

# MutualCare® Secure Solution

## Tax Qualified Long-Term Care Insurance Policy Illustration



Mutual of Omaha Insurance Company

**Designed for:** Bill Smith & Mary Smith

| <b>Plan Design</b>                 | <b>Bill: Age 45</b>     | <b>Mary: Age 45</b>     |                 |  |
|------------------------------------|-------------------------|-------------------------|-----------------|--|
| Household Status                   | Partner - Both Insured  | Partner - Both Insured  |                 |  |
| Gender                             | Male                    | Female                  |                 |  |
| Rate Classification                | Select                  | Select                  |                 |  |
| Policy Limit                       | \$288,000               | \$288,000               |                 |  |
| <b>Cash Benefits (25% of HHC)</b>  | \$1,500 per month       | \$1,500 per month       |                 |  |
| Elimination Period                 | 0 Days                  | 0 Days                  |                 |  |
| Benefit Duration                   | 16 years (192 months)   | 16 years (192 months)   |                 |  |
| <b>Reimbursement Benefits:</b>     |                         |                         |                 |  |
| Nursing Home (NH)                  | Up to \$6,000 per month | Up to \$6,000 per month |                 |  |
| Assisted Living                    | Up to \$6,000 per month | Up to \$6,000 per month |                 |  |
| Home Health Care (HHC)             | Up to \$6,000 per month | Up to \$6,000 per month |                 |  |
| Elimination Period (Calendar Days) | 90 Days                 | 90 Days                 |                 |  |
| Benefit Duration (NH)              | 4 years (48 months)     | 4 years (48 months)     |                 |  |
| Partnership Qualified              | Yes**                   | Yes**                   |                 |  |
| <b>Inflation Protection</b>        |                         |                         |                 |  |
| Inflation Protection Benefit       | 3% Compound Lifetime    | 3% Compound Lifetime    |                 |  |
| <b>Optional Benefits</b>           |                         |                         |                 |  |
| Shared Care                        | Yes                     | Yes                     |                 |  |
| <b>Total Premium</b>               | <b>Bill</b>             | <b>Mary</b>             | <b>Combined</b> |  |
| 15% Partner - Both Insured Savings | -464.63                 | -799.71                 | -1,264.34       |  |
| Your Annual Premium                | 2,632.88                | 4,531.67                | 7,164.55        |  |
| <b>Other Modes of Payment</b>      |                         |                         |                 |  |
| Annual Premium                     | 2,632.88                | 4,531.67                | 7,164.55        |  |
| Semi-Annual Premium                | 1,342.78                | 2,311.15                | 3,653.93        |  |
| Quarterly Premium                  | 684.56                  | 1,178.23                | 1,862.79        |  |
| Monthly Premium                    | 236.96                  | 407.85                  | 644.81          |  |

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

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

ICC20465395

Jack Lenenberg - 800-891-5824

Policy Form: LTC13

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

Agent License Number: 3524868

Ver. 3.86.0.0

Illinois

Quote 001

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