

Mutual Care[®] *Plus*

Long-Term Care Insurance



AGENT and UNDERWRITING GUIDE

Mutual Care[®] 3 & 5
Mutual Care[®] *My Way*

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Contact Information

Mailing Addresses

General Mail

Long-Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901

Expedited Mail

Long-Term Care Service Office
7805 Hudson Rd., Suite 180
Woodbury, MN 55125-1591

Premium Submission (other than premium collected with the application)

General Mail

Mutual of Omaha
P.O. Box 30154
Omaha, NE 68103-1252

Expedited Mail

1st National Bank
Attn: Wholesaler LB#30154
1620 Dodge St.
Omaha, NE 68197

LTC Service Office

Claims

Phone: 877-894-2478
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

Customer Service

Phone: 877-894-2478
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

- New Business Service
- Policy Issue
- Billing and Collection

Fax Numbers

888-539-4672

- Application Requirements

800-921-9335

- Medical Information
- Delivery Requirements
- Policy Change Requests
- Correspondence

Mutual of Omaha Licensing

Phone: 800-867-6873
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

Sales Support

Phone: 877-617-5589 or 800-693-6083
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday
E-mail: sales.support@mutualofomaha.com

- Appointments
- Contracting
- Licensing
- Proposals
- Sales/Product Support

Underwriting

Phone: 800-551-2059
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday
E-mail: ltcunderwriting@mutualofomaha.com

- Prequalification
- Risk Selection

To Initiate the Personal Health Interview

Phone: 866-544-1617

Mutual Care Plus

Mutual Care 3 • Mutual Care 5 • Mutual Care My Way

Built-in and Optional Benefits

The following chart contains the built-in and optional benefits of Mutual Care 3, Mutual Care 5 and Mutual Care My Way. Benefits may vary by state. Please see the State Differences Matrix (section 6).

	Mutual Care 3	Mutual Care 5	Mutual Care My Way
Built-in Benefits			
Benefit Period	3 years	5 years	2 years (24 months) 3 years (36 months) 4 years (48 months) 5 years (60 months) 6 years (72 months) 8 years (96 months) Lifetime
Maximum Monthly Benefit	\$3,000 to \$15,000 in \$500 increments	\$3,000 to \$15,000 in \$500 increments	\$1,500 to \$15,000 in \$500 increments
Cash Benefit	35% of home health care maximum monthly benefit	35% of home health care maximum monthly benefit	35% of home health care maximum monthly benefit
Elimination Period	90 calendar days	90 calendar days	0 calendar days 30 calendar days 60 calendar days 90 calendar days 180 calendar days 365 calendar days
Inflation Protection	3% Compound (lifetime)	5% Compound (20-year)	5%, 4% or 3% Compound (lifetime) 5% Compound (20-year) 5% Simple (lifetime) No Inflation Protection with Future Purchase Option
Monthly Benefit Options (percentage of maximum monthly benefit)	100%	100%	Home Health Care 100%, 75%, 50% Assisted Living 100%, 75%, 50% Nursing Home 100%

	Mutual Care 3	Mutual Care 5	Mutual Care My Way
Optional Benefits			
Spouse Benefits ■ Spouse Shared Care ■ Spouse Security Benefit ■ Spouse Waiver of Premium ■ Spouse Survivorship	Optional Not available Not available Not available	Optional Not available Not available Not available	Optional Optional Optional Optional
Non-forfeiture Options ■ Contingent Non-forfeiture ■ Non-forfeiture Shortened Benefit Period	Default Optional	Default Optional	Default Optional
Return of Premium Options ■ Return of Premium Less Claims Paid ■ Return of Premium Less Claims Paid if Death Occurs Before Age 65 ■ Full Return of Premium	Not available Not available Not available	Not available Not available Not available	Optional Optional Optional
Other Optional Benefits ■ Waiver of Elimination Period for Home Health Care ■ Restoration of Benefits ■ Additional Benefit for Injury ■ 5-Year Rate Guarantee	Not available Not available Not available Not available	Not available Not available Not available Not available	Optional Optional Optional Optional

Benefit Descriptions

This section contains an explanation of the built-in and optional benefits of Mutual Care 3, Mutual Care 5 and Mutual Care My Way.

