,854,600
2008	63,801,303	15,955,061	45,338,524	83,085,893	20,777,639	59,042,552
2009	61,491,084	15,410,989	47,415,427	76,629,078	19,204,896	59,088,249
2010	59,143,304	14,851,615	63,001,679	70,529,490	17,710,827	75,130,674
2011	55,376,779	13,922,233	68,877,634	63,194,105	15,887,580	78,600,822
2012	51,055,494	22,390,046	76,337,748	55,753,876	24,450,490	83,362,729
2013	47,944,205	25,987,065	82,102,594	50,101,694	27,156,483	85,797,211
<b>Total</b>	<b>806,163,090</b>	<b>181,946,070</b>	<b>523,291,379</b>	<b>1,131,326,724</b>	<b>232,900,824</b>	<b>652,352,060</b>
2014	44,382,435	24,113,823	61,905,001	44,382,435	24,113,823	61,905,001
2015	41,091,515	31,122,321	65,707,479	39,322,024	29,782,125	62,877,970
2016	37,984,278	40,800,355	69,728,232	34,783,341	37,362,107	63,852,231
2017	35,038,473	40,683,240	73,806,207	30,704,095	35,650,585	64,676,129
2018	32,267,425	37,658,498	77,854,674	27,058,215	31,578,961	65,285,920
2019	29,642,885	34,768,828	83,554,233	23,786,964	27,900,282	67,048,182
2020	27,162,999	32,010,708	89,825,757	20,858,351	24,580,887	68,976,816
2021	24,793,810	29,354,092	94,301,138	18,219,197	21,570,222	69,295,160
2022	22,544,950	26,814,741	99,955,225	15,853,274	18,855,727	70,287,028
2023	20,402,550	24,376,815	100,880,814	13,728,966	16,403,267	67,883,146
2024	18,414,445	22,105,157	100,546,294	11,857,571	14,234,123	64,744,542
2025	16,550,059	19,954,177	104,022,198	10,198,125	12,295,739	64,098,347
2026	14,770,076	17,868,629	107,533,656	8,709,380	10,536,485	63,408,711
2027	13,196,264	16,044,696	110,714,756	7,446,278	9,053,567	62,473,197
2028	11,760,247	14,376,545	113,247,216	6,350,214	7,762,944	61,150,423
2029	10,444,587	12,839,233	115,464,141	5,396,932	6,634,294	59,662,682
2030	9,241,647	11,422,798	117,550,263	4,569,711	5,648,223	58,124,999
2031	8,142,230	10,117,492	118,713,840	3,852,711	4,787,358	56,172,586
2032	7,144,393	8,924,106	119,727,918	3,234,984	4,040,839	54,212,845
2033	6,237,718	7,831,006	118,311,416	2,702,814	3,393,189	51,264,548
2034	5,425,254	6,845,473	115,499,418	2,249,543	2,838,426	47,891,009
2035	4,700,272	5,962,284	114,125,965	1,865,009	2,365,759	45,283,748
2036	4,050,998	5,165,381	112,261,871	1,538,168	1,961,300	42,625,932
2037	3,473,381	4,451,684	109,775,975	1,262,053	1,617,520	39,887,115
2038	2,962,979	3,817,425	106,401,953	1,030,238	1,327,332	36,996,329
2039	2,515,256	3,258,290	101,840,981	836,903	1,084,133	33,885,610
2040	2,124,919	2,767,882	96,556,894	676,580	881,301	30,743,955
2041	1,784,880	2,337,715	90,881,084	543,838	712,282	27,690,682
2042	1,490,473	1,962,821	85,205,665	434,578	572,301	24,843,475
2043	1,236,161	1,636,725	78,940,423	344,908	456,671	22,025,564
<b>Total</b>	<b>460,977,561</b>	<b>501,392,940</b>	<b>2,954,840,688</b>	<b>343,797,398</b>	<b>360,001,770</b>	<b>1,609,273,881</b>
<b>Grand Total</b>	<b>1,267,140,651</b>	<b>683,339,010</b>	<b>3,478,132,066</b>	<b>1,475,124,122</b>	<b>592,902,594</b>	<b>2,261,625,941</b>

