

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 - 2017 LTCi Rate Increase
Project Name/Number: 2017 LTCi/

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: Mutual of Omaha - 2017 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: 02/23/2017
SERFF Tr Num: MUTA-130934119
SERFF Status: Assigned
State Tr Num: MUTA-130934119
State Status: Received Review in Progress
Co Tr Num: LAFOND

Implementation: 08/01/2017
Date Requested:
Author(s): Jeff LaFond
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed aggregate 22.1% increase (25.4% on issues before 12/1/03 with lifetime benefits, 5.4% on on issues after 12/1/03 with lifetime benefits) on 672 policyholders of Mutual of Omaha's individual LTC forms LT50, NH50, HCA, NHA and LTA.

State: Pennsylvania **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
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General Information

Project Name: 2017 LTCi	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 05/04/2016
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 8.2%	Filing Status Changed: 02/24/2017
	State Status Changed: 03/13/2017
Deemer Date:	Created By: Jeff LaFond
Submitted By: Jeff LaFond	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

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 - 25.4%

Total - 9.3%

Issues On and After 12/01/2003

Non-Lifetime Benefit Periods - 0.0%
 Lifetime Benefit Period - 5.4%

Total - 2.2%

All Issues Combined

Non-Lifetime Benefit Periods - 0.0%
 Lifetime Benefit Period - 22.1%

Total - 8.2%

The proposed effective date of this rate increase August 1, 2017, subject to your State's approval.

Company and Contact

Filing Contact Information

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

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 - 2017 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:

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 - 2017 LTCi Rate Increase
Project Name/Number: 2017 LTCi/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 7.300%
Effective Date of Last Rate Revision: 08/01/2016
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	8.200%	8.200%	\$111,456	672	\$1,359,802	25.400%	0.000%

SERFF Tracking #:

MUTA-130934119

State Tracking #:

MUTA-130934119

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 - 2017 LTCi Rate Increase

Project Name/Number: 2017 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-130415826 Percent Rate Change Request: 8.2	2017 PA Rates - LT50.pdf, 2017 PA Rates - 0DX5M.pdf, 2017 PA Rates - NH50.pdf, 2017 PA Rates - 0DX6M.pdf, 2017 PA Rates - HCA-HCAQ-NHA-NHAQ-LTA-LTAQ.pdf, 2017 PA Rates - HCA-HCAQ-NHA-NHAQ-LTA-LTAQ (issues on and after 12-01-2003).pdf,

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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

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 R25387-36-5

Date: 02/23/2017

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 -- 3 YEARS			
	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.

R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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	8.14	7.70	6.26	5.13
40	8.94	8.43	6.93	5.69
41	9.27	8.75	7.20	5.89
42	9.68	9.12	7.47	6.17
43	10.08	9.51	7.84	6.47
44	10.51	9.93	8.19	6.76
45	11.01	10.38	8.56	7.05
46	11.52	10.90	9.02	7.44
47	12.13	11.44	9.42	7.77
48	12.74	12.01	9.93	8.19
49	13.44	12.63	10.47	8.64
50	14.16	13.33	11.01	9.10
51	14.96	14.02	11.59	9.56
52	15.81	14.81	12.21	10.09
53	16.72	15.60	12.88	10.66
54	17.69	16.43	13.54	11.16
55	18.72	17.31	14.27	11.75
56	19.89	18.27	15.06	12.40
57	21.15	19.39	15.93	13.09
58	22.51	20.53	16.88	13.87
59	23.99	21.77	17.86	14.66
60	25.52	23.12	18.95	15.50
61	27.29	24.67	20.19	16.50
62	29.33	26.47	21.59	17.61
63	31.51	28.50	23.17	18.81
64	33.87	30.69	24.83	20.11
65	36.44	33.11	26.71	21.57
66	39.35	35.76	28.82	23.24
67	42.64	38.81	31.25	25.19
68	46.29	42.16	33.96	27.39
69	50.17	45.70	36.93	29.80
70	54.45	49.65	40.17	32.50
71	59.20	53.96	43.73	35.41
72	64.47	58.81	47.73	38.67
73	70.17	64.02	51.94	42.18
74	76.27	69.58	56.51	45.87
75	82.90	75.63	61.46	49.93
76	90.16	82.40	66.90	54.32
77	98.25	90.12	73.07	59.24
78	107.14	98.80	79.97	64.68
79	116.68	108.27	87.37	70.50
80	126.94	118.55	95.40	76.77
81	137.93	129.63	104.08	83.53
82	149.60	141.48	113.25	90.71
83	161.98	154.14	123.08	98.29
84	175.07	167.63	133.50	106.33

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.
 R25387-36-5

Date: 02/23/2017

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.

R25387-36-5

Date: 02/23/2017

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.

R25387-36-5

Date: 02/23/2017

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.

R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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	7.66	7.31	6.04	4.97
40	8.41	8.03	6.65	5.52
41	8.74	8.30	6.90	5.77
42	9.10	8.67	7.20	5.94
43	9.46	9.03	7.47	6.19
44	9.87	9.42	7.85	6.53
45	10.36	9.86	8.21	6.86
46	10.83	10.36	8.64	7.22
47	11.39	10.85	9.04	7.52
48	12.01	11.44	9.51	7.95
49	12.63	12.01	10.02	8.40
50	13.33	12.63	10.55	8.78
51	14.02	13.33	11.12	9.28
52	14.87	14.07	11.75	9.81
53	15.74	14.82	12.35	10.28
54	16.64	15.60	13.00	10.82
55	17.62	16.43	13.69	11.39
56	18.68	17.36	14.43	12.01
57	19.89	18.41	15.26	12.70
58	21.19	19.51	16.19	13.42
59	22.56	20.68	17.15	14.17
60	24.03	22.00	18.16	14.99
61	25.66	23.45	19.39	16.01
62	27.55	25.18	20.74	17.05
63	29.63	27.09	22.25	18.26
64	31.84	29.13	23.84	19.49
65	34.28	31.45	25.63	20.89
66	36.99	33.96	27.66	22.48
67	40.10	36.84	30.03	24.40
68	43.50	40.02	32.60	26.56
69	47.23	43.43	35.41	28.90
70	51.18	47.15	38.52	31.48
71	55.68	51.26	41.97	34.33
72	60.62	55.88	45.80	37.53
73	65.99	60.82	49.86	40.87
74	71.70	66.09	54.17	44.44
75	77.95	71.84	58.94	48.33
76	84.85	78.30	64.19	52.66
77	92.38	85.61	70.10	57.42
78	100.75	93.87	76.73	62.73
79	109.73	102.85	83.87	68.34
80	119.42	112.61	91.54	74.40
81	129.74	123.12	99.83	80.93
82	140.70	134.40	108.70	87.88
83	152.34	146.44	118.10	95.24
84	164.63	159.23	128.06	103.00

