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LONG-TERM CARE I

PROVIDES BASIC CHOICES ABOUT YOUR LONG-TERM CARE INSURANCE

This Long-Term Care I policy is intended to be an individual tax-qualified long-term care contract.

The policy pays expenses for long-term care insurance services.

It provides a daily benefit amount of your choice for services received in these settings:

- Your home
- Nursing home
- Assisted living facility
- Adult day care facility
- Hospice care facility

CHOICES

STEP ONE: Make your choices

This allows you to structure a long-term care insurance plan that fits your needs and your budget.

There is a choice of benefits available. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

- Choose a daily benefit amount: \$50 to \$400 per day
- Choose an elimination period: 30 days or 90 days.
- Choose a benefit multiplier: 3 years, 5 years or unlimited (lifetime).

STEP TWO: Determine your maximum benefit amount

This is the total amount of dollars available to you under your policy.

- Multiply the daily benefit amount times the benefit multiplier times 365 days. For example, \$100 (daily benefit amount) x 5 years (benefit multiplier) x 365 (days per year) = \$182,500 (maximum benefit amount).

Your policy will not have a maximum benefit amount if you select the unlimited (lifetime) benefit multiplier.

STEP THREE: Choose your optional benefits*

Inflation Protection: Increases your daily benefit amount to help

*The amount of benefits depends upon the plan selected and the premium will vary with the amount of benefits. Additional premium may apply.

keep pace with the rising cost of long-term care insurance services. You must be offered the five percent compound inflation option. If you decline that offer, you may choose from any of the inflation options listed below. You have the choice of four options:

- **Guaranteed purchase option:** (LTC04I GPO)

As long as you are not receiving benefits, you have the option to increase your original daily benefit amount and remaining maximum benefit amount by 10 percent every two years until age 80, or for a maximum of 20 years, whichever occurs first. Each time you exercise this option, your premium will increase based on your current age.

The guaranteed purchase option benefit is added to your policy at no extra cost if you do not select one of the other inflation protection options. This benefit is not available if you select a 10-year or to-age-65 premium payment option.

- **Five-percent simple:** (LTC04I SINF)

Automatically increases your original daily benefit amount and remaining maximum benefit amount by five percent each year.

- **Five-percent compound:** (LTC04I CINF)

Automatically increases your current daily benefit amount and remaining maximum benefit amount by five percent each year, similar to compound interest in a bank.

- **Five-percent, 20-year compound:** (LTC04I CINF20YR)
Automatically increases your current daily benefit amount and remaining maximum benefit amount by five percent each year for 20 years.

These increases in benefits will not be determined by the actual amount of future inflation. The actual increases in benefits under your policy may be greater or less than the amount of inflation.

Premium Payment: Your premium can be paid on a regular basis throughout the life of the policy. Or two additional options are available that allow you to pay premiums for a set period of time, after which no further premiums are due. These additional options include:

- **10-year premium payment option:** (LTC04I 10YRPPP)
Allows you to pay premiums for 10 years.
- **To-age-65 premium payment option:** (LTC04I AGE65PPP-TX)
Allows you to pay premiums until you reach the age of 65.

Nonforfeiture Benefit:
(LTC04I NFOIPL-TX)

Should you stop paying premiums after your policy has been in effect for three years or longer, this option provides that your policy will not terminate but will continue with a reduced maximum benefit amount. If you decline to accept this benefit, a Contingent Nonforfeiture benefit will be added to your coverage at no extra cost. Please refer to the Outline of Coverage for a description of the Contingent Nonforfeiture Benefit.

Spouse Waiver of Premium and Survivorship Benefit:
(LTC04I SBWP-TX)

Adding this optional benefit to your plan and to the same policy form for your spouse's plan means that when one spouse's premium is waived, the premium for the other spouse also is waived. It also means that if one spouse dies after both policies having this benefit have been in effect for 10 years, no further premiums are due from the surviving spouse.

