

State: Pennsylvania Filing Company: United of Omaha Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other  
 Product Name: United of Omaha - 2018 Rate Increase (LTC06UI)  
 Project Name/Number: LTC06UI - 2018/

## Filing at a Glance

Company: United of Omaha Life Insurance Company  
 Product Name: United of Omaha - 2018 Rate Increase (LTC06UI)  
 State: Pennsylvania  
 TOI: LTC03I Individual Long Term Care  
 Sub-TOI: LTC03I.003 Other  
 Filing Type: Rate - M.U. (Medically underwritten)  
 Date Submitted: 10/31/2017  
 SERFF Tr Num: MUTA-131005145  
 SERFF Status: Assigned  
 State Tr Num: MUTA-131005145  
 State Status: Received Review in Progress  
 Co Tr Num:

Implementation: 01/01/2018  
 Date Requested:  
 Author(s): Jeff LaFond  
 Reviewer(s): Jim Laverty (primary)  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:

State Filing Description:  
 Proposed 11.8% increase (ranges from 0% to 44.6%) on 246 policyholders of United of Omaha's individual LTC forms LTC06UI-TQ, LTC06UI-G5-TQ, LTC06UI-G10-TQ, LTC06UI-G15-TQ, LTC06UI-NTQ, LTC06UI-G5-NTQ, LTC06UI-G10-NTQ, and LTC06UI-G15-NTQ.

**State:** Pennsylvania **Filing Company:** United of Omaha Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** United of Omaha - 2018 Rate Increase (LTC06UI)  
**Project Name/Number:** LTC06UI - 2018/

## General Information

Project Name: LTC06UI - 2018	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 08/10/2015
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: 11.8%	Filing Status Changed: 10/31/2017
	State Status Changed: 10/31/2017
Deemer Date:	Created By: Jeff LaFond
Submitted By: Jeff LaFond	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

### Filing Description:

This is the 2018 rate increase filing for LTCi policy series LTC06UI. The overall impact of the rate increase, as proposed, is 11.8%.

The proposed rate increase for 2018 will range from 0% to 44.6%, which will vary by the insured's issue age, benefit period and inflation option. The overall impact of this rate increase is 11.8%. The target implementation date of this rate increase is January 1, 2018, subject to your State's approval. The proposed rate increase amounts will bring Pennsylvania policyholders to the actuarially equivalent level compared to the national rate level, as summarized in Section 4 of the Actuarial Memorandum.

## Company and Contact

### Filing Contact Information

Jeff LaFond, Lead Actuarial Analyst	Jeff.LaFond@mutualofomaha.com
6-Rerating	402-351-3799 [Phone]
Mutual of Omaha	
Mutual of Omaha Plaza	
Omaha, NE 68175	

### Filing Company Information

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

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

**SERFF Tracking #:**

MUTA-131005145

**State Tracking #:**

MUTA-131005145

**Company Tracking #:****State:**

Pennsylvania

**Filing Company:**

United of Omaha Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.003 Other

**Product Name:**

United of Omaha - 2018 Rate Increase (LTC06UI)

**Project Name/Number:**

LTC06UI - 2018/

## Rate Information

Rate data applies to filing.

**Filing Method:**

SERFF

**Rate Change Type:**

Increase

**Overall Percentage of Last Rate Revision:**

15.200%

**Effective Date of Last Rate Revision:**

03/01/2016

**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):
United of Omaha Life Insurance Company	11.800%	11.800%	\$75,765	246	\$642,080	44.600%	0.000%

**SERFF Tracking #:**

MUTA-131005145

**State Tracking #:**

MUTA-131005145

**Company Tracking #:****State:**

Pennsylvania

**Filing Company:**

United of Omaha Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.003 Other

**Product Name:**

United of Omaha - 2018 Rate Increase (LTC06UI)

**Project Name/Number:**

LTC06UI - 2018/

## 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	LTC06UI-TQ, LTC06UI-G5-TQ, LTC06UI-G10-TQ, LTC06UI-G15-TQ, LTC06UI-NTQ, LTC06UI-G5-NTQ, LTC06UI-G10-NTQ, LTC06UI-G15-NTQ	Revised	Previous State Filing Number: MUTA-130240884 Percent Rate Change Request: 11.8	LTC06UI Premium Rates - PA.pdf,

**United of Omaha Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	39.93	42.35	48.52	52.24	58.39	71.29	80.09
36	40.30	42.87	49.20	52.99	59.22	72.03	80.87
37	40.70	43.42	49.88	53.74	60.06	72.78	81.64
38	39.04	49.59	53.26	58.29	65.08	78.54	82.02
39	37.72	53.40	56.28	62.39	69.60	83.81	82.59
40	36.61	53.58	59.26	66.44	74.14	89.15	83.38
41	35.73	54.74	61.98	70.37	78.53	94.37	84.36
42	34.95	55.93	64.53	74.05	82.68	99.39	85.55
43	35.49	56.44	63.29	72.40	80.85	97.18	95.41
44	36.10	56.79	62.33	71.15	79.44	95.50	104.94
45	36.44	56.90	61.64	70.20	78.40	94.26	115.36
46	36.32	57.06	61.45	69.83	77.97	93.76	125.89
47	37.02	57.42	61.58	69.84	78.01	93.77	133.72
48	38.24	57.68	64.67	73.62	82.19	98.69	133.61
49	39.46	57.91	67.80	77.42	86.41	103.59	130.63
50	40.74	58.14	70.98	81.01	90.80	108.70	127.67
51	42.10	58.42	74.29	84.55	95.51	114.10	125.19
52	43.56	58.67	77.59	88.30	100.46	119.74	123.38
53	44.88	58.33	76.47	86.96	100.30	119.36	127.78
54	46.29	58.23	75.85	86.20	100.73	119.71	132.59
55	47.90	58.68	75.87	85.87	101.62	120.61	137.99
56	49.72	59.88	76.72	85.97	102.93	121.45	144.18
57	51.81	61.44	77.86	86.50	104.51	121.98	151.35
58	53.93	64.04	81.04	90.15	108.77	127.02	156.30
59	56.52	67.10	85.08	94.78	114.16	133.45	162.81
60	59.72	70.72	90.11	100.49	120.80	141.43	171.10
61	63.60	75.04	96.21	107.38	128.83	151.13	181.24
62	68.22	80.45	103.47	115.65	138.44	162.77	193.39
63	74.29	87.43	113.91	127.66	152.65	179.63	211.92
64	80.75	94.79	125.05	140.54	167.97	197.73	231.38
65	88.35	103.48	138.00	155.53	185.87	218.84	253.98
66	101.15	118.32	159.21	179.89	215.12	253.18	291.35
67	111.73	130.59	176.89	200.43	239.94	282.21	321.89
68	127.28	149.03	193.10	215.18	258.24	305.71	347.29
69	143.17	167.92	209.60	231.25	278.16	329.53	369.25
70	163.06	187.77	226.68	247.59	298.34	352.41	396.72
71	186.77	209.11	244.51	264.40	319.09	375.10	438.34
72	202.53	232.43	267.83	293.24	354.43	414.22	483.75
73	223.04	255.44	310.17	335.32	405.53	469.01	531.59
74	239.28	281.26	339.84	388.24	445.87	549.53	586.61
75	260.41	310.72	386.47	441.56	506.49	622.66	638.25
76	287.57	344.61	432.14	493.39	566.62	696.21	696.94
77	318.75	383.81	468.66	529.97	622.49	749.51	779.46
78	354.61	429.07	527.99	578.45	702.04	815.81	878.45
79	395.76	481.30	595.48	652.01	792.71	894.01	993.34
80	442.85	541.26	671.86	735.64	895.49	1,013.30	1,125.89
81	496.52	609.77	757.89	829.84	1,011.46	1,150.11	1,277.90

**United of Omaha Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

GPO

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	40.73	43.20	49.49	53.28	59.56	72.72	81.69
36	41.10	43.73	50.18	54.05	60.40	73.47	82.49
37	41.51	44.29	50.88	54.81	61.26	74.23	83.27
38	39.82	50.59	54.32	59.45	66.38	80.11	83.66
39	38.47	54.47	57.40	63.64	70.99	85.49	84.24
40	37.34	54.66	60.45	67.77	75.62	90.94	85.05
41	36.44	55.83	63.22	71.78	80.10	96.26	86.05
42	35.65	57.05	65.82	75.53	84.33	101.38	87.26
43	36.20	57.57	64.55	73.85	82.47	99.12	97.32
44	36.82	57.93	63.57	72.57	81.02	97.41	107.04
45	37.17	58.03	62.88	71.60	79.97	96.15	117.67
46	37.05	58.20	62.68	71.22	79.53	95.64	128.41
47	37.76	58.56	62.81	71.24	79.57	95.64	136.39
48	39.00	58.83	65.96	75.09	83.84	100.66	136.28
49	40.25	59.06	69.16	78.97	88.14	105.66	133.24
50	41.55	59.31	72.39	82.63	92.62	110.88	130.22
51	42.94	59.59	75.77	86.24	97.42	116.38	127.69
52	44.43	59.84	79.14	90.07	102.47	122.13	125.85
53	45.78	59.50	78.00	88.69	102.31	121.75	130.34
54	47.22	59.40	77.36	87.92	102.75	122.10	135.24
55	48.86	59.86	77.39	87.59	103.65	123.02	140.75
56	50.71	61.07	78.25	87.69	104.99	123.88	147.06
57	52.85	62.67	79.42	88.23	106.60	124.42	154.38
58	55.01	65.32	82.66	91.95	110.94	129.56	159.43
59	57.65	68.44	86.78	96.67	116.44	136.12	166.07
60	60.91	72.14	91.91	102.50	123.22	144.26	174.52
61	64.87	76.54	98.13	109.53	131.40	154.15	184.86
62	69.58	82.06	105.54	117.96	141.21	166.02	197.26
63	75.78	89.18	116.19	130.21	155.70	183.22	216.16
64	82.37	96.69	127.55	143.35	171.32	201.68	236.00
65	90.12	105.55	140.76	158.64	189.59	223.22	259.06
66	103.17	120.69	162.40	183.49	219.42	258.24	297.18
67	113.96	133.20	180.43	204.44	244.74	287.85	328.32
68	129.83	152.01	196.96	219.48	263.41	311.82	354.23
69	146.03	171.28	213.80	235.88	283.72	336.12	376.64
70	166.32	191.53	231.21	252.54	304.30	359.46	404.66
71	190.51	213.29	249.40	269.69	325.47	382.60	447.11
72	206.58	237.08	273.19	299.10	361.52	422.50	493.43
73	227.50	260.55	316.37	342.03	413.64	478.39	542.22
74	244.06	286.89	346.64	396.00	454.79	560.52	598.34
75	265.62	316.93	394.20	450.39	516.62	635.12	651.02
76	293.32	351.50	440.78	503.25	577.95	710.13	710.88
77	325.13	391.49	478.03	540.57	634.94	764.50	795.05
78	361.70	437.65	538.55	590.02	716.08	832.12	896.02
79	403.68	490.93	607.39	665.05	808.56	911.89	1,013.21
80	451.71	552.09	685.30	750.35	913.40	1,033.57	1,148.41
81	506.45	621.97	773.05	846.44	1,031.69	1,173.11	1,303.46