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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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, 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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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	6.93	6.65	5.43	4.49
40	7.61	7.29	6.03	4.97
41	7.91	7.51	6.23	5.14
42	8.21	7.84	6.52	5.40
43	8.56	8.15	6.78	5.67
44	8.95	8.56	7.12	5.93
45	9.38	8.94	7.46	6.22
46	9.84	9.38	7.84	6.53
47	10.32	9.84	8.19	6.86
48	10.85	10.36	8.64	7.22
49	11.45	10.90	9.09	7.59
50	12.04	11.45	9.56	7.98
51	12.73	12.06	10.08	8.43
52	13.44	12.73	10.62	8.85
53	14.27	13.39	11.19	9.35
54	15.07	14.15	11.76	9.81
55	15.95	14.87	12.36	10.30
56	16.92	15.73	13.09	10.90
57	17.99	16.64	13.83	11.50
58	19.16	17.67	14.65	12.16
59	20.40	18.72	15.50	12.85
60	21.74	19.89	16.43	13.56
61	23.24	21.22	17.51	14.45
62	24.95	22.75	18.75	15.45
63	26.81	24.50	20.11	16.53
64	28.82	26.38	21.57	17.67
65	31.02	28.47	23.22	18.95
66	33.49	30.76	25.03	20.38
67	36.29	33.39	27.17	22.12
68	39.36	36.27	29.51	24.05
69	42.72	39.34	32.06	26.17
70	46.35	42.69	34.86	28.50
71	50.41	46.40	37.98	31.06
72	54.88	50.57	41.43	33.95
73	59.72	55.06	45.14	37.02
74	64.93	59.83	49.04	40.24
75	70.58	65.02	53.35	43.78
76	76.77	70.88	58.11	47.64
77	83.64	77.50	63.49	52.02
78	91.20	84.97	69.45	56.73
79	99.34	93.12	75.90	61.83
80	108.11	101.93	82.89	67.36
81	117.45	111.48	90.38	73.26
82	127.38	121.68	98.40	79.58
83	137.90	132.60	106.92	86.23
84	149.05	144.17	115.93	93.27

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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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.

R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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

Issue Age	BENEFIT -- LIFETIME ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	17.98	16.98	13.89	11.39
40	19.05	17.98	14.75	12.04
41	19.54	18.42	15.11	12.44
42	19.95	18.84	15.50	12.73
43	20.49	19.32	15.89	13.07
44	21.02	19.84	16.34	13.44
45	21.57	20.38	16.83	13.89
46	22.25	20.98	17.33	14.36
47	22.86	21.57	17.82	14.70
48	23.54	22.18	18.33	15.14
49	24.32	22.87	18.95	15.64
50	25.04	23.56	19.47	16.08
51	25.79	24.21	20.03	16.55
52	26.47	24.80	20.48	16.90
53	27.09	25.26	20.83	17.15
54	27.54	25.52	21.05	17.39
55	28.00	25.86	21.32	17.54
56	28.50	26.21	21.57	17.73
57	29.18	26.71	21.92	17.99
58	30.00	27.37	22.47	18.45
59	30.91	28.14	23.05	18.90
60	31.96	28.92	23.68	19.39
61	32.97	29.81	24.38	19.93
62	34.02	30.76	25.08	20.48
63	35.12	31.73	25.79	20.98
64	36.27	32.83	26.61	21.57
65	37.38	33.93	27.41	22.13
66	38.65	35.14	28.29	22.79
67	39.85	36.29	29.24	23.55
68	41.17	37.49	30.26	24.39
69	42.59	38.80	31.36	25.34
70	43.97	40.09	32.43	26.26
71	45.42	41.38	33.53	27.17
72	46.79	42.69	34.64	28.11
73	48.14	43.92	35.66	28.95
74	49.46	45.08	36.59	29.77
75	50.80	46.34	37.67	30.60
76	52.17	47.65	38.72	31.45
77	53.56	49.13	39.83	32.30
78	55.06	50.77	41.08	33.24
79	56.58	52.49	42.36	34.22
80	58.24	54.35	43.76	35.20
81	59.98	56.35	45.23	36.29
82	61.78	58.45	46.80	37.47
83	63.78	60.69	48.48	38.72
84	65.81	63.00	50.17	39.96

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.
 R25387-36-5

Date: 02/23/2017

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.
 R25387-36-5

Date: 02/23/2017

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 -- 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.
 R25387-36-5

Date: 02/23/2017

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 -- 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.

R25387-36-5

Date: 02/23/2017

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 -- 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

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Date: 02/23/2017

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	16.88	16.10	13.33	11.04
40	17.88	17.08	14.15	11.66
41	18.36	17.51	14.51	12.01
42	18.78	17.86	14.87	12.36
43	19.26	18.33	15.26	12.72
44	19.78	18.84	15.65	13.02
45	20.31	19.39	16.10	13.42
46	20.89	19.94	16.62	13.84
47	21.49	20.49	17.08	14.28
48	22.13	21.07	17.62	14.70
49	22.87	21.74	18.15	15.14
50	23.55	22.41	18.68	15.60
51	24.30	23.02	19.21	16.04
52	24.90	23.55	19.63	16.35
53	25.48	23.94	20.03	16.72
54	25.90	24.25	20.21	16.83
55	26.33	24.55	20.48	17.03
56	26.81	24.90	20.74	17.24
57	27.41	25.37	21.05	17.46
58	28.20	26.01	21.57	17.91
59	29.09	26.72	22.13	18.33
60	30.05	27.51	22.72	18.78
61	31.02	28.35	23.39	19.29
62	31.99	29.19	24.08	19.79
63	33.03	30.16	24.74	20.31
64	34.10	31.17	25.52	20.89
65	35.15	32.25	26.28	21.46
66	36.32	33.38	27.17	22.13
67	37.47	34.49	28.00	22.75
68	38.75	35.66	29.04	23.65
69	40.05	36.84	30.08	24.54
70	41.38	38.08	31.12	25.44
71	42.69	39.30	32.20	26.33
72	44.00	40.55	33.24	27.24
73	45.27	41.75	34.22	28.05
74	46.51	42.82	35.15	28.82
75	47.76	44.00	36.13	29.67
76	49.04	45.31	37.12	30.45
77	50.36	46.66	38.22	31.32
78	51.77	48.23	39.43	32.20
79	53.19	49.86	40.64	33.12
80	54.77	51.64	41.98	34.10
81	56.40	53.56	43.43	35.20
82	58.14	55.54	44.91	36.32
83	59.98	57.68	46.51	37.54
84	61.91	59.87	48.18	38.75

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 AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.
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Date: 02/23/2017

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,
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Date: 02/23/2017

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 0DX5M

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

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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.
 R25387-36-5

Date: 02/23/2017

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 -- LIFETIME

Issue Age	Elimination Periods			
	0 Day	20 Day	100 Day	365 Day
18-39	15.32	14.60	12.06	9.99
40	16.18	15.47	12.84	10.63
41	16.62	15.81	13.17	10.93
42	17.03	16.19	13.44	11.19
43	17.46	16.62	13.82	11.46
44	17.86	17.05	14.17	11.80
45	18.36	17.53	14.62	12.16
46	18.94	18.03	15.07	12.58
47	19.47	18.57	15.47	12.88
48	20.03	19.09	15.90	13.25
49	20.74	19.65	16.43	13.74
50	21.32	20.25	16.90	14.12
51	21.96	20.83	17.39	14.51
52	22.56	21.32	17.77	14.81
53	23.05	21.69	18.12	15.10
54	23.45	21.97	18.30	15.25
55	23.84	22.25	18.51	15.42
56	24.25	22.56	18.72	15.59
57	24.83	23.00	19.06	15.79
58	25.52	23.56	19.54	16.19
59	26.33	24.20	20.04	16.60
60	27.17	24.89	20.57	17.00
61	28.11	25.63	21.21	17.51
62	28.97	26.46	21.82	17.96
63	29.90	27.29	22.41	18.41
64	30.87	28.24	23.11	18.94
65	31.84	29.19	23.83	19.41
66	32.89	30.22	24.55	20.03
67	33.93	31.24	25.37	20.60
68	35.05	32.29	26.27	21.37
69	36.27	33.38	27.21	22.18
70	37.44	34.46	28.19	23.05
71	38.65	35.59	29.13	23.85
72	39.83	36.73	30.07	24.63
73	40.98	37.77	30.99	25.37
74	42.08	38.80	31.84	26.11
75	43.24	39.83	32.72	26.87
76	44.40	40.98	33.62	27.56
77	45.58	42.27	34.59	28.29
78	46.87	43.64	35.69	29.19
79	48.18	45.14	36.80	30.03
80	49.53	46.77	38.01	30.87
81	51.08	48.48	39.34	31.88
82	52.61	50.27	40.65	32.89
83	54.27	52.19	42.08	33.96
84	56.05	54.16	43.59	35.05

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.
 R25387-36-5

Date: 02/23/2017

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 .