Additional Benefit for Injury

Pays an additional benefit if the insured sustains an injury resulting in need for long-term care services (home health care, assisted living facility or nursing home). The injury must be sustained while the policy is in force and the insured is not chronically ill. The additional benefit for injury is payable any month the insured incurs eligible expenses in excess of the nursing home, assisted living facility or home health care benefits paid that month, up to the maximum monthly benefit of the policy.

- Available only on Mutual Care My Way
- Not available for issue ages over 60

Cash Benefit

When elected, pays a cash benefit (equal to 35 percent of the home health care maximum monthly benefit) in advance each month. The elimination period does not need to be satisfied for the insured to receive the cash benefit.

If we determine the insured is eligible for a cash benefit for less than an entire month, we will adjust the cash benefit for that month. We will assume such a month consists of 30 days, regardless of the actual number of days in the month. If in any month, the insured receives a cash benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid under the policy by the amount of the unearned cash benefit.

When the insured is receiving a cash benefit, no other benefits are payable under the policy. The insured may elect to discontinue the cash benefit by providing written notice to us. After the cash benefit is discontinued, other eligible policy benefits may be payable on a reimbursement basis. The insured may elect to receive the cash benefit one month and reimbursement the next.

We reserve the right to require a new plan of care at least once every 60 days when the insured is receiving the cash benefit. Please note, days in which the cash benefits are utilized do not count toward the elimination period for reimbursement benefits.

Elimination Period

Once the policy's elimination period has been satisfied, the policy pays up to the maximum monthly benefit amount for covered long-term care services.

- No elimination period to satisfy when the cash benefit is elected (if insured changes to reimbursement benefits, elimination period must be satisfied)
- If insured is Class I or II risk, only 90-, 180- and 365-day elimination periods are available

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

- Available only on Mutual Care My Way
- Not available with Single Premium payment option

Inflation Protection

Automatically increase the insured's current maximum monthly benefit and maximum lifetime benefit on each policy anniversary date to help keep pace with inflation.

Built-in Inflation Protection – The following inflation protection options are built into Mutual Care 3 and 5 and cannot be removed or changed:

- 3% Compound (lifetime) – Mutual Care 3
- 5% Compound (20-year) – Mutual Care 5

Optional Inflation Protection – Mutual Care My Way offers a variety of inflation protection options:

- 5%, 4% or 3% Compound (lifetime)
- 5% Compound (20-year)
- 5% Simple (lifetime)

An inflation protection option may be removed after issue with no refund of premium. The maximum monthly benefit and remaining maximum lifetime benefit will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

No Inflation Protection with Future Purchase Option – Also available on Mutual Care My Way. If no inflation protection is elected at the time of sale, the insured can exercise the future purchase option one time within a five-year period following policy issue as long as he or she is not chronically ill and has not been on claim in the past two years.

- Cannot be exercised if the insured is on Waiver of Premium
- Cannot be added, removed or decreased after issue at the insured's request, except for the first 60 days following policy inception (during the first 60 days, the insured can remove the Future Purchase Option, but must select another inflation protection option)

When the insured elects to exercise the Future Purchase Option, he or she will be offered either a three percent compound (lifetime) or five percent compound (lifetime) inflation protection rider, which will be effective on the next policy anniversary date. Once this option has been exercised, no additional increases or decreases to the Future Purchase Option rider will be allowed.

- Not available with any other inflation protection option
- Available only with the Lifetime payment option

Nonforfeiture Shortened Benefit Period

As long as the policy has been in force for a specified time, this optional rider allows coverage to continue on a reduced basis in the event the policy is terminated.

- If not selected, Contingent Non-forfeiture is the default
- Not available with Single Premium payment option

Restoration of Benefits

If benefits have been paid under the policy and the insured no longer requires long-term care services for 180 consecutive days, we will restore the maximum lifetime benefit to the amount that would have applied if no benefits had been paid under the policy (except for benefits paid for the spouse under the Spouse Shared Benefit). This restoration may occur one time during the term of the policy.