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

2.5% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	81.17	95.95	110.02	125.02	138.83	167.70	199.98
36	81.97	97.18	111.54	126.79	140.79	169.87	201.92
37	82.76	98.44	113.08	128.56	142.75	172.01	203.83
38	83.55	100.97	116.05	131.98	146.34	175.90	207.25
39	84.34	104.07	119.70	136.16	150.90	181.08	212.45
40	85.31	106.51	122.61	139.54	154.69	185.46	216.99
41	87.59	109.46	126.38	143.93	159.57	191.23	223.42
42	90.06	110.41	129.49	146.55	163.76	196.31	229.20
43	91.12	112.55	133.10	148.95	168.38	201.82	235.58
44	92.28	115.04	136.30	151.67	172.48	206.76	241.30
45	93.82	117.01	140.14	153.59	178.19	213.57	246.40
46	95.18	120.08	143.24	156.98	183.25	218.09	252.03
47	95.98	121.40	145.07	160.83	185.80	220.71	258.35
48	93.02	123.86	148.74	166.14	190.62	225.50	266.60
49	89.46	118.38	151.06	170.24	195.75	231.27	265.75
50	86.09	112.99	146.63	166.44	198.17	237.94	261.50
51	82.93	107.83	139.94	158.87	190.13	227.88	257.22
52	80.61	102.93	133.72	151.81	182.61	216.91	253.14
53	79.37	101.72	132.98	150.99	182.06	215.06	248.96
54	78.24	100.83	132.44	150.47	181.68	213.70	242.20
55	77.38	100.75	132.20	150.36	181.71	212.98	236.23
56	76.78	101.12	132.45	150.82	182.30	213.08	231.17
57	76.47	102.02	133.51	151.89	183.51	214.19	227.66
58	78.29	103.34	133.34	151.42	182.69	217.24	232.52
59	81.75	105.91	135.17	153.91	185.38	224.27	241.26
60	86.74	109.04	138.02	157.53	189.37	233.45	252.41
61	92.07	112.02	140.79	161.03	193.18	243.08	264.11
62	99.18	116.53	145.49	166.76	199.62	256.79	280.31
63	105.58	126.83	158.29	181.53	217.07	275.41	305.59
64	111.92	137.72	171.61	196.82	235.24	293.81	331.89
65	119.07	150.59	186.92	214.35	256.18	314.40	362.20
66	134.53	172.49	212.68	243.77	291.50	350.67	412.88
67	147.48	189.29	231.12	264.77	316.97	372.80	448.01
68	166.74	207.71	247.40	280.46	336.59	398.46	488.58
69	187.55	226.17	264.94	297.06	357.31	423.30	533.14
70	207.73	244.16	283.13	315.83	380.57	449.54	569.82
71	234.28	271.84	313.96	345.31	416.73	489.88	610.35
72	258.38	299.83	345.50	378.28	457.21	534.34	652.24
73	278.18	329.52	384.03	420.50	508.54	588.15	711.73
74	305.28	362.83	428.25	468.92	567.43	650.04	773.28
75	333.32	397.72	475.39	520.54	630.31	716.51	832.62
76	362.34	434.21	525.04	574.90	696.72	787.63	894.75
77	401.63	483.60	590.51	646.57	784.34	883.92	982.29
78	443.26	536.34	659.99	722.65	877.55	988.26	1,098.26
79	494.70	601.63	744.35	815.01	990.89	1,117.51	1,241.89

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	81.45	95.42	109.58	124.11	138.56	168.39	199.13
36	82.23	96.60	111.11	125.88	140.54	170.53	201.07
37	83.03	97.81	112.66	127.64	142.53	172.63	202.99
38	84.39	100.25	115.48	131.06	145.96	176.17	206.14
39	85.20	103.36	118.90	135.25	150.24	180.90	210.90
40	86.17	105.81	121.72	138.65	153.82	184.96	215.46
41	88.46	109.01	125.51	143.03	158.42	190.32	221.91
42	90.96	111.62	128.62	146.70	162.62	195.08	227.68
43	92.03	114.75	132.34	150.93	167.38	200.55	234.27
44	93.21	117.47	135.64	154.73	171.64	205.64	240.18
45	94.77	120.01	140.08	159.80	177.33	212.46	248.13
46	96.13	121.40	144.17	164.49	182.52	218.73	255.41
47	97.49	122.60	146.53	168.74	187.65	222.91	263.44
48	99.98	125.98	150.22	172.96	192.53	227.75	273.49
49	98.84	129.38	154.27	177.46	197.69	233.58	274.74
50	95.18	124.92	158.84	183.14	202.74	240.32	272.29
51	91.75	119.30	154.82	175.77	202.48	241.74	272.65
52	89.24	113.96	148.04	168.08	199.02	237.35	268.73
53	87.93	112.70	147.33	167.28	201.70	238.27	267.49
54	86.74	111.80	146.83	166.83	201.42	236.93	266.80
55	85.86	111.78	146.68	166.82	201.61	236.30	262.09
56	85.24	112.27	147.05	167.45	202.40	236.58	256.67
57	84.97	113.35	148.34	168.77	203.90	237.99	252.95
58	87.05	116.18	150.69	171.44	206.84	241.56	258.55
59	90.90	120.45	155.39	177.11	213.33	249.37	268.27
60	96.45	125.52	161.53	184.44	221.72	259.58	280.66
61	102.45	130.70	168.04	192.20	230.58	270.50	293.90
62	110.36	137.79	177.14	203.03	243.04	285.75	311.92
63	117.49	148.44	189.91	217.79	260.44	306.47	340.06
64	123.70	158.33	201.24	230.81	275.86	324.74	360.37
65	131.60	171.06	215.35	246.95	295.14	347.49	384.25
66	147.68	192.07	238.63	273.51	327.07	384.94	425.17
67	162.01	207.93	253.88	290.84	347.72	409.52	452.48
68	182.01	226.74	270.06	306.15	367.14	434.95	493.47
69	203.30	245.16	287.19	322.00	387.31	458.84	538.48
70	223.71	262.94	304.91	340.12	409.84	484.12	575.52
71	247.05	288.57	333.28	366.56	442.38	520.03	616.45
72	269.52	318.43	366.93	401.74	485.57	567.48	658.76
73	293.24	347.40	404.87	443.32	536.14	620.06	718.85
74	319.48	379.70	448.17	490.73	593.82	680.28	787.66
75	348.95	416.36	497.68	544.94	659.86	750.09	867.49
76	382.47	458.33	554.21	606.84	735.42	831.38	944.45
77	420.75	506.63	618.63	677.36	821.69	926.01	1,029.07
78	464.54	562.08	691.67	757.34	919.67	1,035.70	1,150.97
79	514.49	625.69	774.12	847.61	1,030.52	1,162.21	1,291.57



## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

3.5% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	99.36	116.92	134.06	152.36	169.14	204.81	243.69
36	100.29	118.44	135.92	154.52	171.52	207.40	246.04
37	101.28	119.96	137.77	156.70	173.91	209.94	248.37
38	103.75	123.41	141.81	161.31	178.80	214.87	253.29
39	106.26	126.81	145.83	165.92	183.79	220.52	258.83
40	107.47	130.17	149.80	170.54	188.96	226.49	265.09
41	109.81	134.28	154.66	176.19	195.28	233.98	273.43
42	112.49	137.30	158.29	180.42	200.12	239.88	280.12
43	113.62	140.79	162.50	185.24	205.52	246.32	287.58
44	114.80	144.67	167.11	190.55	211.48	253.46	295.84
45	116.52	147.55	170.71	194.67	216.13	259.02	302.38
46	117.89	148.87	176.32	199.49	223.24	267.57	312.30
47	119.37	150.12	179.39	202.15	229.72	272.92	321.97
48	116.28	153.69	183.27	207.68	234.85	277.83	332.37
49	110.10	145.70	185.92	209.53	240.21	283.82	327.07
50	106.10	139.24	180.70	205.12	244.23	291.07	322.28
51	102.34	133.07	172.69	196.05	234.62	281.22	317.42
52	99.03	126.46	164.28	186.51	224.35	266.50	311.00
53	97.64	125.14	163.59	185.75	223.97	264.57	306.27
54	96.38	124.22	163.15	185.36	223.81	263.25	298.36
55	95.46	124.28	163.08	185.48	224.15	262.73	291.41
56	94.84	124.91	163.61	186.31	225.19	263.21	285.56
57	94.60	126.20	165.15	187.90	227.01	264.96	281.62
58	96.98	129.44	167.89	191.00	230.44	269.12	288.05
59	101.28	134.19	173.12	197.32	237.66	277.83	298.88
60	106.81	138.99	178.88	204.24	245.53	287.46	310.80
61	113.53	144.83	186.21	212.98	255.50	299.74	325.67
62	122.29	152.69	196.29	224.98	269.31	316.64	345.64
63	130.19	164.48	210.45	241.34	288.59	339.60	376.82
64	137.16	175.56	223.15	255.94	305.89	360.09	406.76
65	145.03	188.51	237.32	272.15	325.26	382.95	434.26
66	162.85	211.80	263.15	301.61	360.67	424.49	482.21
67	177.65	228.01	278.39	318.92	381.80	449.06	509.41
68	198.56	247.35	294.61	333.98	400.83	474.50	553.96
69	219.05	264.15	309.43	346.94	417.32	494.39	594.79
70	239.69	281.72	326.69	364.42	439.11	518.70	633.46
71	264.92	307.39	355.02	390.46	471.23	553.94	671.33
72	283.29	334.70	385.68	422.27	510.38	596.48	709.44
73	306.18	362.72	422.73	462.88	559.79	647.42	769.47
74	333.68	396.58	468.09	512.54	620.22	710.51	843.52
75	361.97	431.90	516.25	565.27	684.48	778.08	904.17
76	396.85	475.56	575.05	629.65	763.07	862.64	979.96
77	436.69	525.82	642.06	703.02	852.81	961.08	1,068.05
78	478.72	579.24	712.79	780.46	947.75	1,067.32	1,186.12
79	530.32	644.94	797.94	873.69	1,062.23	1,197.97	1,331.31