Date: 02/23/2017

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: 02/23/2017

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: 02/23/2017

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.

Date: 02/23/2017

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

PER \$10 DAILY CONFINED CARE BENEFIT

BENEFITS -- LIFETIME				
Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	3.34	3.17	2.50	1.96
40	3.46	3.31	2.61	2.06
41	3.64	3.46	2.72	2.17
42	3.85	3.64	2.88	2.26
43	4.09	3.89	3.06	2.41
44	4.34	4.15	3.31	2.58
45	4.66	4.45	3.54	2.80
46	4.98	4.80	3.79	3.01
47	5.32	5.12	4.06	3.22
48	5.72	5.43	4.31	3.41
49	6.14	5.79	4.60	3.69
50	6.53	6.17	4.89	3.89
51	7.01	6.52	5.22	4.15
52	7.47	6.93	5.54	4.43
53	7.93	7.31	5.87	4.73
54	8.30	7.69	6.19	4.98
55	8.78	8.06	6.53	5.32
56	9.35	8.56	6.97	5.69
57	10.02	9.18	7.47	6.07
58	10.83	9.87	8.03	6.52
59	11.74	10.67	8.59	6.93
60	12.73	11.52	9.27	7.47
61	13.92	12.58	10.09	8.11
62	15.35	13.87	11.09	8.87
63	17.00	15.35	12.26	9.81
64	18.81	17.03	13.57	10.83
65	20.85	18.90	15.11	12.09
66	23.10	20.98	16.77	13.39
67	25.58	23.24	18.57	14.81
68	28.29	25.73	20.49	16.31
69	31.21	28.38	22.51	17.84
70	34.37	31.31	24.73	19.54
71	37.80	34.46	27.17	21.43
72	41.56	37.92	29.81	23.47
73	45.68	41.71	32.79	25.74
74	50.05	45.72	35.94	28.23
75	54.77	50.05	39.35	30.91
76	59.75	54.71	42.96	33.76
77	65.02	59.68	46.87	36.84
78	70.63	65.01	51.08	40.12
79	76.47	70.64	55.51	43.61
80	82.64	76.59	60.19	47.30
81	89.15	82.91	65.16	51.18
82	95.94	89.51	70.34	55.25
83	102.99	96.46	75.82	59.57
84	110.36	103.71	81.51	64.02

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: 02/23/2017

MUTUAL OF OMAHA INSURANCE COMPANY
 SCHEDULE OF MONTHLY RATES FOR RIDER FORM 0DX6M

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 .

R25388-36-5

Date: 02/23/2017

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.

R25388-36-5

Date: 02/23/2017

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

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: 02/23/2017

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

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.

R25388-36-5

Date: 02/23/2017

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

PER \$10 DAILY CONFINED CARE BENEFIT

BENEFITS -- LIFETIME				
Issue Age	ELIMINATION PERIODS			
	0 Day	20 Day	100 Day	365 Day
18-39	8.60	8.15	6.38	4.97
40	8.82	8.40	6.52	5.09
41	9.09	8.60	6.76	5.32
42	9.39	8.90	7.02	5.54
43	9.73	9.28	7.35	5.79
44	10.21	9.77	7.70	6.11
45	10.67	10.28	8.11	6.40
46	11.19	10.71	8.49	6.76
47	11.66	11.19	8.88	7.05
48	12.16	11.64	9.24	7.35
49	12.72	12.01	9.56	7.60
50	13.19	12.43	9.92	7.91
51	13.71	12.77	10.22	8.15
52	14.16	13.10	10.53	8.45
53	14.47	13.34	10.76	8.67
54	14.75	13.56	10.96	8.87
55	14.91	13.71	11.16	9.04
56	15.22	13.97	11.36	9.27
57	15.60	14.28	11.65	9.51
58	16.09	14.66	11.95	9.73
59	16.68	15.14	12.29	9.99
60	17.32	15.73	12.67	10.21
61	18.05	16.35	13.09	10.47
62	18.87	17.03	13.62	10.90
63	19.76	17.88	14.28	11.39
64	20.74	18.78	14.99	12.01
65	21.82	19.78	15.80	12.63
66	22.95	20.83	16.68	13.33
67	24.18	21.96	17.53	13.99
68	25.46	23.17	18.43	14.65
69	26.91	24.50	19.41	15.41
70	28.37	25.86	20.48	16.19
71	29.80	27.17	21.39	16.85
72	31.06	28.37	22.28	17.51
73	32.11	29.33	23.05	18.12
74	32.98	30.16	23.71	18.60
75	33.80	30.99	24.32	19.06
76	34.70	31.80	25.00	19.65
77	35.75	32.80	25.81	20.31
78	36.96	34.03	26.74	21.02
79	38.27	35.31	27.78	21.82
80	39.70	36.77	28.88	22.70
81	41.14	38.25	30.05	23.63
82	42.69	39.85	31.31	24.55
83	44.39	41.60	32.65	25.63
84	46.12	43.43	34.07	26.74

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.

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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.200	1.254

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 0GH7M-36			Confined Care Policy Form NHA			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	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.

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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.000	1.200	1.200	1.254

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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.200	1.254

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 0GT5M-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	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 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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.200	1.254

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 0GT6M-36			Confined Care Policy Form NHAQ			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	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 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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.200	1.254

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	286.88	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	2017 Increase Factor
1 year	0.55	1.150	1.000	1.000	1.000	1.000
2 year	0.80	1.150	1.000	1.000	1.000	1.000
3 year	1.00	1.150	1.000	1.000	1.000	1.000
5 year	1.25	1.150	1.000	1.000	1.000	1.000
Lifetime	1.45	1.150	1.150	1.200	1.200	1.254

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 ¹	365 Day Elim ²			
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	2017 Increase Factor
1 year ³	0.55	1.000	1.000	1.000	1.000	1.000
2 year ⁴	0.80	1.000	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.200	1.254

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

¹ The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.
² The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.
³ The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.
⁴ 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 OGH8M		Confined Care Policy Form LTA				5% Compound Inflation Rider Form OGH4M	Shortened Benefit Period Rider Form OGH5M	Return of Premium Rider Form OGH2M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim ¹	365 Day Elim ²			
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	2017 Increase Factor
1 year ³	0.55	1.000	1.000	1.000	1.000	1.000
2 year ⁴	0.80	1.000	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.200	1.254