- Available only on Mutual Care My Way
- Not available with Lifetime benefits

Return of Premium Options

Upon the death of the insured, the premium paid on the policy may be returned to the insured's heirs. The following options are available on Mutual Care My Way:

Return of Premium Less Claims Paid – If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Available only on Mutual Care My Way
- Not available with Spouse Shared Care
- Not available for issue ages over 64

Return of Premium Less Claims Paid if Death Occurs Before Age 65 – If the insured dies while the policy is in force, but prior to the policy anniversary date coinciding with or next following his or her 65th birthday, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Available only on Mutual Care My Way
- Not available for issue ages over 64

Full Return of Premium – If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy

- Available only on Mutual Care My Way
- Not available with Spouse Shared Care
- Not available for issue ages over 64

Spouse Security Benefit

Pays a benefit equal to 60 percent of other policy benefits payable each month (excluding the cash benefit, if any). Spouse security benefits will not reduce the maximum lifetime benefit of the policy.

- Available only on Mutual Care My Way
- Not available for Class I and II risks
- Not available with other spouse benefits (Spouse Shared Care, Spouse Waiver of Premium or Spouse Survivorship)
- Not available with Spouse or Two-Person Household premium allowances
- Not available for issue ages over 69

Spouse Shared Care Benefit

Once benefits have been exhausted under the insured's policy but the need for long-term care services continues, the insured may access benefits under his or her spouse's identical policy until a minimum of 12 times the currently monthly benefit remains.

In addition, if one spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining maximum lifetime benefit with no effect on the surviving spouse's premium.

This optional benefit is available only when both spouses or domestic partners apply at the same time and are issued identical coverage.

- Not available for Class II risks
- Not available for Class I risks with a maximum lifetime benefit greater than 3 years
- Not available with the Spouse Security Benefit
- Not available with Return of Premium at Death Less Claims Paid or Full Return of Premium
- Not available with Lifetime benefits
- Not available if underwriting determines one or both applicants pose a greater than normal risk of premature death
- Not available with Spouse or Two-Person Household premium allowances

Spouse Survivorship Benefit

If the policy has been in force for 10 years or more, no further premiums are due and payable on the policy from and after the date the spouse dies.

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Single Premium payment options
- Not available with Married or Two-Person Household premium allowances

Spouse Waiver of Premium

If the policy has been in force for 10 years or more, we will waive the payment of premium for the insured when and for as long as the premium for the spouse's policy is waived. When the waiver period under the spouse's policy ends, premium payments will resume for the insured's policy and must be paid to keep the policy in force.

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Single Premium payment options
- Not available with Married or Two-Person Household premium allowances

Waiver of Elimination Period for Home Health Care

No elimination period must be satisfied in order to receive home health care benefits under the policy.

- Available only on Mutual Care My Way
- Not available for Class I or II risks

Additional Policy Details

The following policy details apply to all Mutual Care Plus policies.

Issue Ages

Issue ages for all Mutual Care Plus policies are ages 18 to 79.

Tax Status

All Mutual Care Plus policies are intended to be tax-qualified.

Premium Allowances

All Mutual Care Plus policies offer the following premium allowances:

Spouse – 35 percent each if both the insured and spouse or domestic partner purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Security Benefit

Preferred – 15 percent for being in good health

Married – 15 percent if the insured is married, but the spouse or domestic partner does not purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

Two-Person Household – 10 percent each if both the insured and another adult living in the same household for a continuous 12 months (not the insured's spouse or domestic partner) purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits

Association Group – 5 percent if the insured or an eligible member of the insured's family is a member of a qualifying association group

- Not available with limited pay options, except To-Age-65
- Not available with Producer Allowance

Medicare Supplement – 5 percent if the insured is a Mutual of Omaha, United of Omaha or United World Medicare supplement policyholder

- Not available with Producer Allowance

Producer – 5 percent if coverage is written on you and/or your spouse or domestic partner