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	119.92	141.09	161.77	183.79	204.14	246.60	294.08
36	121.06	142.90	164.03	186.41	207.01	249.80	296.90
37	122.23	144.74	166.27	189.02	209.89	252.95	299.71
38	125.43	149.12	171.40	194.92	216.15	259.84	306.12
39	128.63	153.45	176.52	200.80	222.53	267.07	313.30
40	131.83	157.76	181.61	206.67	229.13	274.70	321.39
41	135.22	159.28	186.87	210.01	235.99	282.82	330.39
42	122.81	159.15	189.53	211.24	239.68	287.34	335.45
43	129.11	161.46	195.02	213.67	246.70	295.72	342.29
44	134.10	163.44	196.57	215.48	251.58	301.59	345.33
45	137.81	165.76	198.53	217.58	254.91	310.57	349.06
46	135.40	168.45	200.94	220.20	258.09	318.19	353.54
47	133.31	171.45	204.01	223.37	262.16	322.94	358.82
48	127.90	170.31	207.65	228.45	269.38	329.91	366.57
49	121.99	161.42	205.99	232.14	275.10	334.79	362.38
50	117.01	153.57	199.29	226.21	269.35	325.52	355.43
51	112.93	146.83	190.55	216.33	258.90	310.31	350.26
52	109.39	139.70	181.47	206.03	247.83	294.38	343.54
53	107.92	138.32	180.81	205.30	247.54	292.42	338.51
54	106.59	137.37	180.42	204.99	247.50	291.13	329.95
55	105.63	137.52	180.45	205.23	248.03	290.71	322.44
56	105.00	138.30	181.14	206.27	249.32	291.41	316.16
57	104.80	139.80	182.96	208.15	251.48	293.52	311.97
58	107.50	143.47	186.09	211.71	255.43	298.30	319.29
59	111.65	147.93	190.85	217.53	262.00	306.28	329.49
60	117.81	153.32	197.31	225.29	270.83	317.07	342.82
61	125.30	159.84	205.51	235.05	281.99	330.81	359.43
62	134.97	168.51	216.63	248.30	297.23	349.46	381.47
63	142.89	180.53	230.98	264.89	316.75	372.73	413.59
64	150.63	192.79	245.05	281.06	335.91	395.43	446.68
65	158.46	205.97	259.29	297.35	355.37	418.41	482.03
66	177.01	230.22	286.03	327.84	392.04	461.41	536.65
67	193.29	248.08	302.90	347.00	415.42	488.60	569.16
68	215.10	267.96	319.16	361.82	434.23	514.04	614.43
69	234.80	283.14	331.68	371.89	447.32	529.93	654.62
70	255.66	300.50	348.46	388.71	468.39	553.28	691.39
71	279.33	324.12	374.34	411.71	496.87	584.09	726.22
72	304.75	348.65	401.75	439.86	531.65	621.33	760.12
73	319.15	378.05	440.60	482.44	583.45	674.78	820.10
74	345.51	410.64	484.69	530.71	642.21	735.71	875.18
75	374.99	447.44	534.82	585.60	709.10	806.07	936.69
76	411.23	492.79	595.88	652.47	790.72	893.89	1,015.47
77	449.44	541.17	660.81	723.54	877.71	989.14	1,099.23
78	492.91	596.41	733.91	803.59	975.84	1,098.95	1,221.26
79	542.19	659.38	815.81	893.25	1,086.01	1,224.79	1,361.12

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

4.5% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	145.84	165.43	192.22	210.42	246.98	302.91	348.57
36	147.37	166.91	195.17	213.79	250.85	306.79	352.16
37	148.98	168.48	198.21	217.01	254.72	310.66	355.81
38	150.59	169.91	201.39	220.24	258.91	318.12	357.88
39	152.02	171.38	204.34	223.47	262.88	324.65	360.69
40	153.45	172.90	207.24	226.69	266.52	327.83	364.24
41	154.39	173.62	209.28	228.93	268.99	330.40	367.12
42	138.55	172.85	209.54	229.43	269.29	330.76	367.54
43	142.75	175.43	211.91	232.16	272.25	334.71	371.92
44	146.38	177.72	213.75	234.31	274.54	337.96	375.51
45	149.97	180.39	216.05	236.78	277.40	341.90	379.86
46	147.46	183.46	218.84	239.82	281.09	346.55	385.05
47	144.64	186.02	221.36	242.36	284.45	350.39	389.32
48	139.53	185.79	226.52	249.21	293.87	359.90	399.90
49	133.25	176.33	225.00	253.57	300.50	365.70	395.83
50	127.92	167.89	217.87	247.31	294.47	355.88	388.57
51	123.51	160.60	208.41	236.61	283.17	339.40	383.10
52	120.33	153.67	199.62	226.63	272.61	323.82	377.90
53	118.20	151.49	198.03	224.85	271.12	320.27	370.75
54	116.79	150.52	197.70	224.62	271.20	319.00	361.54
55	115.79	150.76	197.82	224.99	271.90	318.69	353.48
56	115.16	151.68	198.67	226.23	273.45	319.61	346.76
57	114.99	153.40	200.76	228.40	275.95	322.08	342.33
58	118.01	157.51	204.30	232.42	280.41	327.48	350.52
59	122.63	162.48	209.62	238.93	287.77	336.40	361.89
60	129.46	168.48	216.82	247.57	297.61	348.43	376.73
61	137.76	175.73	225.95	258.43	310.03	363.71	395.17
62	147.64	184.34	236.98	271.62	325.14	382.28	417.30
63	155.60	196.58	251.51	288.43	344.91	405.87	450.35
64	163.25	208.95	265.59	304.61	364.06	428.57	484.11
65	170.99	222.26	279.80	320.87	383.48	451.50	520.16
66	190.16	247.32	307.28	352.19	421.16	495.68	583.62
67	205.58	263.86	322.16	369.07	441.84	519.66	620.39
68	225.29	280.64	334.27	378.94	454.78	538.37	659.00
69	246.25	296.95	347.86	390.03	469.14	555.78	700.37
70	265.25	311.77	361.53	403.29	485.95	574.03	733.88
71	285.82	336.67	388.83	427.65	516.11	606.70	772.67
72	306.90	362.59	417.81	457.45	552.91	646.18	806.18
73	329.90	390.82	455.48	498.73	603.16	697.57	850.12
74	354.98	421.89	497.97	545.25	659.81	755.87	899.16
75	385.41	459.87	549.67	601.87	728.80	828.46	962.71
76	419.85	503.13	608.38	666.15	807.31	912.65	1,036.77
77	455.81	548.85	670.18	733.80	890.16	1,003.17	1,114.82
78	500.00	604.99	744.47	815.15	989.88	1,114.76	1,238.83
79	550.11	669.01	827.72	906.29	1,101.87	1,242.67	1,380.99

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	157.21	178.33	207.19	226.82	266.22	338.12	375.73
36	158.85	179.92	210.37	230.45	270.39	341.65	379.61
37	160.59	181.60	213.65	233.92	274.57	345.17	383.53
38	162.33	183.14	217.08	237.40	279.09	347.16	385.77
39	163.87	184.73	220.26	240.88	283.36	349.94	388.80
40	165.41	186.37	223.39	244.36	287.29	353.37	392.62
41	166.47	187.21	225.66	246.84	290.04	356.26	395.85
42	166.95	187.32	227.08	248.63	291.83	358.44	398.30
43	167.64	189.40	228.79	250.65	293.93	361.37	401.54
44	168.72	192.00	230.92	253.14	296.60	365.12	405.68
45	170.06	195.01	233.56	255.98	299.89	369.62	410.66
46	171.92	198.47	236.75	259.45	304.09	374.90	416.55
47	170.81	201.45	239.72	262.46	308.04	379.46	406.26
48	171.65	207.32	247.01	269.98	318.36	389.89	418.82
49	167.26	211.98	253.46	276.19	327.30	398.32	429.25
50	161.03	209.26	260.09	282.58	336.46	406.63	439.61
51	154.89	206.04	267.20	289.26	346.18	414.93	450.07
52	149.52	199.07	270.05	297.87	358.30	425.61	463.10
53	145.66	196.62	269.88	300.32	362.11	427.75	468.88
54	142.49	195.45	267.27	299.92	362.12	425.95	477.93
55	139.90	193.84	263.73	296.16	357.91	419.50	486.50
56	138.17	193.76	261.75	294.47	355.93	416.02	499.39
57	136.75	194.45	260.18	293.54	354.64	413.93	515.08
58	141.58	199.20	264.56	299.28	361.08	421.69	533.48
59	148.21	205.80	272.29	308.82	371.96	434.81	559.00
60	155.65	212.54	281.04	319.44	384.01	449.58	583.30
61	163.94	220.05	290.63	330.94	397.02	465.76	610.27
62	174.63	230.29	303.60	346.31	414.55	487.40	645.30
63	187.64	245.29	327.70	374.06	447.30	526.36	682.27
64	200.25	259.15	350.88	400.63	478.83	563.67	718.51
65	213.96	274.01	375.64	428.96	503.29	600.40	753.61
66	240.26	304.48	413.27	475.68	538.31	648.61	831.53
67	257.50	322.73	415.70	478.69	542.36	653.79	875.21
68	297.30	354.43	431.25	495.69	562.79	678.91	852.15
69	316.72	382.14	450.78	509.62	568.52	678.62	819.07
70	330.83	400.75	448.56	500.77	558.15	665.58	768.24
71	344.58	413.23	467.76	530.85	591.24	703.86	805.63
72	356.05	427.66	497.63	564.49	628.26	746.46	852.26
73	380.10	461.92	539.53	612.90	682.05	807.63	916.28
74	407.68	499.78	586.30	667.28	742.69	876.83	988.76
75	437.25	545.23	642.57	732.87	816.07	961.27	1,078.17
76	438.64	562.96	679.22	766.20	894.35	1,049.71	1,175.01
77	462.19	569.64	695.58	779.74	945.88	1,065.96	1,294.38
78	507.09	628.03	772.82	866.34	1,052.04	1,184.77	1,397.01
79	554.06	689.70	853.32	956.57	1,153.80	1,311.61	1,510.49