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

¹ The 180 day elimination period is not available in CT, GA, KS, MA, MN, SD, and VT.
² The 365 day elimination period is not available in CT, FL, GA, KS, MA, MN, NC, ND, SD, and VT.
³ The 1 year benefit period is not available in AZ, GA, ME, MD, MA, NV, NH, NJ, and WV.
⁴ 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 0GT6M		Confined Care Policy Form NHAQ				5% Compound Inflation Rider Form 0GH3M	Shortened Benefit Period Rider Form 0GH5M
	20 Day Elim	0 Day Elim	20 Day Elim	90 Day Elim	180 Day Elim ¹	365 Day Elim ²		
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 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	2017 Increase Factor
1 year ³	0.55	1.000	1.000	1.000	1.000	1.000
2 year	0.80	1.000	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.200	1.254

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

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

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

³ 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 ¹	365 Day Elim ²			
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	2017 Increase Factor
1 year ³	0.55	1.000	1.000	1.000	1.000	1.000
2 year	0.80	1.000	1.000	1.000	1.000	1.000
3 year	1.00	1.000	1.000	1.000	1.000	1.000
5 year	1.25	1.000	1.000	1.000	1.000	1.000
Lifetime	1.45	1.100	1.000	1.200	1.200	1.254

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

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

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

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

SERFF Tracking #:

MUTA-130934119

State Tracking #:

MUTA-130934119

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 - 2017 LTCi Rate Increase

Project Name/Number:

2017 LTCi/

Supporting Document Schedules

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

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

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Actuarial Memorandum (PA).pdf Exhibit 1 - Average Annual Premium.pdf Exhibit 2 - Rate Increase History.pdf Exhibits 3A-C - Lifetime Experience Projections (PA).pdf Exhibits 4A-C - Dual Loss Ratio Tests.pdf
Item Status:	
Status Date:	

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

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

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

SERFF Tracking #:

MUTA-130934119

State Tracking #:

MUTA-130934119

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 - 2017 LTCi Rate Increase

Project Name/Number: 2017 LTCi/

Attachment(s):	
Item Status:	
Status Date:	

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

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

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

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



February 23, 2017

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 8.2% with a target implementation date of August 1, 2017. 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

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
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Omaha, NE 68175
(402) 351-3861
Adam.Walling@mutualofomaha.com

February 23, 2017

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 second 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, 2015, 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 2014 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 29 million life years of exposure and over \$25 billion of incurred claims. In 2016, Mutual of Omaha performed a comprehensive claim study on the policy forms mentioned in this filing. Below are our key findings.

Overall, Mutual of Omaha's claim costs align with Milliman claim costs. 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. We will continue to reflect our experience as we gain credibility. Generational morbidity improvement of 1% per year and future morbidity improvement of 1% per year for 20

years are assumed but is something that we will continue to monitor closely as we gain more experience to ensure that it remains an appropriate assumption.

Rate increase

Projected future earned premiums that include the proposed rate increase amounts, as noted in Section 11, assume a 08/01/2017 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, 2016, 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 40.7% 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	645,921,401	294,596,298	45.6%	55.0%
Future	236,838,601	494,755,839	208.9%	208.9%
Lifetime	882,760,003	789,352,136	89.4%	63.2%

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 40.7%.

Lifetime Benefit Periods

A rate increase of 60.3% 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	998,987,933	572,122,797	57.3%	55.1%
Future	630,378,456	1,309,296,054	207.7%	207.7%
Lifetime	1,629,366,390	1,881,418,851	115.5%	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 60.3%.

All Benefit Periods Combined

An overall rate increase of 54.3% 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	1,644,909,335	866,719,095	52.7%	55.1%
Future	866,499,468	1,804,051,892	208.2%	208.2%
Lifetime	2,511,408,803	2,670,770,988	106.3%	63.1%

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 54.3%.

11. SUMMARY OF PROPOSED RATE INCREASE

Although a rate increase of 54.3% is needed to bring the future loss ratio in line with expectations, we are requesting the rate increase 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	2017
Non-Lifetime	0.0%
Lifetime	25.4%
Total	9.3%

Issues On & After 12/01/2003

Benefit Period	2017
Non-Lifetime	0.0%
Lifetime	5.4%
Total	2.2%

All Issues Combined

Benefit Period	2017
Non-Lifetime	0.0%
Lifetime	22.1%
Total	8.2%

The proposed rate increase amounts displayed above will bring Pennsylvania policyholders to the actuarially equivalent rate level compared 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 placed on file, 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 rate increase for policies with a lifetime benefit period is August 1, 2017, subject to your State's approval.



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February 23, 2017

Attachments:

Exhibit 1 – Policies In-Force, Annualized Premium and Average Annual Premium
Exhibit 2 – Rate Increase History
Exhibits 3A-C – Nationwide Lifetime Experience Projections
Exhibits 4A-C – Nationwide Dual Loss Ratio Tests

Proposed Rates

Policies In-Force as of 12/31/2015, 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	2,136	0.0%
NH50	713	817,357	1,146	1,146	0.0%
HCA	325	904,612	2,783	2,783	0.0%
HCAQ	80	196,089	2,451	2,451	0.0%
LTA	8,192	19,349,654	2,362	2,362	0.0%
LTAQ	2,209	4,213,610	1,907	1,907	0.0%
NHA	5,604	15,554,853	2,776	2,776	0.0%
NHAQ	1,703	3,992,904	2,345	2,345	0.0%
Total	20,291	48,159,004	2,373	2,373	0.0%

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	61	64,750	1,061	1,061	0.0%
NH50	16	9,750	609	609	0.0%
HCA	1	559	559	559	0.0%
HCAQ	17	30,463	1,792	1,792	0.0%
LTA	27	47,478	1,758	1,758	0.0%
LTAQ	119	219,403	1,844	1,844	0.0%
NHA	48	113,523	2,365	2,365	0.0%
NHAQ	119	241,530	2,030	2,030	0.0%
Total	408	727,456	1,783	1,783	0.0%

Lifetime Benefit Period

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	20	38,651	1,933	2,424	25.4%
NH50	5	4,340	868	1,088	25.3%
HCA	0	0	0	0	0.0%
HCAQ	5	25,544	5,109	6,407	25.4%
LTA	21	54,751	2,607	3,269	25.4%
LTAQ	43	101,666	2,364	2,964	25.4%
NHA	12	29,984	2,499	3,134	25.4%
NHAQ	56	165,705	2,959	3,711	25.4%
Total	162	420,641	2,597	3,257	25.4%

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	0	0	0	0	0.0%
NH50	0	0	0	0	0.0%
HCA	0	0	0	0	0.0%
HCAQ	0	0	0	0	0.0%
LTA	14	19,715	1,408	1,408	0.0%
LTAQ	13	21,137	1,626	1,626	0.0%
NHA	17	44,684	2,628	2,628	0.0%
NHAQ	25	41,580	1,663	1,663	0.0%
Total	69	127,116	1,842	1,842	0.0%

Lifetime Benefit Period

Policy Form	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	After Increase	Increase Amount
LT50	0	0	0	0	0.0%
NH50	0	0	0	0	0.0%
HCA	0	0	0	0	0.0%
HCAQ	0	0	0	0	0.0%
LTA	11	22,328	2,030	2,140	5.4%
LTAQ	4	11,049	2,762	2,911	5.4%
NHA	11	29,019	2,638	2,780	5.4%
NHAQ	7	22,193	3,170	3,341	5.4%
Total	33	84,589	2,563	2,701	5.4%