Premium Payment Options

The following premium payment options are available on all Mutual Care Plus policies:

Lifetime – Premium payments are level and made over the life of the insured

- Default option if no other premium option is selected

10-Year Pay – Premium payments are made over a 10-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

20-Year Pay – Premium payments are made over a 20-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

To-Age-65 – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

Single Premium – A one-time premium payment is made

- Only available at issue
- The policy will be considered paid up
- If selected, the Nonforfeiture/Shortened Benefit Period is not available
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

How to Generate a Quote

Mutual Care 3 and 5

Mutual Care 3 and 5 are pre-packaged plans with limited optional features, which makes them easy to quote. In most cases, all you need is a rate chart and the premium worksheet located in the Consumer Guide (application booklet).

MUTUAL CARE[®] 3 • MUTUAL CARE[®] 5 LONG-TERM CARE INSURANCE

Premium Worksheet

		Applicant A	Applicant B
1	BASE PACKAGE RATE	\$	\$
2	OPTIONAL BENEFITS		
	Spouse Shared Care Benefit (Policies must have identical benefits) x 1.16	\$	\$
3	PREMIUM ALLOWANCES (select all that apply*)		
	Association Group – 5% (Qualifying association members) x 0.95	\$	\$
	Medicare Supplement – 5% (Mutual of Omaha Insurance Company or an affiliate company) x 0.95	\$	\$
	Spouse – 35% (Policies issued on both spouses) x 0.65	\$	\$
	Married – 15% (Policy issued on one spouse) x 0.85		
	Two-Person Household – 10% (Policies issued on two adults) x 0.90		
4	ESTIMATED TOTAL PREMIUM**		
	If paid annually x 1.00	\$	\$
	If paid monthly (Minimum of two months premium must be submitted with each application) x 0.09	\$	\$

*Spouse, Married and Two-Person Household allowances may not be combined.

NOTE: You also may qualify for a 15% Preferred premium allowance for being in good health. The Preferred allowance, if applicable, will be applied following completion of the underwriting process.

**Due to the effects of rounding, rates calculated using this worksheet may vary slightly from actual rates.

Note: If you selected a maximum monthly benefit amount of \$12,500 or more or additional options, including Non-Forfeiture Shortened Benefit Period or another method of payment, your Mutual of Omaha insurance agent will provide an illustration showing your premium.

The following numbers correspond with numbers on the premium worksheet:

1. Transfer the appropriate base package rate from the rate chart (NOTE: Be sure to use the rate card with approved rates in your state)
2. Calculate the rate including the Spouse Shared Care Benefit option, if selected (base rate times 1.16)
3. Calculate the rate including any premium allowances (rate from Step 2 times the appropriate factor)
4. Calculate the estimated total premium (rate from Step 3 times the appropriate factor)

Please Note:

- Due to the effects of rounding, rates calculated using the rate chart and premium worksheet may vary slightly from actual rates computed using illustration software. Be sure to calculate rates in the order shown on the premium worksheet to ensure your calculations are as close as possible to actual rates. Minor adjustments, up or down, may be required and will be made by the home office.
- Illustration software is required to generate a quote if:
 - The applicant is age 71 or older
 - The Nonforfeiture Shortened Benefit Period option is selected
 - If a payment method other than annual or monthly is selected
 - Any amount quoted over \$12,000

Mutual Care My Way

Mutual Care My Way offers a variety of plan choices and optional benefits that allow you to customize a policy to meet your clients' unique needs. In order to provide an accurate quote, the use of illustration software is required.