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	81.98	98.51	113.13	127.99	143.06	173.86	205.59
36	82.78	99.73	114.72	129.84	145.10	176.06	207.57
37	83.59	100.98	116.31	131.68	147.14	178.21	209.57
38	84.38	103.88	119.81	135.65	151.43	182.77	213.86
39	85.19	106.20	122.66	138.92	154.98	186.61	217.57
40	86.18	109.03	126.09	142.88	159.44	191.70	222.97
41	88.45	112.21	129.64	147.19	164.04	197.15	229.02
42	85.95	114.85	132.66	150.92	168.07	202.03	234.57
43	90.13	117.12	136.14	155.24	172.50	207.36	240.91
44	93.21	118.39	140.12	159.85	177.39	213.30	248.07
45	94.76	120.01	143.74	165.04	183.06	217.59	256.20
46	96.13	121.40	145.20	167.24	186.13	220.26	263.66
47	97.50	122.61	146.53	168.73	187.66	222.90	273.35
48	99.97	125.98	150.23	172.96	192.51	227.75	288.02
49	102.54	129.37	154.27	177.46	197.70	233.59	293.60
50	105.36	133.19	158.84	183.14	203.90	240.32	296.69
51	102.34	133.07	163.01	187.68	209.10	246.34	298.28
52	100.18	127.93	166.19	188.68	214.42	252.42	301.30
53	98.21	125.87	164.55	186.84	219.69	259.04	298.64
54	97.52	125.68	165.07	187.54	224.89	265.62	299.07
55	96.59	125.75	165.01	187.67	226.81	265.84	294.35
56	96.54	127.14	166.53	189.63	229.21	267.91	289.98
57	96.87	129.22	169.11	192.40	232.45	271.31	287.63
58	99.32	132.56	171.93	195.60	235.99	275.60	294.38
59	103.72	137.43	177.29	202.08	243.39	284.52	305.59
60	110.04	143.21	184.30	210.43	252.97	296.17	319.87
61	116.99	149.24	191.88	219.47	263.29	308.88	335.42
62	126.02	157.34	202.27	231.84	277.52	326.29	356.18
63	133.37	168.49	215.58	247.23	295.63	347.89	386.01
64	141.37	180.95	229.99	263.79	315.27	371.13	412.44
65	149.51	194.33	244.65	280.55	335.29	394.77	436.54
66	167.91	218.38	268.93	309.54	350.31	422.07	484.80
67	184.35	233.86	276.89	318.85	361.34	435.48	515.09
68	207.47	247.56	292.13	335.79	395.27	467.92	563.50
69	231.94	272.71	318.69	359.41	432.31	512.15	612.38
70	257.26	302.31	350.64	391.14	471.32	556.74	664.35
71	282.27	332.48	384.00	422.34	509.70	599.16	709.33
72	308.87	364.92	420.49	460.39	556.46	650.33	755.51
73	336.37	398.49	464.41	508.51	614.98	711.25	820.09
74	369.17	438.77	517.89	567.06	686.20	786.10	893.80
75	403.64	481.62	575.67	630.34	763.27	867.64	972.84
76	442.86	530.70	641.72	702.66	851.54	962.65	1,069.61
77	478.13	575.72	702.99	769.73	933.74	1,052.28	1,169.19
78	524.82	635.02	781.43	855.62	1,039.02	1,170.10	1,300.11
79	573.85	697.89	863.45	945.41	1,149.43	1,296.31	1,440.34

## United of Omaha Insurance Company

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	56.84	67.84	76.46	86.51	96.69	117.51	198.58
36	57.38	68.40	77.53	87.76	98.07	118.98	200.68
37	57.64	68.96	78.19	88.51	98.91	119.80	201.35
38	58.80	69.52	83.01	95.47	106.35	125.27	204.73
39	59.64	70.71	83.67	96.23	107.20	126.28	207.40
40	60.80	72.27	84.60	97.30	108.41	127.71	212.09
41	61.39	73.12	87.32	100.51	112.00	131.64	214.58
42	62.28	75.10	90.14	103.86	115.68	135.70	218.00
43	63.57	76.86	92.20	106.21	118.23	139.01	219.47
44	64.67	78.68	94.32	108.61	120.88	142.49	220.55
45	66.27	80.77	96.74	111.38	123.88	146.45	223.47
46	67.46	82.71	98.94	113.95	126.83	150.06	228.64
47	67.22	84.58	101.08	116.39	129.44	153.77	233.24
48	69.18	87.17	103.94	119.68	133.21	158.36	239.89
49	71.17	89.79	107.08	123.17	137.21	166.23	245.80
50	73.39	92.76	110.64	127.56	142.02	169.95	249.94
51	75.45	95.50	113.90	131.13	146.10	174.94	255.97
52	77.55	98.29	117.20	134.80	150.64	178.94	260.49
53	80.69	102.18	121.82	140.05	156.33	184.32	268.46
54	83.95	106.22	126.63	145.50	162.59	192.04	275.32
55	85.79	110.63	132.05	151.57	169.58	200.62	283.27
56	86.69	114.84	137.10	157.28	176.18	208.72	294.76
57	87.33	119.93	143.08	164.18	184.13	218.47	305.97
58	93.44	126.67	151.30	173.62	194.87	231.30	312.21
59	100.54	134.58	160.43	184.15	206.88	246.32	321.14
60	108.94	143.12	170.63	195.92	220.31	262.72	332.93
61	118.93	151.59	180.80	207.69	233.34	278.70	347.68
62	127.84	160.75	191.76	220.39	247.74	295.85	362.66
63	139.69	174.97	208.14	239.17	269.68	323.10	397.25
64	151.68	190.01	225.74	259.50	292.99	351.61	433.64
65	163.34	205.67	244.14	280.86	317.43	381.52	472.30
66	177.35	220.82	261.50	300.99	340.63	410.41	541.59
67	189.82	235.85	279.24	321.57	364.34	439.18	593.75
68	205.86	252.05	297.41	341.85	402.88	476.93	803.21
69	224.48	278.93	325.96	369.53	444.48	526.57	895.85
70	237.44	306.25	355.22	402.74	485.29	573.25	985.65
71	260.78	337.20	389.45	441.75	533.12	626.70	1,074.06
72	283.29	367.47	423.44	480.63	580.92	678.92	1,149.42
73	295.51	383.99	447.52	508.13	614.52	710.71	1,239.67
74	308.66	401.86	474.33	538.16	651.22	746.03	1,333.21
75	328.12	424.54	500.19	566.47	685.93	779.73	1,451.73
76	359.46	443.07	532.89	601.72	729.22	824.37	1,527.93
77	398.44	479.76	585.83	644.74	782.12	881.42	1,146.88
78	439.72	532.05	654.71	720.56	875.02	985.41	1,282.19
79	486.78	592.00	732.44	806.10	980.06	1,105.30	1,436.90

**United of Omaha Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC06UI-NH, LTC06UI-ALF, LTC06UI-HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						
	Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	Unlimited
18-35	57.58	91.85	108.99	123.31	137.81	170.91	198.05
36	58.19	92.45	110.40	125.09	139.78	172.70	199.97
37	58.50	93.06	111.12	126.17	141.15	173.52	200.79
38	59.39	93.68	111.86	128.63	143.30	174.52	203.92
39	60.24	94.28	113.82	129.47	144.24	175.92	206.46
40	61.42	95.21	116.48	132.00	147.28	177.64	210.64
41	62.00	97.89	117.99	134.92	150.33	179.42	213.14
42	62.91	100.66	120.82	139.21	155.06	181.90	216.19
43	64.21	103.04	123.62	142.38	158.48	186.35	217.43
44	65.31	105.48	126.45	145.13	162.05	191.03	218.25
45	66.93	108.31	129.72	148.87	166.12	196.36	220.92
46	69.13	110.91	132.66	152.80	170.06	201.24	225.46
47	71.22	113.43	135.55	156.09	173.59	206.21	229.56
48	77.66	119.33	142.30	163.83	182.36	215.72	241.47
49	84.03	125.36	149.50	171.98	191.58	226.37	252.88
50	91.03	132.14	157.59	181.69	202.30	238.42	266.46
51	98.00	132.17	165.36	190.40	212.12	249.89	278.66
52	106.28	127.23	171.73	198.11	218.43	260.49	293.41
53	106.96	134.12	179.87	208.15	229.40	273.31	307.29
54	107.13	141.22	188.62	218.87	241.15	286.97	322.21
55	107.24	144.84	197.41	229.04	253.05	300.90	337.40
56	107.72	149.22	208.39	237.32	267.81	318.22	356.60
57	108.67	154.54	216.55	246.36	281.81	334.66	374.87
58	116.28	163.50	223.11	254.75	290.14	344.74	378.85
59	125.11	173.88	231.86	265.71	302.81	360.00	387.72
60	134.77	184.87	241.57	277.78	319.05	379.58	400.36
61	147.12	199.03	255.22	294.38	335.02	398.96	411.70
62	162.14	215.63	271.55	314.20	357.95	426.70	430.49
63	175.29	230.98	294.76	344.43	381.34	454.75	454.32
64	189.04	242.32	313.80	367.43	406.86	485.26	479.82
65	205.09	254.90	339.65	398.35	441.10	526.16	514.80
66	228.93	278.17	363.80	418.73	473.88	570.97	573.60
67	245.88	294.74	379.83	437.38	495.54	597.37	619.50
68	260.83	325.56	398.58	458.12	520.14	630.57	819.09
69	274.43	358.01	421.59	483.86	550.42	670.78	899.35
70	285.83	379.98	448.50	515.12	586.82	715.12	981.01
71	311.01	397.23	466.97	534.90	610.65	748.04	1,060.37
72	335.44	413.27	485.52	555.66	635.60	761.06	1,137.73
73	357.36	441.55	518.70	583.67	649.52	769.11	1,228.80
74	368.95	474.37	556.48	633.33	704.92	832.24	1,324.44
75	390.62	513.53	595.46	674.37	773.86	911.55	1,442.87
76	422.73	521.05	626.68	707.62	852.25	969.46	1,580.20
77	459.00	552.69	674.87	742.74	901.00	1,015.39	1,224.62
78	503.55	609.28	749.75	825.16	1,002.03	1,128.45	1,335.88
79	550.11	669.01	827.72	910.96	1,107.54	1,249.08	1,451.26