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	Effective Date	Overall Increase Amount
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	15.0%	03/01/2013	15.0%	08/01/2015	20.0%	08/01/2016	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	Effective Date	Overall Increase Amount
01/01/2012	10.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	10.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	10.0%	08/01/2015	20.0%	08/01/2016	20.0%
01/01/2012	10.0%	08/01/2015	20.0%	08/01/2016	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 06/30/2016
Premiums at the Pennsylvania Rate Level
Non-Lifetime Benefit Periods**

Year	Pennsylvania Rate Level Earned Premium	Incurred 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	9,349,850	27.7%		
2007	32,402,237	12,025,776	37.1%		
2008	30,977,013	13,700,904	44.2%		
2009	29,532,625	16,500,852	55.9%		
2010	28,088,937	18,668,734	66.5%		
2011	26,659,985	21,284,103	79.8%		
2012	29,796,373	26,351,077	88.4%		
2013	28,770,030	25,725,589	89.4%		
2014	27,266,197	26,396,447	96.8%		
2015	26,593,774	30,343,924	114.1%		
Total	442,875,785	227,729,350	51.4%		
Interest Adjusted	645,921,401	294,596,298	45.6%		
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurred Claims	Loss Ratio w/o Increase	Loss Ratio w/Increase
2016	24,116,098	24,116,098	26,420,625	109.6%	109.6%
2017	21,870,025	21,870,025	27,256,979	124.6%	124.6%
2018	19,826,945	19,826,945	28,008,107	141.3%	141.3%
2019	17,973,467	17,973,467	29,167,434	162.3%	162.3%
2020	16,274,905	16,274,905	30,245,093	185.8%	185.8%
2021	14,689,156	14,689,156	31,108,461	211.8%	211.8%
2022	13,223,290	13,223,290	32,233,986	243.8%	243.8%
2023	11,844,729	11,844,729	31,825,088	268.7%	268.7%
2024	10,568,835	10,568,835	31,258,211	295.8%	295.8%
2025	9,391,613	9,391,613	31,516,817	335.6%	335.6%
2026	8,316,871	8,316,871	31,789,444	382.2%	382.2%
2027	7,338,745	7,338,745	31,977,893	435.7%	435.7%
2028	6,449,337	6,449,337	31,979,557	495.9%	495.9%
2029	5,645,565	5,645,565	31,853,047	564.2%	564.2%
2030	4,922,417	4,922,417	31,540,433	640.8%	640.8%
2031	4,273,948	4,273,948	31,140,529	728.6%	728.6%
2032	3,695,452	3,695,452	30,663,681	829.8%	829.8%
2033	3,180,115	3,180,115	29,609,997	931.1%	931.1%
2034	2,727,493	2,727,493	28,227,999	1034.9%	1034.9%
2035	2,331,319	2,331,319	27,001,233	1158.2%	1158.2%
2036	1,984,229	1,984,229	25,876,599	1304.1%	1304.1%
2037	1,680,733	1,680,733	24,816,603	1476.5%	1476.5%
2038	1,416,415	1,416,415	23,635,241	1668.7%	1668.7%
2039	1,187,522	1,187,522	22,255,899	1874.1%	1874.1%
2040	990,293	990,293	20,705,496	2090.8%	2090.8%
2041	820,965	820,965	19,159,642	2333.8%	2333.8%
2042	677,104	677,104	17,606,065	2600.2%	2600.2%
2043	555,057	555,057	16,041,827	2890.1%	2890.1%
2044	452,454	452,454	14,400,291	3182.7%	3182.7%
2045	366,571	366,571	12,805,875	3493.4%	3493.4%
2046	294,889	294,889	11,291,147	3829.0%	3829.0%
2047	236,144	236,144	9,911,078	4197.0%	4197.0%
2049	149,038	149,038	7,460,094	5005.5%	5005.5%
2050	117,065	117,065	6,360,483	5433.3%	5433.3%
2051	91,127	91,127	5,382,479	5906.6%	5906.6%
2052	70,553	70,553	4,528,780	6418.9%	6418.9%
2053	54,454	54,454	3,790,027	6960.1%	6960.1%
2054	41,765	41,765	3,131,962	7499.0%	7499.0%
2055	31,694	31,694	2,555,574	8063.3%	8063.3%
2056	23,674	23,674	2,061,671	8708.4%	8708.4%
2057	17,525	17,525	1,657,858	9459.8%	9459.8%
2058	12,981	12,981	1,331,269	10255.2%	10255.2%
2059	9,593	9,593	1,058,668	11035.9%	11035.9%
2060	7,003	7,003	831,294	11870.6%	11870.6%
2061	4,988	4,988	639,231	12815.0%	12815.0%
2062	3,484	3,484	486,571	13966.1%	13966.1%
2063	2,463	2,463	376,788	15296.3%	15296.3%
2064	1,772	1,772	291,749	16467.8%	16467.8%
2065	1,264	1,264	222,757	17616.6%	17616.6%
2066	885	885	164,616	18603.0%	18603.0%
2067	602	602	120,385	20002.5%	20002.5%
2068	418	418	89,454	21416.8%	21416.8%
2069	281	281	65,972	23518.2%	23518.2%
2070	113	113	47,105	41767.1%	41767.1%
2071	8	8	32,211	397546.0%	397546.0%
2072	0	0	3	1022.1%	1022.1%
2073	0	0	0	791.5%	791.5%
	Earned Premium w/o Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio w/o Increase	Loss Ratio With Increase
Past Experience @ 4.5%	645,921,401	645,921,401	294,596,298	45.6%	45.6%
Anticipated Experience @ 4.5%	168,317,877	168,317,877	494,755,839	293.9%	293.9%
Lifetime Experience @ 4.5%	814,239,278	814,239,278	789,352,136	96.9%	96.9%