Administrative Handling

Downgrades/Dropping Coverage	
Drop: <ul style="list-style-type: none"> ■ Inflation Protection ■ ROP at Death <65 ■ ROP at Death (less claims paid) ■ Nonforfeiture–Shortened Benefit Period ■ Spouse Survivorship ■ Spouse Waiver of Premium ■ Spouse Security Benefit ■ Restoration of Benefits ■ Spouse Shared Care Benefit 	<ul style="list-style-type: none"> ■ Same policy number ■ Continuing benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If requested more than 60 days after issue, effective date is approval date ■ Show date of dropped coverage ■ Print new policy and new Schedule Page
Downgrades/Reducing Coverage	
Reduce: <ul style="list-style-type: none"> ■ Maximum Monthly Benefit; or ■ Maximum Lifetime Benefit(s) ■ Increase: ■ Elimination Period 	<ul style="list-style-type: none"> ■ Same policy number ■ All benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If change is requested more than 60 days after issue, effective date is the policy renewal date on or following the approval date ■ Show date of reduction ■ Print new Schedule Page
Changes to Premium Paying Period	
Convert from limited pay to lifetime	<ul style="list-style-type: none"> ■ Same policy number ■ No underwriting required ■ Lifetime premium at original age ■ No credit given for payment made during limited pay period ■ Pay renewal commissions based on lifetime premium paying period ■ Effective on original effective date if change requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Print new policy and Schedule Page

General Underwriting Guidelines

Policy Underwriting

Application

The application packet includes the application and any vital state forms. The application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

Application Received Date

The application must be received in our Service Office within 30 days of the application date. Applications more than 30 days old when received will require a currently dated application. Premium will be based on the applicant's age as of the new application signing date.

Active Duty Military

The applicant must be in the United States when the application is signed, the interview completed and the policy delivered. Foreign travel requirements will not apply.

Benefit Decreases

Benefit decreases are allowed. Refer to the Downgrades/Premium Paying Period Changes chart in the Administrative Handling section.

Benefit Increases

Benefit increases may be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (M24181) is required.

Coverage Effective Date (if policy is issued)

There are three options that may be selected on the application:

- The date of the application (cash with application)
- The date of policy issue (with or without cash with application)
- If a replacement, up to 60 days from the application date, but not prior to the application signing date

No coverage will be in effect before the Coverage Effective Date.

Domestic Partners or Parties to a Civil Union

Are eligible for Spouse and Married premium allowances and spouse policy benefits.

Foreign Nationals

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 ("Green Card"). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

Foreign Travel

The applicant must be in the U.S. to complete their application and interview and to accept delivery of their policy. Those traveling to an OFAC Sanctioned Country are ineligible for coverage.

Initial Premium

Submit the full initial modal premium. Two months for monthly bank draft. Available modes include:

- Monthly EFT
- Quarterly
- Semiannual
- Annual

Issue Ages

18-79

Nonforfeiture/Shortened Benefit Period

The Nonforfeiture/Shortened Benefit Period MUST be offered. If not chosen, the Contingent Nonforfeiture Benefit will be added.

Replacements

Replacements require full underwriting. A replacement form must be submitted for all applicants replacing other policies. The prior coverage must be shown on the application.

Reinstatements

A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require a current phone interview and medical records. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

Save Age

Premium will be based upon the applicant's age on the date the application is signed. If the applicant's date of birth is within 30 days of the application signing date, rates will be based upon the younger age.

Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of \$16,000 or \$50,000 in countable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines. If the applicant does not disclose their financial information, or if the disclosed financial information indicates the policy is not suitable, the applicant will be sent a letter requiring them to respond and advise whether or not they want to continue with the application.

Application Completion

The application packet includes the application and any vital state forms.

The application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

Two applicants are allowed per application. Only the applicants for insurance may complete and sign the application.

White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant.

"N/A" is an unacceptable answer. Instead the questions should be answered "no" or "none."

Include a copy of insured's quote with the application packet.

Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination. Inform the applicant of the interview or face-to-face process, provide them with, and help them complete the Preparing for the Health Interview form (M26798) located in the Consumer Guide (application book). It is recommended that prior to leaving your client you call 1-866-544-1617, identify yourself as the agent and introduce your client to the service representative. If a nurse is available, an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received.

Non-Witnessed Applications

Non-witnessed applications are those completed via mail and telephone. The Agent must be licensed in the state where the application is completed and signed.

- Answer Question 2 on the Producer Statement *“I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”* as “no”
- On the line next to “If no, explain” indicate that the application was completed over the telephone
- An APS will be required for all applicants
- A cognitive interview will be required for all applicants

Underwriting Requirements

All underwriting requirements will be ordered by underwriting once an application is received.