**United of Omaha Life Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Form:	LTC06UI- NFO1PL	LTC06UI-10YRPPP	LTC06UI-20YRPPP	LTC06UI-AGE65PPP	LTC06UI-ROPD	LTC06UI-ROPDC	LTC06UI-ROPDC65
Issue Age	Nonforfeiture Benefit - Shortened Benefit Period Option	10 Pay	Limited Pay Options		Full Return Premium on Death	Return Premium on Death less Claims	Return Premium on Death Before Age 65
			20 Pay	Pay to 65			
18-35	1.21	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	2.94	1.96		2.75	2.37	1.022
57	1.17	2.88	1.93		2.87	2.47	1.019
58	1.17	2.84	1.88		3.01	2.59	1.016
59	1.16	2.79	1.83		3.19	2.73	1.013
60	1.16	2.73	1.78		3.39	2.89	1.010
61	1.15	2.67	1.72		3.63	3.09	1.008
62	1.15	2.60	1.65		3.90	3.32	1.006
63	1.15	2.51	1.59		4.22	3.58	1.004
64	1.15	2.42	1.54		4.59	3.89	1.002
65	1.14	2.33	1.48		5.01	4.23	1.000
66	1.14	2.23	1.43				
67	1.14	2.14	1.38				
68	1.14	2.06	1.32				
69	1.14	1.99	1.27				
70	1.14	1.91	1.22				
71	1.13	1.85	1.19				
72	1.13	1.79	1.16				
73	1.13	1.72	1.15				
74	1.12	1.66	1.15				
75	1.12	1.59	1.15				
76	1.11	1.53	1.15				
77	1.11	1.48	1.15				
78	1.11	1.43	1.15				
79	1.10	1.39	1.15				
80	1.10	1.36	1.15				
81	1.10	1.33	1.15				

Age 80+ is only for the Guaranteed Purchase Option.



**United of Omaha Life Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

**Premium Factors to apply by benefit period selected.**

<b>Restoration of Benefits</b>	
Form: LTC06UI-ROB1PL	
Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
8 Year	1.01
Lifetime	1.00

  

<b>Spouse Shared Benefit</b>	
Form: LTC06UI-SPOUESHARED	
Benefit Period	Factor
2 year	1.16
3 Year	1.17
4 Year	1.19
5 Year	1.15
6 Year	1.14
8 Year	1.08

**Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.**

<b>Rate Guarantee*</b>		<b>Cash Benefit</b>	
Years	Factor	Form: LTC06UI-CASHBEN-TQ	
5 Years	1.05	% HHC	Factor
6 Years	1.06	50% HHC	1.015
7 Years	1.09	100% HHC	1.020
8 Years	1.11	150% HHC	1.040
9 Years	1.13	<b>Spouse Security Benefit</b>	
10 Years	1.15	Form: LTC06UI-SB1PL-TQ	
<b>Built-In 5 Year Rate Guarantee</b>		LTC06UI-SBDOMPART1PL-TQ	
Factor	1.015	Factor 1.60	
Additional Years	Factor	<b>Monthly Home Health Care Benefit</b>	
1 Years *	1.022	Form: LTC06UI-MHHC,	
2 Years *	1.057	LTC06UI-MHHCB&P	
3 Years *	1.081	Factor 1.08	
4 Years *	1.101	<b>Additional Benefit for Injury</b>	
5 Years *	1.123	Form: LTC06UI-ADDBEN-HHC, LTC06UI-ADDBEN-MHHC,	
<b>Spouse Waiver of Premium &amp; Survivorship Benefit</b>		LTC06UI-ADDBEN-HHCB&P,	
Form: LTC06UI-SBWP, LTC06UI-SBWPSHARED		LTC06UI-ADDBEN-MHHCB&P	
Years	Factor	Factor 1.01	
7 Years	1.18	<b>Removal of War Exclusion</b>	
8 Years	1.16	Form: LTC06UI-EXCLUDEIMWOWAR-TQ,	
10 Years	1.14	LTC06UI-EXCLUINDWOWAR-TQ,	
<b>Indemnity Benefit</b>		LTC06UI-EXCLUDEIMWOWAR-NTQ	
Description	Factor	Factor 1.01	
NH Only	1.05	Form: LTC06UI-NHIND-TQ	
NH & ALF	1.15	LTC06UI-NHIND-TQ, LTC06UI-ALFIND-TQ	
NH, ALF, & HHC	1.25	LTC06UI-NHIND-TQ, LTC06UI-ALFIND-TQ, LTC06UI-HHCIND-TQ	

\* Factor is removed after option has expired.

**United of Omaha Life Insurance Company**

Policy Forms: LTC06UI-TQ, LTC06UI-NTQ, LTC06UI-[G5, G10, G15]-TQ, LTC06UI-[G5, G10, G15]-NTQ

Premiums for 80+ are only for the Guaranteed Purchase Option.

- 35% Spouse Discount for two insureds, or
- 15% Married Discount for one married insured, or
- 10% Two Person Household Discount

Premium Discount of 5%, 10%, or 15% on forms LTC06UI-G[5, 10, 15]-TQ for an Affinity Group / Employer Group Discount

To calculate premiums with the Home Health Care Benefit with the Basic HHC Daily Max as a % of NH Max, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
100%	1.00
150%	1.15

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Daily Max as a % of NH Max, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
100%	1.020
150%	1.173

To calculate premiums for ALF Daily Max as a % of NH Max, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

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

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

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

Class	Factor	Class	Factor
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

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

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

SERFF Tracking #:

MUTA-131005145

State Tracking #:

MUTA-131005145

Company Tracking #:

State:

Pennsylvania

Filing Company:

United of Omaha Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

United of Omaha - 2018 Rate Increase (LTC06UI)

Project Name/Number:

LTC06UI - 2018/

## Supporting Document Schedules

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

<b>Satisfied - Item:</b>	Actuarial Certification (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Certification (LTC06UI).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Explanatory Information (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memorandum (LTC06UI - PA).pdf Exhibit 1 - Benefit Summary.pdf Exhibit 2 - Policies In-Force Annualized Premium and Avg Annual Premium.pdf Exhibit 3A - Actual to Revised (Lapse Rates).pdf Exhibit 3B - Actual to Revised (Morbidity Rates).pdf Exhibit 3C - Actual to Revised (Mortality Rates).pdf Exhibit 4 - Lifetime Experience Projection (Dual Loss Ratio) - PA.pdf Exhibit 5 - Rate Increase Splits.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

**SERFF Tracking #:**

MUTA-131005145

**State Tracking #:**

MUTA-131005145

**Company Tracking #:****State:**

Pennsylvania

**Filing Company:**

United of Omaha Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.003 Other

**Product Name:**

United of Omaha - 2018 Rate Increase (LTC06UI)

**Project Name/Number:**

LTC06UI - 2018/

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

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

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

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

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

# UNITED of OMAHA

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UNITED of OMAHA LIFE INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
402 342 7600



October 31, 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: LTC06UI-TQ, LTC06UI-G5-TQ, LTC06UI-G10-TQ, LTC06UI-G15-TQ,  
LTC06UI-NTQ, LTC06UI-G5-NTQ, LTC06UI-G10-NTQ, and  
LTC06UI-G15-NTQ

The enclosed filing has been prepared to request approval for an overall rate increase of 11.8%. 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 cursive script that reads "Jeffrey O. LaFond".

Jeffrey O. LaFond  
Lead Actuarial Analyst  
United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

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

Actuarial Certification  
for  
Long-Term Care Policy Series LTC06UI

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

Attached are:

1. Premium rate schedules to be used for renewals of the specified policy forms and associated riders.
2. An actuarial memorandum, which provides:
  - a) the assumptions on which this certification is based;
  - b) the adjustments to prior assumptions with an explanation of the reasons previous assumptions were not realized;
  - c) a lifetime projection of the prior premium rate schedules and incurred claims plus future expected premiums and claims which demonstrates that the revised premium rate schedule meets the loss ratios standards and necessary details of this state; and
  - d) disclosure of the manner in which reserves have been recognized.

If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

The premium rate filing is in compliance with your state's Long-Term Care rate stabilization regulations.

I have reviewed and taken into consideration the policy design and coverage provided.

I have reviewed and taken into consideration the current underwriting and claims adjudication processes.

The contract reserve basis was filed in the initial product filing and there are no anticipated changes.

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.



Adam Walling, FSA, MAAA  
LTC Product Performance Director  
United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

(402) 351-3861

[Adam.Walling@mutualofomaha.com](mailto:Adam.Walling@mutualofomaha.com)

October 31, 2017

**United of Omaha Life Insurance Company**  
Mutual of Omaha Plaza, Omaha, NE 68175  
**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**  
**Policy Series LTC06UI**  
**Pennsylvania**

1. PURPOSE OF FILING

This is a rate increase filing for the above captioned Long-Term Care policy forms. This is a follow-up filing that was approved by your Department on December 2, 2015, (SERFF Tracking # MUTA-130240884). The requested rate increase amount will bring the premiums in your state to the actuarially equivalent level of the National rate level. This filing also provides an updated projection filing following the rate increase that was implemented in 2016. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the above captioned Long-Term Care policy forms. Policy Series LTC06UI includes policy forms LTC06UI-TQ, LTC06UI-G5-TQ, LTC06UI-G10-TQ, LTC06UI-G15-TQ, LTC06UI-NTQ, LTC06UI-G5-NTQ, LTC06UI-G10-NTQ, and LTC06UI-G15-NTQ. These forms provide daily benefits for long term treatment in various settings, as summarized in Exhibit 1, when the insured meets policy benefit qualification requirements.

These forms are individual, guaranteed renewable policies with issue age premiums. These policies were sold by agents and brokers primarily from 2006 through 2009 to adults age 18 through 79. These policies were fully underwritten with four underwriting classifications, Preferred, Select, Class I and Class II. Preferred rates are 85% of Select rates. Class I rates are 125% of Select rates, and the Class II rates are 150% of the Select rates.