Lifetime Experience (Nationwide) as of 06/30/2016
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	5,630,794	18.3%		
2003	44,172,366	9,620,717	21.8%		
2004	53,510,550	13,058,215	24.4%		
2005	53,476,530	16,482,063	30.8%		
2006	52,232,014	15,847,243	30.3%		
2007	51,051,800	23,601,663	46.2%		
2008	49,857,760	31,783,140	63.7%		
2009	48,399,533	29,851,522	61.7%		
2010	46,866,733	44,712,873	95.4%		
2011	43,538,030	48,751,778	112.0%		
2012	43,435,523	48,291,319	111.2%		
2013	43,324,066	52,273,316	120.7%		
2014	41,994,531	44,577,998	106.2%		
2015	45,699,103	49,492,487	108.3%		
Total	689,363,969	440,859,689	64.0%		
Interest Adjusted	998,987,933	572,122,797	57.3%		
	<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>
2016	45,889,782	45,889,782	45,972,435	100.2%	100.2%
2017	47,119,459	48,729,373	48,927,736	103.8%	100.4%
2018	43,628,460	47,205,994	51,935,603	119.0%	110.0%
2019	40,324,677	43,631,300	56,091,412	139.1%	128.6%
2020	37,183,723	40,232,789	61,209,989	164.6%	152.1%
2021	34,161,597	36,962,848	65,069,346	190.5%	176.0%
2022	31,285,903	33,851,347	69,714,467	222.8%	205.9%
2023	28,518,123	30,856,609	70,993,472	248.9%	230.1%
2024	25,929,019	28,055,198	71,437,634	275.5%	254.6%
2025	23,509,681	25,437,475	74,750,504	318.0%	293.9%
2026	21,265,397	23,009,159	78,091,745	367.2%	339.4%
2027	19,181,382	20,754,256	81,231,872	423.5%	391.4%
2028	17,244,934	18,659,019	83,958,348	486.9%	450.0%
2029	15,455,242	16,722,572	86,510,291	559.7%	517.3%
2030	13,802,111	14,933,884	89,128,466	645.8%	596.8%
2031	12,272,914	13,279,293	90,905,278	740.7%	684.6%
2032	10,868,996	11,760,254	92,627,033	852.2%	787.6%
2033	9,574,096	10,359,171	92,446,774	965.6%	892.4%
2034	8,405,290	9,094,524	90,765,835	1079.9%	998.0%
2035	7,360,226	7,963,765	89,886,793	1221.3%	1128.7%
2036	6,416,961	6,943,152	89,083,887	1388.3%	1283.0%
2037	5,566,153	6,022,578	88,115,388	1583.1%	1463.1%
2038	4,803,601	5,197,497	86,343,422	1797.5%	1661.3%
2039	4,125,712	4,464,021	83,521,272	2024.4%	1871.0%
2040	3,526,166	3,815,312	80,062,477	2270.5%	2098.5%
2041	2,995,691	3,241,337	76,124,511	2541.1%	2348.6%
2042	2,531,310	2,738,877	72,125,708	2849.3%	2633.4%
2043	2,124,047	2,298,219	67,437,706	3175.0%	2934.3%
2044	1,771,940	1,917,240	61,854,476	3490.8%	3226.2%
2045	1,473,712	1,594,557	56,450,193	3830.5%	3540.2%
2046	1,218,081	1,317,964	51,167,799	4200.7%	3882.3%
2047	1,001,643	1,083,778	46,191,288	4611.6%	4262.1%
2048	819,818	887,043	41,378,047	5047.2%	4664.7%
2049	667,228	721,940	36,637,872	5491.1%	5074.9%
2050	540,188	584,484	32,101,644	5942.7%	5492.3%
2051	434,077	469,671	27,879,923	6422.8%	5936.1%
2052	346,726	375,157	24,189,786	6976.6%	6447.9%
2053	275,486	298,076	20,791,477	7547.2%	6975.2%
2054	216,805	234,583	17,533,021	8087.0%	7474.1%
2055	169,908	183,840	14,634,529	8613.2%	7960.5%
2056	132,002	142,826	12,070,289	9144.0%	8451.1%
2057	101,751	110,094	9,962,478	9791.1%	9049.0%
2058	78,244	84,660	8,209,705	10492.4%	9697.2%
2059	60,146	65,078	6,683,379	11111.9%	10269.8%
2060	45,713	49,462	5,317,412	11632.1%	10750.5%
2061	34,364	37,182	4,132,291	12025.2%	11113.8%
2062	25,586	27,684	3,236,769	12650.7%	11692.0%
2063	19,140	20,709	2,565,361	13403.3%	12387.5%
2064	14,339	15,515	2,014,319	14048.1%	12983.4%
2065	10,595	11,464	1,549,982	14629.0%	13520.3%
2066	7,701	8,332	1,148,093	14908.5%	13778.7%
2067	5,522	5,975	852,995	15447.6%	14276.9%
2068	3,920	4,242	640,933	16348.8%	15109.8%
2069	2,584	2,796	482,124	18658.0%	17244.0%
2070	1,547	1,674	346,502	22397.5%	20700.1%
2071	8	8	854	10876.8%	10052.5%
2072	0	0	6	4907.1%	4535.2%
2073	0	0	1	1098.8%	1015.5%
	<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%	998,987,933	998,987,933	572,122,797	57.3%	57.3%
Anticipated Experience @ 4.5%	393,219,252	419,543,445	1,309,296,054	333.0%	312.1%
Lifetime Experience @ 4.5%	1,392,207,185	1,418,531,378	1,881,418,851	135.1%	132.6%

Note:

The Earned Premium w/o Increase includes the 20% increase that was implemented on 08/01/2016, and the Earned Premium with Increase includes the proposed increase amounts summarized in Section 11 of the Actuarial Memorandum.

Lifetime Experience (Nationwide) as of 06/30/2016
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	10,240,311	20.2%		
2003	72,912,648	13,280,948	18.2%		
2004	88,510,679	19,038,612	21.5%		
2005	88,512,597	25,177,900	28.4%		
2006	86,029,070	25,197,093	29.3%		
2007	83,454,037	35,627,439	42.7%		
2008	80,834,773	45,484,044	56.3%		
2009	77,932,158	46,352,373	59.5%		
2010	74,955,670	63,381,607	84.6%		
2011	70,198,015	70,035,881	99.8%		
2012	73,231,897	74,642,397	101.9%		
2013	72,094,097	77,998,904	108.2%		
2014	69,260,728	70,974,445	102.5%		
2015	72,292,877	79,836,411	110.4%		
Total	1,132,239,754	668,589,039	59.1%		
Interest Adjusted	1,644,909,335	866,719,095	52.7%		
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurring Claims	Loss Ratio w/o Increase	Loss Ratio w/Increase
2016	70,005,879	70,005,879	72,393,060	103.4%	103.4%
2017	68,989,483	70,599,398	76,184,716	110.4%	107.9%
2018	63,455,405	67,032,939	79,943,710	126.0%	119.3%
2019	58,298,143	61,604,767	85,258,846	146.2%	138.4%
2020	53,458,629	56,507,694	91,455,083	171.1%	161.8%
2021	48,850,753	51,652,004	96,177,806	196.9%	186.2%
2022	44,509,193	47,074,637	101,948,453	229.1%	216.6%
2023	40,362,852	42,701,338	102,818,560	254.7%	240.8%
2024	36,497,854	38,624,033	102,695,845	281.4%	265.9%
2025	32,901,294	34,829,088	106,267,321	323.0%	305.1%
2026	29,582,268	31,326,031	109,881,189	371.4%	350.8%
2027	26,520,128	28,093,001	113,209,765	426.9%	403.0%
2028	23,694,271	25,108,356	115,937,905	489.3%	461.8%
2029	21,100,807	22,368,137	118,363,337	560.9%	529.2%
2030	18,724,528	19,856,302	120,668,899	644.4%	607.7%
2031	16,546,863	17,553,242	122,045,807	737.6%	695.3%
2032	14,564,448	15,455,705	123,290,714	846.5%	797.7%
2033	12,754,211	13,539,287	122,056,772	957.0%	901.5%
2034	11,132,783	11,822,017	118,993,834	1068.9%	1006.5%
2035	9,691,545	10,295,084	116,888,026	1206.1%	1135.4%
2036	8,401,191	8,927,381	114,960,485	1368.4%	1287.7%
2037	7,246,887	7,703,311	112,931,992	1558.4%	1466.0%
2038	6,220,017	6,613,912	109,978,663	1768.1%	1662.8%
2039	5,313,234	5,651,542	105,777,170	1990.8%	1871.7%
2040	4,516,459	4,805,605	100,767,974	2231.1%	2096.9%
2041	3,816,656	4,062,303	95,284,154	2496.5%	2345.6%
2042	3,208,414	3,415,981	89,731,773	2796.8%	2626.8%
2043	2,679,104	2,853,276	83,479,533	3115.9%	2925.7%
2044	2,224,395	2,369,694	76,254,767	3428.1%	3217.9%
2045	1,840,283	1,961,128	69,256,068	3763.3%	3531.4%
2046	1,512,970	1,612,852	62,458,946	4128.2%	3872.6%
2047	1,237,787	1,319,922	56,102,365	4532.5%	4250.4%
2048	1,008,004	1,075,229	50,023,040	4962.6%	4652.3%
2049	816,265	870,978	44,097,966	5402.4%	5063.0%
2050	657,253	701,549	38,462,127	5851.9%	5482.5%
2051	525,204	560,798	33,262,402	6333.2%	5931.3%
2052	417,279	445,710	28,718,566	6882.3%	6443.3%
2053	329,940	352,530	24,581,504	7450.3%	6972.9%
2054	258,570	276,348	20,664,983	7992.0%	7477.9%
2055	201,602	215,534	17,190,103	8526.8%	7975.6%
2056	155,676	166,500	14,131,960	9077.8%	8487.7%
2057	119,276	127,620	11,620,336	9742.4%	9105.5%
2058	91,226	97,642	9,540,974	10458.7%	9771.4%
2059	69,739	74,671	7,742,047	11101.5%	10368.2%
2060	52,716	56,465	6,148,706	11663.8%	10889.5%
2061	39,352	42,170	4,771,522	12125.3%	11315.1%
2062	29,070	31,168	3,723,339	12808.4%	11946.2%
2063	21,603	23,173	2,942,149	13619.1%	12696.7%
2064	16,110	17,286	2,306,068	14314.2%	13340.5%
2065	11,860	12,729	1,772,739	14947.5%	13927.2%
2066	8,586	9,217	1,312,710	15289.3%	14241.8%
2067	6,124	6,576	973,380	15895.3%	14800.9%
2068	4,338	4,660	730,386	16836.8%	15675.2%
2069	2,865	3,076	548,096	19133.9%	17816.1%
2070	1,660	1,787	393,607	23713.6%	22029.9%
2071	16	17	33,065	207282.6%	199243.3%
2072	0	0	10	2093.3%	2047.0%
2073	0	0	1	950.4%	911.7%
	Earned Premium w/o Increase	Earned Premium With Increase	Incurring Claims	Loss Ratio w/o Increase	Loss Ratio With Increase
Past Experience @ 4.5%	1,644,909,335	1,644,909,335	866,719,095	52.7%	52.7%
Anticipated Experience @ 4.5%	561,537,129	587,861,322	1,804,051,892	321.3%	306.9%
Lifetime Experience @ 4.5%	2,206,446,463	2,232,770,656	2,670,770,988	121.0%	119.6%

