



# LONG-TERM CARE I

PROVIDES BASIC CHOICES ABOUT YOUR LONG-TERM CARE INSURANCE

Long-Term Care I is a tax-qualified policy similar to the program available to federal government employees.

The policy pays expenses for long-term care services, up to the daily benefit amount you select. It provides up to the maximum 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 an insurance plan that fits your needs and your budget.

- 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

This allows you to add benefits to your insurance plan that will enhance your coverage.

\* In WI, the minimum daily benefit amount is \$60.

**Inflation Protection:** Increases your daily benefit amount to keep pace with the rising cost of long-term care services. You have the choice of four options:

- **Guaranteed purchase option:\*\***

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. ~~In Delaware, the 10% guaranteed purchase option is a compounded increase.~~

*This 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:\*\*\***

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

- **Five-percent compound:**

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

\*\* The guaranteed purchase option is not available in IN, WI.

\*\*\* The five-percent simple inflation option is not available in DE, IN.

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

**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:** Allows you to pay premiums for 10 years.
- **To-age-65 premium payment option:** Allows you to pay premiums until you reach the age of 65.

**Nonforfeiture Benefit:** 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.

**Spouse Waiver of Premium and Survivorship Benefit:** 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.

~~\* The five-percent, 20-year compound is not available in IN.~~

## LONG-TERM CARE I

### ELIGIBILITY TO RECEIVE BENEFITS

You are eligible to receive 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 a care coordinator – a licensed health care professional 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.
- **Alternate Care:** Pays benefits if your care coordinator identifies the need 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.

### CONFINED CARE SERVICES

- **Nursing Home Benefit:** Pays benefits for covered nursing home expenses up 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 up to 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 up to 100 percent of 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 when you use a ~~care coordinator:~~*

- **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.

- **Medical Alert System:** Pays to install and rent a medical alert system for use in your home.

## 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 31 days per calendar year in order to provide temporary, short-term relief for your primary caregiver.
- **International Travel:** Pays benefits for up to a lifetime maximum of 31 days if you need covered long-term care 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 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's long-term care insurance.

### Premium Discounts

Mutual of Omaha 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 for being in good health.
- **Couple:** You can each receive a 30-percent discount if both you and your spouse purchase a Mutual of Omaha long-term care policy.
- **Two-Person Household:** You can receive a 10-percent discount if both you and another adult living in your household purchase a Mutual of Omaha long-term care policy.
- **Association Group:** You can receive a 10-percent discount if you are a member of a qualifying association group.
- **Employer Sponsored:** You can receive a 10-percent discount if your coverage is purchased as part of an employer-sponsored program.

## MAKING THE RIGHT CHOICES

You have lots of things to consider when it comes to designing long-term care insurance that's right for you. Your Mutual of Omaha insurance agent can help you evaluate your situation and tailor coverage to meet your needs.

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 of up to one year.

**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.

### 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 agent. At that time, the premium you paid 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. 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.

Long-Term Care Insurance underwritten by:  
MUTUAL of OMAHA INSURANCE COMPANY,  
Mutual of Omaha Plaza,  
Omaha, NE 68175-0001  
[mutualofomaha.com](http://mutualofomaha.com)

This policy has exceptions, limitations and reductions. ~~This policy is not approved for Medicaid Asset protection under the Illinois LTC Partnership Program.~~

Policy forms  ~~IL-TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ or state equivalent. In ID- LTC04I-TQ-ID, LTC04I-NTQ-ID, LTC04I-AG-TQ-ID, LTC04I-AG-NTQ-ID, in OK- LTC04I-TQ-OK, LTC04I-NTQ-OK, LTC04I-AG-TQ-OK, LTC04I-AG-NTQ-OK.~~