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, 2016, are displayed in Exhibit 2. Exhibit 2 also shows the average annual premium before and after the proposed rate increase.

3. REASON FOR RATE INCREASE REQUEST

These policies were filed under rate certification with the moderately adverse triggers, as shown below:

As stated in the original pricing Actuarial Memorandum, a loss ratio would increase by 10% if one of the following occurred:

- a) Morbidity  
10% higher than expected morbidity
- b) Mortality  
10% lower than expected mortality
- c) Lapses  
25% lower than expected lapses
- d) Other  
A combination of changes in the above assumptions or a distribution different than expected would also cause the loss ratio to increase by 10% or more.

A rate increase is necessary at this time due to higher anticipated future and lifetime loss ratios. The higher loss ratios are due to updated morbidity assumptions to reflect longer claim continuance resulting in higher overall claim cost.

The Moderately Adverse Condition that triggered is displayed below:

- Morbidity– produces loss ratios 10% higher than expected.

Justification for the moderately adverse triggers was included in the rate increase filing approved by your Department on December 2, 2015 (SERFF Tracking # MUTA-130240884).

United of Omaha has been evaluating this LTCi block and updating assumptions based on internal and our parent company's (Mutual of Omaha) experience as well as the LTCi industry experience. Including United of Omaha's parent company's information is consistent with Actuarial Standard of Practice 18 – Long-Term Care Insurance. For the forms specified above, projected experience is now worse than what prior assumptions were projecting. Updated claim costs have had the most significant deviation from prior assumptions. The effect of changing the underlying claim costs to better reflect data trends emerging in actual company experience, as well as industry data, resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, we are requesting a rate increase in order to maintain the viability and financial stability of the policy forms. Implementing a necessary rate increase earlier reduces the amount of the rate increase.

#### 4. RATE INCREASE HISTORY

The nationwide and Pennsylvania rate increase history for these forms is displayed below:

	Effective Date	Overall Increase	Increase Range
National	01/01/2013	19.8%	0% - 38%
	01/01/2016	18.6%	0% - 38%
Pennsylvania	01/01/2013	11.7%	0% - 15%
	03/01/2016	15.2%	0% - 20%

#### 5. PROJECTION ASSUMPTIONS

The updated assumptions are summarized below:

##### Interest

A 4.0% effective annual rate of interest, the valuation interest rate originally filed with these forms, has been assumed for accumulating historical experience and for discounting projected future experience.

##### Distribution

Actual demographic and policy distributions are included in Exhibit 5.

##### Lapse Rates

The company reviews its persistency assumptions on a yearly basis to monitor any changes in lapse rates. As the experience develops, we continue to see ultimate lapse assumptions decrease, especially as we gain experience in later durations. As such, the persistency assumptions were also revised based on the actual experience of the affected blocks.

Exhibit 3A contains our actual experience and revised assumptions.

##### Morbidity

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. 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.

As stated previously, this analysis is done with both United of Omaha's and Mutual of Omaha's policies, consistent with ASOP 18, utilizing available experience data. United of Omaha's policies were sold by agency and brokerage, similar to Mutual of Omaha's policies. We expect no material difference between the two companies' experience.

Exhibit 3B contains actual experience and revised assumptions. Mutual of Omaha's LTCi business is used in this analysis.

#### Mortality

Mortality rates are derived using the Annuity 2000 Basic table. Selection factors grade from 40% to 100% over 10 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.

Exhibit 3C contains an actual experience and revised assumptions. Mutual of Omaha's LTCi business is used in this analysis.

#### Rate increase

Projected future earned premiums that include the proposed rate increase amounts, as noted in Section 9, assumes a January 1, 2018, effective date. This assumes all policies will receive the rate increase on January 1, 2018.

### 6. POLICY RESERVES

The valuation basis for contract reserves which generates the net valuation premium for renewal years is: one-year preliminary term using pricing claim costs @ 4.0% 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, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 6%;
- b) For policy years two through four, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 4%;
- c) For policy years five and later, the lesser of 100% of the voluntary lapse rate used in the calculation of gross premiums and 2%.

### 7. HISTORICAL EXPERIENCE

The nationwide experience since inception through June 30, 2017, is shown in Exhibit 4.

### 8. PROJECTED FUTURE AND LIFETIME EXPERIENCE

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. The lifetime experience, which has been projected using the assumptions described in Section 5, is shown in Exhibit 4. It illustrates that:

$$\frac{\text{Accumulated value of incurred claims}}{\$416,732,407} > \frac{58\% \times \text{original premium} + 85\% \times \text{increased premium}}{\$321,908,217 [(0.58 \times \$390,840,941) + (0.85 \times \$112,024,084)]}$$

The above demonstrates that the Dual Loss Ratio Test has been satisfied.

## 9. SUMMARY OF PROPOSED RATE INCREASE

We plan to implement the proposed rate increase as summarized below:

- The average proposed rate increase is 11.8%, ranging from a minimum rate increase of 0% to a maximum rate increase of 44.6%.
- The premiums for the base policy will be increased by the percentages mentioned above, based on issue age, benefit period, and inflation option.
- These premiums for the national rate level were set by the following process:
  - Calculate the premium necessary to achieve the original filed loss ratio, based on the updated assumptions previously outlined.
  - Calculate the currently sold premium (Mutual of Omaha product – Form LTC13), for the same base benefits, adjusting for any benefit differences
  - Calculate 138% of the current premium
  - Take the minimum premium from the three steps above.
- The factors for the remaining riders will not change; however, the increase to the base policy will result in the same increase percentage for the premium for these riders.
- In general, higher inflation types, longer benefit periods and younger issue ages result in higher increase percentages. See Exhibit 5 for a summary of the requested increases by various splits.

The proposed effective date of this rate increase is January 1, 2018, subject to your State's approval.

Policyholders will be given the following options in an effort to reduce the impact of the proposed rate increase:

- Decrease their benefit period.
- Increase their elimination period.
- Reduce their maximum daily benefit.
- Reduce their inflation option.
- Accept the nonforfeiture option, if the rate increase trigger has been met.

In addition, policyholders will be encouraged to contact our Customer Service Department to find the best option to maintain affordable coverage.



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October 31, 2017

Attachments:

Attachment A – Actuarial Certification

Exhibit 1 – Benefit Summary

Exhibit 2 – Policies In-Force, Annualized Premium and Average Annual Premium

Exhibit 3A – Actual to Revised (Lapse Rates)

Exhibit 3B – Actual to Revised (Morbidity Rates)

Exhibit 3C – Actual to Revised (Mortality)

Exhibit 4 – Lifetime Experience Projection (Dual Loss Ratio Test)

Exhibit 5 – Rate Increase Splits

Proposed Rates (Calculated rates may vary slightly due to rounding)

<b>Policy Series LTC06UI - National Benefit Description</b>	
(does not reflect state variations)	
<b>TQ/NTQ</b>	TQ or NTQ
<b>BASIC POLICY BENEFITS</b>	
Confined Care & Other Features	Nursing Home Confinement
	Nursing Home Bed Reservation
	Nursing Home Ambulance
	Assisted Living Facility
	ALF Bed Reservation
	Care Coordination
	Alternate Care
	Hospice Care
	Respite Care
	International Benefit
	<i>(See under Options below)</i>
	Waiver of Premium
	Additional Benefit for Injury
	ROP at Death <65 w/offset
Five-Year Rate Guarantee	
Home Care	Basic and Professional HHC
	Basic and Professional HHC
	Cash Benefit (TQ only)
	Adult Day Care
	Caregiver Training
	Informal Caregiver Benefit (NTQ)
	Durable Medical Equipment
	Medical Alert System
	Home Modifications
<b>AVAILABLE OPTIONS (availability varies by state)</b>	
	Compound Inflation Prot. <u>2.5-5</u> %
	20-Year Comp Inflation - 5%
	10-Year Comp Inflation - 5%
	Simple Inflation Protection 5%
	Guaranteed Purchase Option
	Spouse Security Benefit
	Monthly Basic & Prof. HHC
	ROP @ death (with claim offset)
	ROP @ death (NO claim offset)
	NF - Shortened benefit period
	Spouse WOP/Survivorship
	Spouse Shared Benefit
	Restoration of Benefits
	Contingent Nonforfeiture
	Extended Rate Guarantee - 1,2,3,4, or 5 years
<b>Benefit Multipliers</b>	2,3,4,5,6,8 years, Unlimited
<b>Elimination</b>	0, 30, 60, 90, 180, 365 days Waiver of HHC Elimination Prd.
<b>Payment Options</b>	10 Year 20 Year To Age 65 Lifetime PRD List Bill
<b>Daily Benefit Options</b>	
Nursing Home	\$50 - \$500
Assisted Living Facility	Built into base - 50%, 70% or 100% of NH MDB
Home Health Care	Basic HHC MDB = 50%, 100% or 150% of NH MDB
<b>Issue Ages</b>	18-79
<b>Discounts</b>	Preferred: 15%
	Spouse: 35%
	Two Person Households: 10%
	Married: 15%
	Employer Paid: 5% NO comp offset
	Employee Paid: 5% (comp offset)
<b>Impaired Rate Classes</b>	Associations: 5% NO comp offset
	Class I = 1.25; Class II = 1.50

**Policies In-Force as of 12/31/2016, Annualized Premium and Average Annual Premium**

**Policy Series LTC06UI**

State	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	Overall Increase Amount	After Increase
National	9,291	21,627,968	2,328	0.0%	2,328
Pennsylvania	246	642,080	2,610	11.8%	2,918

**Note:**

**The increase amount displayed above will bring the premiums in your state to the actuarially equivalent level compared to the National rate level, as shown in Section 4 of the Actuarial Memorandum.**