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

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

LifeTime Experience (Nationwide) as of 06/30/2016

Non-Lifetime Benefit Periods

Non-Lifetime Benefit Periods

Non-Lifetime Benefit Periods

Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level 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	28,221,911	6,772,074	5,980,337	43,796,706	10,516,824	9,287,280	
2005	28,234,687	6,793,491	8,696,020	41,929,710	10,095,774	12,923,114	
2006	27,234,409	6,536,316	9,536,713	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	20,593,331	
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	24,380,648	5,830,648	24,350,648	
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	
Total	320,223,705	67,843,839	174,144,763	450,336,170	87,056,521	217,703,091	

Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level 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	4,498,937	
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	43,801,121	10,559,820	13,504,369	
2006	27,234,820	6,542,235	9,437,356	40,503,256	9,722,384	14,020,809	
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	22,621,201	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	26,052,566	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	18,883,653	7,539,606	22,563,707	19,702,068	7,878,882	23,579,074	
Total	340,756,561	74,652,512	192,737,993	492,477,297	98,123,313	246,770,423	

Non-Interest Adjusted				Interest Adjusted			
Year	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level Increased Premium	Incurred Claims	
1997	493,144	0	0	1,138,107	0	0	
1998	2,879,303	0	107,337	6,389,880	0	237,051	
1999	5,164,376	0	620,403	10,914,272	0	1,311,145	
2000	8,538,676	0	1,279,039	17,268,364	0	2,586,690	
2001	13,296,598	0	2,429,334	25,732,672	0	4,701,447	
2002	19,842,983	0	4,609,517	36,748,112	0	8,536,572	
2003	27,120,845	1,619,437	3,660,231	48,063,455	2,869,960	6,486,647	
2004	28,222,177	6,777,951	5,980,397	47,817,467	11,494,602	10,142,044	
2005	28,236,306	6,799,760	8,695,837	45,823,376	11,035,012	14,112,066	
2006	27,234,820	6,542,235	9,349,850	42,325,902	10,159,891	14,500,314	
2007	26,137,563	6,264,674	12,021,747	38,842,905	9,309,902	17,871,447	
2008	24,975,406	6,001,607	13,700,904	35,517,540	8,534,889	19,484,064	
2009	23,465,113	5,733,528	16,500,852	32,387,283	7,802,539	22,455,379	
2010	22,621,201	5,457,736	18,668,734	29,471,711	7,107,392	24,311,548	
2011	21,469,322	5,190,663	21,284,103	26,754,681	6,468,511	26,523,864	
2012	21,298,943	8,497,431	26,351,077	25,399,385	10,133,344	31,424,150	
2013	20,542,147	8,227,883	23,442,002	23,442,002	9,389,382	29,357,170	
2014	19,456,618	7,809,579	26,396,447	21,247,113	8,528,256	28,825,580	
2015	18,947,531	7,646,242	30,343,924	19,800,170	7,990,323	31,709,400	
Total	360,307,057	82,568,728	227,729,350	535,097,399	110,824,003	294,596,298	

Grand Total	498,586,465	144,930,323	856,074,993	586,081,476	145,716,575	619,162,068
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Grand Total	500,609,749	138,818,093	854,729,926	614,912,766	147,269,785	644,977,123
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Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	339,927,256	123,859,089
Dual Loss Ratio Test Met	619,162,068	>

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

Grand Total	516,948,740	146,080,682	1,102,391,724	654,854,177	159,385,101	789,352,136
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Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	379,815,423	135,477,336
Dual Loss Ratio Test Met	789,352,136	>

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

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

Lifetime Experience (Nationwide) as of 06/30/2016

Lifetime Benefit Period

Lifetime Benefit Period

Lifetime Benefit Period

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level 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	1,523,173	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	10,656,369	15,913,903	59,094,341	15,157,273	22,651,172
2007	40,407,082	10,556,760	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	41,119,664
2009	38,025,971	9,774,317	30,992,695	47,387,278	12,800,577	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	39,097,106	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	43,698,048	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	30,234,990	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	27,371,197	63,768,058	12,637,436	21,019,762	48,397,420
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	9,740,014	16,210,448	50,851,618
2023	12,634,653	21,013,556	73,466,687	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	47,607,833
2025	10,399,106	17,290,677	77,426,919	6,407,916	10,654,493	47,103,730
2026	9,327,997	15,512,062	80,800,905	5,500,383	9,146,943	47,654,374
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	46,013,354
2030	6,043,345	10,038,985	91,542,650	2,988,449	4,963,970	45,265,032
2031	5,371,319	8,919,178	93,186,283	2,541,581	4,230,345	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	1,272,960	2,150,527	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

Grand Total	768,554,186	538,408,687	2,622,057,073	889,402,647	447,186,019	1,642,463,873
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Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	515,644,735	380,108,116
Dual Loss Ratio Test Met	1,642,463,873	>