LONG-TERM CARE I

ELIGIBILITY TO RECEIVE BENEFITS

You are eligible to receive long-term care insurance benefits under this policy when a licensed health care practitioner submits an approved plan of care that states:

- You need hands-on or stand-by assistance to perform at least two of the six activities of daily living (bathing, eating, toileting, transferring, continence or dressing); OR you need continual supervision due to a severe cognitive impairment; AND
- You are expected to need care for at least 90 days; AND
- Recommended services are included under your policy.

The following features are subject to eligibility requirements, limitations and restrictions and the policy maximum benefit amount (except care coordination and patient advocacy).

CARE COORDINATION SERVICES

- **Care Coordinator:** Covers the services of any care coordinator – a licensed health care practitioner who will help assess your needs and develop an individualized plan of care for you. The care coordinator also will help arrange for services that can allow you to remain in your home.

A licensed health care practitioner is any of the following who is not a family member: a physician; a registered professional nurse; a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States. You have the freedom to choose any licensed health care practitioner or care coordinator.

- **Alternate Care:** Pays benefits for alternate services or treatments not otherwise covered under your policy.
- **Patient Advocacy:** Provides for the care coordinator to arrange

for an assessment of your living conditions when you are confined in a nursing home or assisted living facility. A report may be made to family members, which is especially helpful for those not living nearby.

- **Severe Cognitive Impairment** means a loss or deterioration in intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in your:
 - short-term or long-term memory;
 - orientation as to people, places or time; and
 - deductive or abstract reasoning.

CONFINED CARE SERVICES

- **Nursing Home Benefit:** Pays benefits for covered nursing home expenses subject to the maximum daily benefit amount you select. Covered expenses include room and board, ancillary services such as therapy, medication management and help with the activities of daily living, and patient supplies provided by the nursing home for the care of its residents.

- **Assisted Living Facility:** Pays for care provided in an assisted living facility, including room and board for a one-bedroom unit, ancillary services and patient supplies provided by the facility.
- **Bed Reservation Benefit:** Pays to keep a bed available for you in your nursing home or assisted living facility for a maximum of 31 days per year should you need to be hospitalized, or if you temporarily leave the facility for any reason.
- **Nursing Home Ambulance Benefit:** Pays for an ambulance to take you from a nursing home to a hospital and back.

HOME HEALTH CARE SERVICES

- **Home Health Care:** Pays benefits for covered home health care expenses subject to the maximum daily benefit amount. Covered expenses include the services of a registered nurse, home health aide or therapist, maintenance or personal care services to assist with the activities of daily living, homemaker services such as grocery shopping, meal preparation and housekeeping and adult day care.
- **Medication Management:** Pays for home health care services to ensure you take any prescribed medications appropriately.

The following features are available:

- **Caregiver Training:** Pays to train a family member or friend to provide unpaid care for you in your home.
- **Durable Medical Equipment:** Pays to rent or purchase special equipment, such as a hospital-style bed, walker, wheelchair or respirator for use in your home.

- **Home Modification:** Pays to make modifications to your home that will enhance your ability to perform the activities of daily living and/or remain safely in your home.
- **Informal Caregiver:** Pays a friend or relative, other than your spouse or another person living in your home, to provide homemaker services.

OTHER FEATURES

- **Hospice Care:** Pays for hospice care facility services including room and board, ancillary services and patient supplies provided by the facility. The plan also may pay for hospice care services you receive in your home.
- **Respite Care:** Pays for the services of a person or facility to care for you for up to a maximum of 31 days per calendar year in order to provide temporary, short-term relief for your primary caregiver.
- **International Travel:** Pays lifetime benefits for a maximum of 31 days if you need covered long-term care insurance services while traveling outside the U.S. Full benefits are available in Canada and the United Kingdom.
- **Restoration of Benefits:** Provides for your maximum benefit amount to be restored if you do not require long-term care insurance services for a period of 180 consecutive days.
- **Waiver of Premium:** Provides that after you satisfy your elimination period, you do not have to pay further premiums as long as you continue to receive benefits for nursing home confinement, assisted living facility confinement or home health care services.