Revised Expected Lapse Rates  
Actual Lapse Rates  
Actual/Revised

No Inflation  
Single

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79
1	20.9%	21.1%	100.9%	13.4%	12.1%	90.3%	8.6%	8.0%	92.6%	7.3%	5.9%	82.0%	5.0%	3.9%	78.1%	6.6%	5.5%	82.6%	9.4%	8.2%	86.5%
2	17.2%	19.0%	110.0%	9.5%	8.9%	93.5%	7.1%	6.0%	84.7%	6.5%	6.0%	92.2%	4.8%	3.8%	79.5%	6.6%	5.5%	82.5%	5.5%	4.0%	72.4%
3	9.1%	8.2%	89.5%	6.2%	8.9%	143.9%	4.7%	4.6%	97.7%	4.3%	3.3%	77.6%	4.1%	4.1%	98.6%	5.9%	4.6%	78.6%	4.1%	4.3%	105.1%
4	8.2%	9.0%	109.5%	4.5%	5.8%	128.6%	4.3%	5.1%	118.7%	4.1%	3.7%	89.9%	3.4%	4.1%	121.1%	4.3%	2.6%	60.4%	3.9%	4.8%	121.4%
5	5.7%	4.8%	84.1%	2.7%	0.0%	0.0%	3.2%	4.5%	139.7%	3.3%	2.2%	67.1%	2.4%	0.9%	38.1%	2.8%	2.4%	87.1%	2.9%	1.6%	54.1%
6	4.7%	8.1%	174.3%	2.4%	2.8%	117.1%	2.4%	1.6%	63.5%	2.5%	1.9%	76.1%	2.4%	3.2%	134.7%	2.5%	2.7%	108.7%	2.3%	0.0%	0.0%
7	4.7%	34.0%	731.2%	2.0%	7.5%	373.2%	2.1%	2.2%	106.2%	1.9%	0.9%	48.6%	2.0%	1.7%	85.6%	2.1%	3.9%	185.2%	1.8%	0.0%	0.0%
8	2.4%	0.0%	0.0%	1.9%	0.0%	0.0%	1.8%	0.0%	0.0%	1.8%	1.2%	66.1%	1.6%	1.2%	78.8%	1.9%	0.0%	0.0%	1.8%	3.8%	204.3%
9	2.4%	25.6%	1061.8%	1.9%	0.0%	0.0%	1.8%	0.0%	0.0%	1.5%	2.1%	145.0%	1.2%	2.1%	174.0%	1.9%	5.6%	302.5%	1.8%	0.0%	0.0%
10+	2.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.7%	0.0%	0.0%	1.2%	0.0%	0.0%	1.2%	0.0%	0.0%	1.9%	11.6%	622.6%	1.8%	0.0%	0.0%

No Inflation  
Married

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79
1	12.2%	12.1%	99.0%	7.6%	7.4%	97.1%	5.1%	5.0%	99.5%	3.9%	3.9%	98.8%	3.9%	3.9%	99.7%	5.7%	5.3%	92.6%	7.9%	6.8%	85.5%
2	10.3%	10.2%	99.2%	5.7%	5.0%	88.0%	3.7%	3.4%	92.5%	3.4%	3.2%	93.7%	3.1%	3.2%	105.4%	4.6%	4.0%	87.0%	5.0%	3.8%	76.8%
3	8.9%	9.6%	108.3%	4.9%	5.0%	102.5%	2.3%	1.7%	74.5%	2.7%	2.4%	90.6%	2.3%	1.7%	75.6%	3.4%	3.1%	91.1%	3.8%	3.1%	80.2%
4	5.7%	5.7%	100.1%	3.5%	3.8%	107.0%	2.0%	1.8%	92.4%	2.0%	1.7%	88.5%	1.8%	1.6%	88.0%	2.2%	1.6%	71.0%	3.1%	3.7%	120.3%
5	4.2%	4.4%	105.2%	2.5%	2.4%	98.0%	1.8%	1.4%	75.9%	1.6%	0.8%	48.2%	1.8%	1.2%	69.0%	1.8%	1.4%	76.1%	2.3%	2.7%	115.6%
6	3.5%	2.5%	71.3%	1.5%	3.5%	235.5%	1.3%	0.3%	23.9%	1.1%	1.5%	135.4%	1.5%	1.2%	83.4%	1.8%	3.0%	165.5%	0.9%	0.0%	0.0%
7	2.8%	4.2%	151.0%	1.4%	3.4%	248.2%	1.3%	0.5%	40.8%	1.1%	1.4%	136.3%	1.0%	0.8%	80.5%	0.9%	0.6%	69.4%	0.9%	0.0%	0.0%
8	1.4%	0.0%	0.0%	1.0%	2.2%	212.1%	1.2%	2.8%	234.5%	1.0%	1.6%	152.8%	1.0%	1.9%	189.4%	0.9%	0.0%	0.0%	0.9%	3.0%	326.2%
9	1.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	1.3%	141.1%	0.9%	3.7%	415.4%	0.9%	9.1%	992.0%
10+	1.0%	14.7%	1528.6%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.7%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%

Revised Expected Lapse Rates  
Actual Lapse Rates  
Actual/Revised

Inflation  
Single

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79
1	13.1%	13.1%	99.9%	6.5%	6.6%	101.7%	5.9%	6.0%	100.9%	5.0%	5.0%	101.2%	4.9%	4.6%	93.2%	7.7%	7.4%	95.6%	6.8%	8.4%	122.7%
2	8.3%	7.8%	93.9%	5.1%	5.0%	98.0%	3.6%	3.3%	92.2%	3.6%	3.4%	93.2%	3.8%	3.4%	89.6%	5.5%	6.0%	109.4%	3.6%	3.7%	101.9%
3	5.5%	5.3%	97.6%	4.3%	4.1%	93.4%	2.8%	2.6%	92.4%	2.5%	2.3%	92.7%	2.8%	2.7%	94.2%	3.4%	4.6%	132.1%	2.7%	3.5%	127.9%
4	5.1%	5.4%	105.0%	3.4%	2.6%	76.5%	2.2%	1.8%	84.6%	2.3%	1.9%	86.2%	2.5%	2.1%	87.3%	2.9%	3.1%	109.8%	2.2%	3.3%	149.3%
5	3.8%	4.5%	118.8%	3.4%	3.3%	94.8%	2.2%	2.4%	109.8%	2.2%	1.8%	79.9%	1.3%	1.7%	132.8%	2.1%	2.4%	116.8%	1.5%	2.4%	164.6%
6	2.9%	4.0%	138.2%	3.0%	3.1%	100.9%	1.5%	1.6%	105.1%	1.9%	1.5%	77.6%	1.3%	2.3%	174.5%	1.8%	2.4%	131.4%	1.2%	2.0%	162.6%
7	2.4%	3.1%	132.5%	2.0%	2.2%	110.2%	1.2%	1.4%	115.8%	1.5%	1.7%	109.9%	1.1%	1.2%	111.0%	1.0%	0.8%	80.8%	0.9%	0.0%	0.0%
8	2.4%	3.3%	138.9%	1.6%	1.6%	99.4%	1.2%	1.8%	156.1%	0.9%	0.7%	79.8%	1.0%	1.2%	113.8%	1.0%	1.0%	103.1%	0.9%	2.9%	321.9%
9	1.0%	1.6%	150.0%	1.1%	1.2%	110.1%	1.0%	1.2%	118.2%	0.7%	0.5%	82.3%	1.0%	1.2%	113.6%	0.9%	0.0%	0.0%	0.9%	3.9%	422.4%
10+	1.0%	2.8%	267.0%	1.1%	1.5%	137.9%	0.9%	0.8%	84.5%	0.7%	0.5%	70.9%	1.0%	1.1%	106.6%	0.9%	1.2%	129.8%	0.9%	0.0%	0.0%

Inflation  
Married

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79
1	8.0%	8.1%	101.1%	4.4%	4.5%	102.9%	3.4%	3.5%	100.8%	3.9%	3.9%	100.0%	3.8%	3.8%	101.6%	5.4%	5.4%	99.6%	4.2%	5.2%	122.3%
2	5.4%	5.2%	97.5%	2.8%	2.8%	99.3%	2.0%	2.0%	100.5%	2.0%	2.0%	99.7%	2.5%	2.5%	99.6%	4.5%	4.1%	90.7%	3.2%	3.5%	111.2%
3	4.0%	3.9%	96.7%	2.0%	2.0%	98.1%	1.3%	1.2%	94.1%	1.6%	1.5%	96.9%	1.7%	1.5%	92.3%	2.1%	2.1%	102.6%	2.2%	3.8%	174.3%
4	3.0%	2.6%	86.1%	1.8%	1.7%	94.9%	1.1%	1.1%	92.9%	1.2%	1.1%	91.6%	1.5%	1.3%	88.0%	1.4%	1.2%	83.2%	1.8%	2.4%	130.9%
5	2.7%	2.7%	98.3%	1.0%	1.2%	116.2%	1.1%	1.1%	97.2%	1.2%	1.1%	97.1%	1.4%	1.2%	85.5%	1.4%	1.5%	107.6%	1.7%	3.1%	180.4%
6	2.3%	2.6%	113.2%	0.9%	1.2%	131.6%	0.9%	0.9%	97.2%	0.9%	0.9%	96.7%	1.0%	0.9%	90.9%	1.4%	1.9%	129.0%	1.1%	1.6%	147.5%
7	1.6%	2.5%	151.4%	0.9%	1.0%	112.2%	0.9%	0.9%	103.2%	0.9%	1.0%	108.2%	1.0%	1.5%	143.7%	1.2%	1.9%	159.4%	1.0%	2.0%	204.1%
8	1.1%	1.8%	168.0%	0.7%	0.8%	114.2%	0.7%	0.6%	82.9%	0.7%	0.6%	83.8%	0.9%	1.0%	113.0%	0.9%	1.3%	139.2%	0.8%	0.8%	102.7%
9	0.8%	1.1%	135.6%	0.7%	1.2%	155.1%	0.7%	0.6%	90.6%	0.7%	1.1%	160.2%	0.7%	0.9%	115.7%	0.8%	0.9%	118.1%	0.7%	0.0%	0.0%
10+	0.7%	0.7%	89.6%	0.7%	0.6%	82.6%	0.7%	0.6%	94.3%	0.6%	0.4%	64.5%	0.7%	0.9%	117.0%	0.7%	0.0%	0.0%	0.7%	1.3%	187.2%