Year	Non-Interest Adjusted			Interest Adjusted		
	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
1997	873,120	0	0	1,928,268	0	0
1998	5,474,434	0	336,880	11,569,542	0	711,954
1999	10,823,775	0	1,202,294	21,889,679	0	2,431,484
2000	20,313,452	0	2,802,212	39,312,268	0	5,423,072
2001	33,907,403	0	6,979,289	62,794,642	0	12,925,259
2002	50,628,324	0	10,206,230	89,723,318	0	18,087,441
2003	68,642,198	4,270,449	13,206,830	116,409,030	7,242,176	22,397,218
2004	70,823,592	17,687,087	19,044,873	114,936,282	28,703,543	30,907,030
2005	70,785,801	17,726,796	25,147,671	109,928,185	27,529,172	39,053,565
2006	68,824,108	17,204,962	25,447,091	102,279,173	25,568,210	37,816,798
2007	66,716,374	16,671,236	36,065,597	94,877,396	23,708,174	51,288,908
2008	64,518,640	16,163,088	45,349,119	87,800,955	21,995,730	61,713,885
2009	62,173,881	15,609,000	47,256,054	80,966,566	20,326,979	61,539,675
2010	59,777,489	15,035,529	63,633,023	74,493,627	18,737,004	79,298,323
2011	55,968,059	14,093,704	69,978,352	66,742,951	16,807,004	83,450,486
2012	51,510,078	21,594,846	75,867,276	58,781,556	24,643,307	86,577,166
2013	47,921,451	24,162,277	77,555,140	52,331,422	26,385,810	84,692,152
2014	44,286,434	23,097,182	70,480,409	46,279,323	24,136,556	73,652,027
<b>Total</b>	<b>853,968,614</b>	<b>203,316,155</b>	<b>590,558,340</b>	<b>1,233,044,184</b>	<b>265,783,664</b>	<b>751,966,442</b>
2015	40,999,807	24,634,969	65,461,404	40,999,807	24,634,969	65,461,404
2016	37,896,968	35,667,929	69,468,865	36,265,041	34,131,990	66,477,382
2017	34,955,586	38,823,011	73,534,500	32,009,877	35,551,394	67,337,744
2018	32,188,877	35,938,243	77,571,817	28,207,004	31,492,560	67,975,920
2019	29,568,589	33,181,683	83,252,919	24,795,075	27,824,877	69,812,679
2020	27,092,896	30,549,932	89,506,577	21,740,723	24,514,825	71,824,646
2021	24,727,809	28,014,448	93,971,426	18,988,379	21,512,175	72,160,258
2022	22,482,999	25,590,644	99,608,639	16,521,147	18,804,733	73,195,263
2023	20,344,590	23,263,294	100,534,828	14,306,013	16,358,403	70,694,596
2024	18,360,401	21,094,846	100,206,097	12,354,795	14,194,815	67,429,126
2025	16,500,047	19,041,742	103,673,830	10,624,837	12,261,505	66,758,449
2026	14,724,330	17,051,140	107,177,541	9,073,114	10,506,891	66,042,666
2027	13,154,049	15,310,026	110,352,617	7,756,468	9,027,769	65,070,950
2028	11,721,336	13,717,556	112,882,047	6,614,017	7,740,428	63,696,138
2029	10,408,844	12,249,999	115,096,296	5,620,493	6,614,667	62,148,876
2030	9,208,953	10,897,821	117,179,959	4,758,454	5,631,127	60,549,280
2031	8,112,478	9,651,713	118,346,410	4,011,371	4,772,476	58,518,669
2032	7,117,443	8,512,480	119,360,683	3,367,806	4,027,905	56,478,656
2033	6,213,429	7,468,993	117,954,999	2,813,443	3,381,963	53,410,067
2034	5,403,460	6,528,302	115,158,953	2,341,329	2,828,725	49,898,580
2035	4,680,787	5,685,419	113,794,597	1,940,855	2,357,418	47,184,117
2036	4,033,679	4,924,977	111,940,260	1,600,513	1,954,169	44,416,488
2037	3,458,072	4,244,024	109,465,050	1,313,033	1,611,460	41,563,977
2038	2,949,517	3,638,952	106,103,279	1,071,707	1,322,214	38,552,640
2039	2,503,469	3,105,636	101,556,407	870,465	1,079,840	35,311,516
2040	2,114,648	2,637,935	96,287,910	703,608	877,722	32,037,934
2041	1,775,980	2,227,749	90,629,280	565,476	709,321	28,856,588
2042	1,482,808	1,870,321	84,968,486	451,799	569,871	25,889,165
2043	1,229,605	1,559,446	78,721,146	358,517	454,689	22,952,779
<b>Total</b>	<b>415,411,457</b>	<b>447,083,230</b>	<b>2,883,766,825</b>	<b>312,045,168</b>	<b>326,750,899</b>	<b>1,611,706,555</b>
<b>Grand Total</b>	<b>1,269,380,071</b>	<b>650,399,385</b>	<b>3,474,325,164</b>	<b>1,545,089,352</b>	<b>592,534,562</b>	<b>2,363,672,997</b>

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	855,571,991	503,967,205
Dual Loss Ratio Test Met	2,261,625,941	>

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	896,151,824	503,654,378
Dual Loss Ratio Test Met	2,363,672,997	>