

MutualCare® Secure Solution

Tax Qualified Long-Term Care Insurance Policy Illustration



Mutual of Omaha Insurance Company

Designed For:

Male 45

Presented By:

Mutual of Omaha

Long Term Care Brokers

(866) 582-2765

December 31, 2022

Investment and insurance products are not FDIC insured and have no bank guarantee.

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

ICC20465395

Long Term Care Brokers - (866) 582-2765

Policy Form: LTC13

Ver. 3.84.0.0

Pennsylvania

Quote 001

12/31/2022 1:57 AM

Underwritten by Mutual of Omaha Insurance Company – Mutual of Omaha Plaza – Omaha, NE 68175

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Designed for: Male 45

Plan Design	Male: Age 45
Household Status	Single
Gender	Male
Rate Classification	Preferred
Policy Limit	\$180,000
Cash Benefits (25% of HHC)	\$1,250 per month
Elimination Period	0 Days
Benefit Duration	12 years (144 months)
Reimbursement Benefits:	
Nursing Home (NH)	Up to \$5,000 per month
Assisted Living	Up to \$5,000 per month
Home Health Care (HHC)	Up to \$5,000 per month
Elimination Period (Calendar Days)	90 Days
Benefit Duration (NH)	3 years (36 months)
Partnership Qualified	Yes**

Inflation Protection	
Inflation Protection Benefit	3% Compound Lifetime

Total Premium	Male
15% Preferred Rate Savings	-290.16
Your Annual Premium	1,644.29

Other Modes of Payment	
Annual Premium	1,644.29
Semi-Annual Premium	838.58
Quarterly Premium	427.52
Monthly Premium	147.98

** The coverage advertised may meet the requirements for participating in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard'. Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have any questions about the availability of this Program in your state, please contact the company or your state insurance department.

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Designed for: Male 45 - Age: 45	Rate Classification: Preferred
Monthly Cash Benefit (25% of HHC): \$1,250	Elimination Period: 90 Calendar Days
Maximum Monthly Benefit: \$5,000	Cash Benefit Elimination Period: 0 Days
Policy Limit: \$180,000	Inflation Protection: 3% Compound Lifetime
Benefit Duration (NH): 3 years (36 months)	Mode: Annual

Alternate Coverage Options

Inflation Rider	Benefit Duration (NH)	Maximum Monthly Benefit / Cash Benefit					
		\$4,000/ \$1,000	\$4,500/ \$1,125	\$5,000/ \$1,250	\$5,500/ \$1,375	\$6,000/ \$1,500	\$6,500/ \$1,625
No Inflation- Not Partnership Qualified for ages under 76	2 years	441.71	496.92	552.14	607.35	662.56	717.79
	3 years	540.66	608.25	675.83	743.41	810.99	878.58
	4 years	621.93	699.67	777.41	855.15	932.89	1,010.62
	5 years	694.99	781.86	868.73	955.60	1,042.48	1,129.35
3% Compound Lifetime	2 years	1,074.68	1,209.01	1,343.36	1,477.68	1,612.00	1,746.38
	3 years	1,315.43	1,479.87	1,644.29	1,808.72	1,973.14	2,137.58
	4 years	1,513.16	1,702.30	1,891.44	2,080.58	2,269.73	2,458.84
	5 years	1,690.90	1,902.27	2,113.62	2,324.98	2,536.36	2,747.72
4% Compound Lifetime	2 years	1,517.72	1,707.41	1,897.16	2,086.86	2,276.55	2,466.31
	3 years	1,857.71	2,089.93	2,322.14	2,554.36	2,786.57	3,018.80
	4 years	2,136.94	2,404.06	2,671.18	2,938.30	3,205.42	3,472.50
	5 years	2,387.98	2,686.48	2,984.97	3,283.45	3,581.97	3,880.45
5% Compound Lifetime	2 years	2,143.18	2,411.05	2,678.99	2,946.86	3,214.74	3,482.69
	3 years	2,623.28	2,951.20	3,279.12	3,607.03	3,934.94	4,262.86
	4 years	3,017.60	3,394.80	3,771.99	4,149.19	4,526.39	4,903.54
	5 years	3,372.07	3,793.60	4,215.10	4,636.58	5,058.13	5,479.62

The premiums above are based on the coverage illustrated on page 2.

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Monthly Cash Benefit (25% of HHC): \$1,250	Elimination Period: 90 Calendar Days
Maximum Monthly Benefit: \$5,000	Cash Benefit Elimination Period: 0 Days
Policy Limit: \$180,000	Inflation Protection: 3% Compound Lifetime
Benefit Duration (NH): 3 years (36 months)	Mode: Annual

Alternate Home Health Care and Assisted Living Options

% of Nursing Home Maximum Monthly Benefit		Benefit Duration (NH)			
Home Health Care	Assisted Living	2 years	3 years	4 years	5 years
100% \$5,000	100% \$5,000	1,343.36	1,644.29	1,891.44	2,113.62
	75% \$3,750	1,303.04	1,594.94	1,834.70	2,050.22
	50% \$2,500	1,209.02	1,479.87	1,702.30	1,902.27
75% \$3,750	100% \$5,000	1,300.49	1,591.83	1,831.11	2,046.19
	75% \$3,750	1,261.49	1,544.07	1,776.18	1,984.80
	50% \$2,500	1,170.46	1,432.64	1,647.99	1,841.61
50% \$2,500	100% \$5,000	1,203.10	1,472.60	1,693.95	1,892.95
	75% \$3,750	1,167.02	1,428.43	1,643.13	1,836.16
	50% \$2,500	1,082.79	1,325.33	1,524.54	1,703.64

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