Overall Expected: 2.64%

Overall Actual: 2.60%

Actual to Expected 98.4%

**Incurred Claims - Actual to Revised Analysis***Expected assumption utilizes Milliman 2014 Guidelines with adjustments*

	<b>Active</b>	<b>Actual</b>	<b>Revised Expected</b>	
<b>Duration</b>	<b>Exposures</b>	<b>Incurred Claims</b>	<b>Incurred Claims</b>	<b>A/E: Updated</b>
1	114,354	2,338,828	2,494,652	94%
2	93,870	2,896,663	4,056,895	71%
3	71,804	3,412,688	4,446,273	77%
4	48,546	4,335,176	4,230,659	102%
5	33,129	3,312,137	4,092,318	81%
6	24,543	4,046,696	4,103,798	99%
7	19,317	4,384,359	4,180,539	105%
8	13,484	4,812,475	3,642,962	132%
9	7,012	2,298,832	2,381,556	97%
10	2,256	897,285	934,660	96%
11	109	-	49,715	0%
<b>Grand Total</b>	<b>428,423</b>	<b>32,735,140</b>	<b>34,614,028</b>	<b>95%</b>

**Actual to Revised Analysis - Mortality Rates**

<b>Duration</b>	<b>Total Lives</b>	<b>Actual Deaths</b>	<b>Revised Expected</b>	<b>Actual to Expected</b>
1	66,120	227	311	73%
2	60,280	359	349	103%
3	56,098	410	394	104%
4	53,205	508	446	114%
5	50,911	515	504	102%
6	49,148	566	571	99%
7	47,584	619	690	90%
8	46,216	753	819	92%
9	44,762	763	953	80%
10	43,358	885	1,042	85%
11	41,829	940	1,075	87%
12	40,192	1036	1,104	94%
13	36,935	1024	1,096	93%
14	30,576	985	999	99%
15	20,673	707	740	96%
16	13,407	500	518	97%
17	7,555	333	316	105%
18	3,622	161	162	99%
19	1,511	81	74	109%
20	160	6	9	70%
<b>Grand Total</b>	<b>714,142</b>	<b>11,378</b>	<b>12,173</b>	<b>93%</b>



Lifetime Experience (Nationwide) as of 06/30/2017

Policy Series LTC06UI

Year	Non-Interest Adjusted			Interest Adjusted		
	PA Rate Level			PA Rate Level		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
2006	1,134,957	0	18,006	1,747,214	0	27,719
2007	5,166,504	0	80,287	7,647,688	0	118,844
2008	9,686,376	0	97,242	13,786,733	0	138,405
2009	13,602,488	0	335,563	18,615,944	0	459,241
2010	16,081,905	0	328,173	21,162,690	0	431,853
2011	17,718,409	0	319,469	22,419,440	0	404,230
2012	19,611,926	0	2,331,535	23,860,907	0	2,836,669
2013	18,442,516	1,973,349	1,729,399	21,575,136	2,308,540	2,023,153
2014	18,687,585	1,999,572	1,419,694	21,020,991	2,249,246	1,596,963
2015	17,783,281	1,902,811	2,884,876	19,234,397	2,058,080	3,120,282
2016	17,220,401	4,241,342	2,413,394	17,909,217	4,410,995	2,509,930
<b>Total</b>	<b>155,136,348</b>	<b>10,117,074</b>	<b>11,957,637</b>	<b>188,980,356</b>	<b>11,026,861</b>	<b>13,667,288</b>
2017	16,755,299	5,023,012	3,553,671	16,755,299	5,023,012	3,553,671
2018	16,292,432	7,847,669	4,164,684	15,665,800	7,545,836	4,004,503
2019	15,830,741	7,431,589	4,738,512	14,636,410	6,870,922	4,381,021
2020	15,375,250	7,514,411	5,392,296	13,668,541	6,680,284	4,793,731
2021	14,913,806	7,343,528	6,152,058	12,748,384	6,277,279	5,258,805
2022	14,438,421	7,168,468	7,032,547	11,867,329	5,891,958	5,780,241
2023	13,954,261	6,970,138	8,020,852	11,028,255	5,508,601	6,338,996
2024	13,462,420	6,769,780	9,098,004	10,230,333	5,144,476	6,913,735
2025	12,959,280	6,563,253	10,287,252	9,469,219	4,795,704	7,516,794
2026	12,445,926	6,350,661	11,613,375	8,744,343	4,461,890	8,159,403
2027	11,923,153	6,132,106	13,028,798	8,054,855	4,142,631	8,801,789
2028	11,392,398	5,907,878	14,517,376	7,400,285	3,837,645	9,430,211
2029	10,855,530	5,678,444	16,067,728	6,780,332	3,546,739	10,035,856
2030	10,314,139	5,444,237	17,721,335	6,194,404	3,269,668	10,642,975
2031	9,770,102	5,205,853	19,487,754	5,641,991	3,006,251	11,253,693
2032	9,225,259	4,963,955	21,349,742	5,122,459	2,756,308	11,854,754
2033	8,681,976	4,719,378	23,202,099	4,635,378	2,519,714	12,387,790
2034	8,142,948	4,473,206	25,007,842	4,180,371	2,296,424	12,838,357
2035	7,610,584	4,226,482	26,756,277	3,756,798	2,086,310	13,207,651
2036	7,085,516	3,979,492	28,627,447	3,363,086	1,888,836	13,587,801
2037	6,566,920	3,731,868	30,586,431	2,997,057	1,703,176	13,959,248
2038	6,057,922	3,484,992	32,281,964	2,658,420	1,529,332	14,166,411
2039	5,562,070	3,240,585	33,682,697	2,346,945	1,367,382	14,212,595
2040	5,082,379	3,000,182	34,826,483	2,062,055	1,217,253	14,130,021
2041	4,621,300	2,765,135	35,813,793	1,802,868	1,078,739	13,971,730
2042	4,180,789	2,536,581	36,609,497	1,568,284	951,514	13,732,837
2043	3,763,030	2,315,820	36,925,213	1,357,284	835,291	13,318,527
2044	3,369,990	2,104,226	36,819,835	1,168,768	729,780	12,769,729
2045	3,002,376	1,902,647	36,412,858	1,001,225	634,490	12,142,868
2046	2,661,047	1,711,799	35,851,055	853,269	548,891	11,495,692
2047	2,345,809	1,532,035	35,131,453	723,257	472,355	10,831,683
2048	2,056,910	1,363,881	34,023,446	609,792	404,336	10,086,599
2049	1,794,069	1,207,785	32,624,000	511,413	344,289	9,299,730
2050	1,555,874	1,063,640	31,063,741	426,456	291,537	8,514,391
2051	1,341,990	931,508	29,475,822	353,684	245,501	7,768,414
2052	1,150,924	811,070	27,878,539	291,662	205,538	7,064,853
2053	981,800	702,191	26,096,704	239,234	171,102	6,358,951
2054	832,748	604,368	24,166,914	195,110	141,602	5,662,232
2055	701,790	516,851	22,217,828	158,103	116,439	5,005,353
2056	588,252	439,402	20,361,365	127,427	95,184	4,410,691
2057	490,286	371,224	18,593,203	102,121	77,322	3,872,760
2058	406,655	311,771	16,819,377	81,444	62,441	3,368,550
2059	335,488	260,240	15,039,809	64,607	50,116	2,896,290
2060	274,428	215,431	13,311,791	50,815	39,891	2,464,920
2061	223,390	177,139	11,736,391	39,774	31,539	2,089,622
2062	180,949	144,701	10,305,431	30,978	24,773	1,764,273
2063	145,824	117,412	8,968,231	24,005	19,328	1,476,295
2064	116,721	94,559	7,688,966	18,475	14,967	1,217,029
2065	92,103	75,071	6,481,033	14,018	11,425	986,379
2066	72,437	59,206	5,434,992	10,600	8,664	795,363
2067	56,715	46,406	4,527,857	7,981	6,530	637,127
2068	44,128	36,116	3,745,660	5,971	4,886	506,790
2069	34,083	27,912	3,060,128	4,434	3,631	398,113
2070	25,661	21,028	2,442,888	3,210	2,630	305,588
2071	19,138	15,631	1,934,784	2,302	1,880	232,719
2072	14,297	11,644	1,530,817	1,654	1,347	177,047
2073	10,637	8,647	1,200,095	1,183	962	133,459
2074	7,756	6,295	920,806	829	673	98,462
<b>Total</b>	<b>302,198,121</b>	<b>157,680,537</b>	<b>1,042,411,546</b>	<b>201,860,585</b>	<b>100,997,223</b>	<b>403,065,119</b>
<b>Grand Total</b>	<b>457,334,468</b>	<b>167,797,611</b>	<b>1,054,369,183</b>	<b>390,840,941</b>	<b>112,024,084</b>	<b>416,732,407</b>

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	226,687,746	95,220,472	321,908,217
Dual Loss Ratio Test Met	416,732,407	>	321,908,217

## Policy Series LTC06UI

Issue Age Band	% of PH	Avg Increase
<40	2 %	32.7%
40-44	3 %	37.4%
45-49	7 %	36.7%
50-54	14 %	22.6%
55-59	26 %	9.4%
60-64	28 %	5.7%
65-69	14 %	1.4%
70-74	4 %	0.0%
75-79	1 %	0.0%
<b>Grand Total</b>	<b>100 %</b>	<b>11.8%</b>

Rate Increase	% of PH	Avg Increase
0%-4.99%	53 %	0.3%
5%-9.99%	6 %	7.3%
10%-14.99%	9 %	12.5%
15%-19.99%	7 %	17.0%
20%-24.99%	4 %	22.3%
25%-29.99%	5 %	27.7%
30%-34.99%	4 %	32.9%
35%-39.99%	3 %	38.3%
40%-44.99%	10 %	44.1%
<b>Grand Total</b>	<b>100 %</b>	<b>11.8%</b>

Inflation Type	% of PH	Avg Increase
None/GPO	15 %	0.1%
2.5% Compound	5 %	3.5%
3.0% Compound	12 %	5.2%
5.0% Simple	6 %	3.4%
3.5% Compound	6 %	8.3%
4.0% Compound	6 %	12.2%
4.5% Compound	1 %	11.2%
5.0% - 10 Yrs	3 %	5.1%
5.0% - 20 Yrs	16 %	15.8%
5.0% Compound	28 %	23.5%
<b>Grand Total</b>	<b>100 %</b>	<b>11.8%</b>

Benefit Period	% of PH	Avg Increase
2 Year	11 %	2.2%
3 Year	42 %	8.4%
4 Year	13 %	14.3%
5 Year	25 %	18.4%
6 Year	1 %	19.5%
8 Year	1 %	18.2%
Lifetime	7 %	18.5%
<b>Grand Total</b>	<b>100 %</b>	<b>11.8%</b>