Telephone Interview

Required for every applicant age 71 and under. We recommend you call to schedule a telephone interview at the time of sale. Call 1-866-544-1617 and identify yourself as the agent and introduce your client to the service representative. If a nurse is available, an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date.

Face-to-Face

Required for every applicant age 72 and above. Younger ages at underwriter discretion.

Review and leave with the applicant a copy of the “Preparing for the Health Interview” form.

Note:

- If an applicant’s hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a face-to-face examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language.
- The face-to-face examination must be completed in the applicant’s home. It cannot be completed at their place of work, a relative’s home, or a public place such as a restaurant.

Medical Records

Will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Note:

- A doctor visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those wishing to qualify for a Preferred Rate Class

Telephone Interview	Cognitive (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 Younger ages at underwriter discretion	Ages 70-79 Younger ages at underwriter discretion, application was mailed

Non-English Speaking Applicants

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application. The interpreter will be required to tell the agent all of the information given as response so the agent can properly complete the application
- The interpreter will also be required to translate for the applicant all of the comments made by the agent, as well as information contained in all of our marketing material and forms
- The agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Our policy allows agents to serve as our interpreters if they are fluent in the same language as the applicant
- If the agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the agent when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of our policy
- Include a note with the application that a translator will be needed for the interview and indicate what language

Underwriting Philosophy

The underwriting philosophy of Mutual of Omaha's Long-Term Care Underwriting Department involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to a health insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case-by-case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The agent will be notified of any offers that are different than as applied.

ADL's

Eating
Toileting
Transferring
Bathing
Dressing
Continence
Using the telephone
Walking outdoors
Climbing stairs
Reading/writing
Transportation

IADL's

Shopping
Meal preparation
Housework
Laundry
Managing money
Taking medication

An applicant with any of the following is ineligible for coverage.

- Answers yes to a health insurability question on the application
- Requires assistance with any ADL's
- Requires assistance with any IADL's
- Receiving Meals on Wheels
- Is pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- In the last 6 months has
 - Been confined to a nursing home or assisted living facility
 - Received home health care services, or adult day care
 - Received occupational, physical or speech therapy (pre-qualify the case with an underwriter if you believe the case may warrant review sooner than six months)

Rate Classes

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred discount to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred 15 percent discount at underwriter discretion. Refer to Preferred Criteria

Select	100%
Class I	125%
Class II	150%

Note:

- Maximum allowable benefits for Class I and II risks is a five-year (60 months) Maximum Lifetime Benefit and a minimum 90-day Elimination Period
- The following benefit options are not available to Class I and Class II risks:
 - Spouse Security Benefit
 - Spouse Waiver of Premium
 - Spouse Survivorship Benefit
 - Spouse Shared Care (is available for Class I risks with a Maximum Lifetime Benefit of three years (36 Months) or less)
 - Waiver of Elimination Period for Home Health Care
 - 10- and 20-Year Premium Option
 - To-Age-65 Premium Option
 - Single Premium Option

Preferred Criteria

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Tobacco free for the past two years
2. Is not taking any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medications
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol (cholesterol <250)
 - Medication for temporary, acute conditions
3. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
 - Balance disorder, difficulty walking or weakness
 - Blood disease or disorder
 - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
 - Diabetes
 - Fibromyalgia
 - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
 - Kidney or liver disease or disorder
 - Neurological disease or disorder
 - Osteoporosis
 - Paget's Disease
 - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
 - Rheumatoid arthritis
4. No use of a cane
5. Has not been declined, rated or denied reinstatement for long-term care insurance within the past three years
6. Has seen their physician for a checkup and blood work within the last two years
7. Height and weight must be within the minimum and preferred maximum range on the Build Chart
8. The following health conditions may qualify for Preferred:
 - Osteoarthritis age <60, on one nonsteroidal medication
 - Osteopenia (T score -2.4 or better)
 - Osteoporosis age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
9. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred

Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

An applicant below the minimum weight is ineligible for coverage.