ADDITIONAL INFORMATION ABOUT LONG-TERM CARE INSURANCE FROM MUTUAL OF OMAHA INSURANCE COMPANY

Eligible Ages

Individuals between the ages of 18 and 79 are eligible to apply for Mutual of Omaha Insurance Company's long-term care insurance.

Premium Discounts

Mutual of Omaha Insurance Company offers these discounts on long-term care insurance plans. You may qualify for more than one discount.

- **Preferred:** You can receive a 15-percent discount off your total premium for being in good health.
- **Married Couples:** You can each receive a 30-percent discount off your total premium if both you and your spouse purchase a Mutual of Omaha Insurance Company long-term care insurance policy.
- **Married:** You can receive a 15-percent discount off your total premium if you are married and your spouse does not apply or qualify for coverage and you purchase a Mutual of Omaha Insurance Company long-term care insurance policy.
- **Two-Person Household:** You can receive a 10-percent discount off the combined premiums if both you and another adult living in your household purchase a Mutual of Omaha Insurance Company long-term care insurance policy.
- **Association Group:** You can receive a 10-percent discount off your total premium if you are a member of a qualifying association group.
- **Worksite:** You can receive a 10-percent discount off your total premium if your coverage is purchased at your workplace through payroll deduction.

MAKING THE RIGHT CHOICES

You have lots of things to consider when it comes to designing a long-term care insurance plan that's right for you.

These are some of the choices you have:

Daily benefit amount: The maximum dollar amount your policy will pay each day. You have a range of dollar amounts from which to choose.

Elimination period: The period of time you will wait before you begin receiving benefits. You can choose to receive benefits immediately or after a waiting period.

Benefit multiplier: A time period used to calculate your maximum benefit amount. It is not intended to represent the time for which benefits will be payable.

Maximum benefit amount: The total amount of benefits you are entitled to receive over the life of your policy. To determine the maximum benefit amount, multiply your daily benefit amount times the benefit multiplier times 365 days.

EXCLUSIONS AND LIMITATIONS

This provision states the conditions under which payment will be limited or not made at all. These conditions apply to all benefits provided by this Policy.

Exclusions This Policy will not pay benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items for:

1. care or services provided by a Family Member unless:
 - (a) he or she is a regular employee of an organization which is providing the treatment, service or care; and
 - (b) the organization receives the payment for the treatment, service or care; and
 - (c) he or she receives no compensation other than the normal compensation for employees in his or her job category; or
 - (d) such care or services are received under the Informal Caregiver for Homemaker Services Benefit; or
2. care or services for which no charge is made in the absence of insurance; or
3. care or services provided outside the United States of America, Canada or the United Kingdom except as provided for under the International Travel Benefit; or
4. care or services that result from war or act of war, whether declared or undeclared; or
5. care or services that result from suicide (while sane or insane), an attempt at suicide or an intentionally self-inflicted injury; or
6. care or services for alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of Your Physician); or
7. treatment provided in a government facility (unless otherwise required by law) except a Veterans Administration facility; services for which benefits are provided under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
8. services received while this Policy is not in force, except as provided in the Extension of Benefits provisions.

We will not pay or reimburse expenses incurred under Medicare or which would be reimbursable under Medicare but for the application of a deductible or coinsurance amount, except expenses which are reimbursable under Medicare only as a secondary payer.

30-Day Right to Examine

You have 30 days after you receive your policy to return it to us or to your Mutual of Omaha Insurance Company agent. At that time, the full amount of premium you paid within 30 days of the return of the policy will be refunded to you and the policy will be cancelled.

PLEASE READ YOUR POLICY CAREFULLY

This is a brief description of some of the facts about your coverage. You have a 66 day total period for making late premium payments. For complete benefits, exceptions and limitations, see the policy and outline of coverage. Your policy sets forth, in detail, the rights and obligations of both you and Mutual of Omaha Insurance Company. A Shopper's Guide to Long-Term Care Insurance is provided for additional information. The outline of the coverage available in your state must be provided in conjunction with this brochure.