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level 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	34,700,076	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	10,667,226	16,009,735	61,775,917	15,845,826	23,791,990
2007	40,478,811	10,406,561	24,043,850	57,707,152	14,799,177	34,192,774
2008	39,343,234	10,161,482	31,566,100	53,812,878	13,828,372	42,957,101
2009	38,374,783	9,875,472	30,758,822	49,973,950	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	8,903,400	49,934,263	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	13,268,308	21,051,830	50,373,704
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	20,140,887	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	49,602,666
2026	9,273,044	14,859,052	80,399,862	5,714,038	9,156,129	48,542,293
2027	8,351,606	13,379,995	83,516,258	4,924,640	7,889,169	49,246,520
2028	7,508,216	12,023,957	86,167,229	4,256,673	6,784,778	48,621,724
2029	6,727,871	10,770,763	88,642,173	3,632,868	5,815,920	47,860,368
2030	6,006,007	9,611,243	91,135,981	3,103,427	4,966,326	47,091,824
2031	5,337,704	8,531,704	92,785,299	2,639,311	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	1,838,220	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	2,173,800	38,139,073
2036	2,769,386	4,419,999	91,146,033	1,098,585	1,836,660	36,165,600
2037	2,393,602	3,819,332	89,726,042	908,853	1,450,204	34,069,058
2038	2,088,002	3,283,674	87,497,808	747,775	1,193,123	31,792,340
2039	1,767,797	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	382,917,690	2,221,774,892	189,609,699	277,604,426	1,213,436,855

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	539,502,420	378,475,061
Dual Loss Ratio Test Met	1,718,695,874	>

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level Increased Premium	Incurred Claims
1997	379,977	0	0	876,933	0	0
1998	2,595,131	0	229,543	5,731,291	0	506,941
1999	5,659,399	0	581,891	11,960,443	0	1,229,755
2000	11,774,776	0	1,523,173	23,812,956	0	3,080,420
2001	20,610,805	0	4,549,955	39,877,729	0	8,805,448
2002	30,785,341	0	5,630,794	57,527,756	0	10,427,921
2003	41,521,354	2,651,013	9,620,717	73,583,981	4,698,114	17,049,798
2004	42,601,415	10,909,135	13,058,215	72,246,948	18,500,600	22,145,184
2005	42,549,495	10,927,035	16,482,063	69,051,578	17,732,973	26,747,966
2006	41,569,288	10,667,226	16,558,888	64,555,533	16,558,888	24,610,203
2007	40,407,082	10,406,561	23,074,316	60,300,499	15,487,332	35,074,316
2008	39,343,234	10,195,887	31,783,140	56,403,174	14,499,572	4

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

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

Lifetime Experience (Nationwide) as of 06/30/2016

All Benefit Periods Combined

All Benefit Periods Combined

All Benefit Periods Combined

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level 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	35,973,559
2007	66,373,477	16,571,795	35,899,751	90,325,131	22,551,924	48,584,600
2008	63,801,303	15,955,061	45,338,524	83,883,893	20,777,639	59,042,552
2009	61,491,084	15,410,989	47,415,427	76,629,078	19,204,896	59,025,289
2010	59,143,304	14,851,615	63,017,679	70,529,940	17,710,827	75,130,674
2011	55,376,779	13,922,233	68,067,634	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
Total	806,163,090	181,946,070	523,291,379	1,131,326,724	232,900,824	652,352,060

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level Increased Premium	Incurred Claims
1997	873,120	0	0	1,845,232	0	0
1998	5,474,434	0	336,880	11,071,332	0	682,007
1999	10,823,775	0	2,431,484	20,947,062	0	2,326,779
2000	20,313,452	0	5,423,072	37,619,395	0	5,190,638
2001	33,907,403	0	6,979,289	60,090,567	0	12,790,771
2002	50,628,324	0	12,925,259	85,859,635	0	17,238,300
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	39,055,565
2006	68,424,108	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	15,035,229	63,633,023	74,493,627	18,737,004	79,298,233
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
Total	853,968,614	203,316,155	590,558,340	1,233,044,184	265,783,664	751,966,442

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	PA Rate Level Increased Premium	Incurred Claims	Original Premium	PA Rate Level Increased Premium	Incurred Claims
1997	873,120	0	0	2,015,040	0	0
1998	5,474,434	0	336,880	12,090,171	0	743,992
1999	10,823,775	0	2,431,484	22,874,715	0	2,540,900
2000	20,313,452	0	5,423,072	41,081,320	0	5,667,110
2001	33,907,403	0	6,979,289	65,620,401	0	13,506,895
2002	50,628,324	0	12,925,259	93,760,867	0	18,964,493
2003	68,642,198	4,270,449	13,206,830	120,848,416	7,568,074	23,536,445
2004	70,823,592	17,687,087	19,038,612	120,108,415	29,995,202	32,287,228
2005	70,785,801	17,726,796	25,177,900	114,874,953	28,767,985	40,860,031
2006	68,424,108	17,204,962	25,197,795	106,881,736	26,718,779	39,130,314
2007	66,767,868	16,686,439	36,065,597	99,233,404	24,972,234	52,945,764
2008	64,637,279	16,197,494	45,484,044	91,920,714	23,034,466	64,682,866
2009	62,149,080	15,642,559	46,352,373	81,677,538	21,287,361	63,079,176
2010	59,888,073	15,067,598	63,381,607	77,989,849	19,621,932	82,539,340
2011	55,607,681	14,124,334	70,035,881	69,878,009	17,601,490	87,277,449
2012	51,596,419	21,635,478	74,642,397	61,529,689	25,800,710	89,012,447
2013	47,927,837	24,166,260	77,998,904	54,693,624	27,577,717	89,009,708
2014	45,506,587	23,754,142	70,794,445	49,694,330	25,940,117	77,505,868
2015	42,579,654	29,713,223	79,836,411	44,495,738	31,050,318	83,429,049
Total	898,363,205	233,876,549	668,589,039	1,335,147,950	309,761,385	866,719,095

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	65,285,020
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	20,580,831	24,580,887	68,976,816
2021	24,793,810	29,354,092	94,301,138	18,191,197	21,470,222	69,295,160
2022	22,544,950	26,814,741	99,955,225	15,853,274	18,855,727	68,900,628
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	3,827,711	4,787,358	56,172,586
2032	7,144,393	8,924,106	119,727,918	3,234,984	4,040,839	54,218,845
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	572,201	24,843,475
2043	1,236,161	1,636,725	78,940,423	344,908	456,671	22,025,564
Total	460,977,561	501,392,940	2,954,840,688	343,797,398	360,001,770	1,609,273,881

2014	44,382,435	24,113,823	61,905,001	44,382,435	24,113,823	61,905,001
2015	40,999,807	24,634,969	65,461,404	37,996,968	35,667,929	69,468,865
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	32,188,877	35,938,243	77,571,817	28,207,004	31,492,560	67,929,020
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	71,824,466
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	20,344,500	23,263,294	100,534,828	14,306,013	16,358,403	70,694,596
2024	18,360,401	21,094,846	100,206,977	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	10,806,891	65,042,666
2027	13,154,049	15,310,026	110,352,617	7,756,468	9,027,769	65,003,950
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	4,738,454	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	5,685,009	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	44,564,688
2037	3,458,072	4,244,024	109,465,050	1,310,033	1,611,460	41,461,977
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	7		