An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage.

An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

An applicant above the Class I Maximum weight is ineligible for coverage.

Health-Related Underwriting Guidelines

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)
Acromegaly
ADL Deficit
AIDS/ARC
Adult Day Care within 6 months
Agoraphobia
Alcohol 4 or more drinks daily
Alcoholism with any current alcohol use
ALS
Alzheimer's Disease
Amputation due to disease
Amputation 2 or more limbs
Ankylosing Spondylitis
Anorexia
Aplastic Anemia
Arnold-Chiari Malformation (unoperated)
Arrhythmia (uncontrolled)
Arteriovenous Malformation (AVM) (unoperated)
Arthritis requiring narcotic pain medication
Asperger's Syndrome
Assisted Living Facility (resident within 6 months)
Ataxia
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)
Bell's Palsy (present)
Benign Positional Vertigo (BPV) (with falls)
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)
Blindness (not adapted or with ADL/IADL limitations)
Bowel Incontinence
Branched Retinal Vein Occlusion (2 or more)
Buerger's Disease
Bulimia
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)
Cerebral Aneurysm (unoperated)
Cerebral Palsy
Cerebrovascular Accident (CVA) (2 or more)
Charcot Marie Tooth
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)
Cirrhosis
Complex Regional Pain Syndrome
Confusion
Connective Tissue Disease
Cor Pulmonale
CREST Syndrome
Crohn's (multiple flares or with complications)
Cushing's Syndrome
Cystic Fibrosis

Defibrillator (implanted)
Dementia
Dermatomyositis
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Dialysis
Dilated Cardiomyopathy
Disabled
Down's Syndrome
Dystonia

Epilepsy (>2 seizures/year)
Epstein-Barr Virus (within 2 years)

Fibromuscular Dysplasia
Fibromyalgia (disabling)
Frailty
Friedrich's Ataxia

Glomerulonephritis

Head Injury (residual functional or cognitive impairment)
Heart Transplant
Hemiplegia
Hemophilia
Hepatitis (chronic, active, alcohol related, residual liver damage)
HIV Positive
Home Health Care (within 6 months)
Huntington's Chorea
Hydrocephalus

IADL Deficit
Immune Deficiency
Implantable Stimulator
Irritable Bowel Syndrome (uncontrolled or with weight loss)

Kidney Failure
Kidney Transplant

Lacunar Infarct (2 or more)
Liver Transplant
Lou Gehrig's Disease
Lupus (systemic)

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia

Uninsurable Health Conditions (continued)

Myelofibrosis
Myasthenia Gravis (generalized)

Neurofibromatosis
Neurogenic Bowel or Bladder
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers)
Nursing Home resident (within 6 months)

Organ Transplant
Organic Brain Syndrome
Osteoporosis (T score -3.5 or worse)
Oxygen use

Pancreas Transplant
Pancreatitis (alcohol related, or >2 episodes)
Paralysis
Paraplegia
Parkinson's Disease
Pemphigus Vulgaris
Physical Therapy (within 6 months*)
*contact Underwriting to prequalify if within 6 months
Pick's Disease
Polycystic Kidney Disease
Polymyositis
Polyneuropathy
Post Herpetic Neuralgia
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)
Pregnancy
Psychiatric Hospitalization (within 3 years, or 2 or more)
Psychosis
Pulmonary Hypertension

Quad Cane use
Quadriplegia

Reflex Sympathetic Dystrophy

Schizophrenia
Scleroderma
Shingles (within 6 months)
Sjogren's Syndrome (systemic)
Social Withdrawal
Spina Bifida
Stroke (2 or more)
Surgery (requiring general anesthesia scheduled or planned)
Systemic Lupus

Thalassemia Major
Thrombocytosis
Transient Ischemic Attack (TIA) (2 or more)
Tuberculosis

Underweight

Ventriculoperitoneal shunt
Von Willebrand's Disease

Walker use
Wegener's Granulomatosis
Weight loss (unintentional or unexplained)
Wheelchair use

Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition	Medication	Condition
3TC	HIV	Kemadrin	Parkinson's
Alkeran	Cancer	Lasix	Heart Disease
Amantadine	Parkinson's	>60 mg/day	
Apokyn	Parkinson's	L-Dopa	Parkinson's
Aptivus	HIV	Letairis	Pulmonary Hypertension
Aricept	Dementia	Lexiva	HIV
Artane	Dementia	Leukeran	Immunosuppression
Atripla	HIV	Levodopa	Parkinson's
Avinza	Chronic Pain	Lioresal	Multiple Sclerosis
Avonex	Multiple Sclerosis	Lomustine	Cancer
Azilect	Parkinson's		
AZT	HIV		
		Megace	Cancer
Baclofen	Multiple Sclerosis	Megestrol	Cancer
Baraclude	Hepatitis B	Mellaril	Psychosis
Betaseron	Multiple Sclerosis	Melphalan	Cancer
		Memantine	Dementia
Carbidopa	Parkinson's	Methadone	Chronic Pain, Drug Abuse
Cerefolin	Memory Loss	Methotrexate	Rheumatoid Arthritis
Cogentin	Parkinson's	>25 mg/week	
Cognex	Dementia	Myerlan	Cancer
Combivir	HIV		
Comtan	Parkinson's	Namenda	Dementia
Copaxone	Multiple Sclerosis	Narcotics	Chronic Pain
Crixivan	HIV	Navane	Psychosis
Cytosan	Cancer, severe Arthritis	Natrecor	CHF
		Nelfinavir	HIV
D4T	HIV	Neoral	Immunosuppression
DDC	HIV	Neupro	Parkinson's
DDI	HIV	Norvir	HIV
DES	Cancer	Novatrone	Multiple Sclerosis
DuoNeb	COPD		
		Oxycodone	Chronic Pain
Eldepryl	Parkinson's	Oxycontin	Chronic Pain
Eligard	Prostate Cancer		
Emtriva	HIV	Paraplatin	Cancer
Epivir	HIV	Parlodel	Parkinson's
Epogen	Kidney Failure, HIV	Pegasys	Hepatitis C
Epzicom	HIV	Peg-Intron	Hepatitis C
Ergoloid	Dementia	Percocet	Chronic Pain
Exelon	Dementia, Parkinson's	Percodan	Chronic Pain
		Permax	Parkinson's
Furosemide	Heart/Kidney Disease	Prednisone	COPD, Arthritis
>60 mg/day		>10 mg/day	
Fuzeon	HIV	Prezista	HIV
		Procrit	Kidney Failure, HIV
Galantamine	Dementia	Prolixin	Psychosis
Geodon	Schizophrenia		
Gold	Rheumatoid Arthritis	Razadyne	Dementia
		Rebetol	Hepatitis C
Haldol	Psychosis	Rebif	Multiple Sclerosis
Hepsera	Hepatitis B	Reminyl	Dementia
Herceptin	Cancer	Remodulin	Pulmonary Hypertension
Hydrea	Cancer	Requip	Parkinson's
Hydergine	Dementia	Rescriptor	HIV
		Retrovir	HIV
Imuran	Immunosuppression	Reyataz	HIV
Insulin	Diabetes	Riluzole	ALS
>50 units/day		Risperdal	Psychosis
Interferon	HIV, Hepatitis, Multiple Sclerosis	Ritonavir	HIV
Indinavir	HIV	Sandimmune	Immunosuppression
Invega	Schizophrenia	Selzentry	HIV
Invirase	HIV	Sinemet	Parkinson's
		Somavert	Acromegaly
Kaletra	HIV	Stalevo	Parkinson's
		Stelazine	Psychosis

Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Sustiva	HIV	VePesid	Cancer
Symmetrel	Parkinson's	Vicodin	Chronic Pain
		Videx	HIV
Tacrine	Dementia	Vincristine	Cancer
Tasmar	Parkinson's	Viracept	HIV
Teslac	Cancer	Viramune	HIV
Thiotepa	Cancer	Viread	HIV
Thorazine	Psychosis		
Trelstar-LA	Prostate Cancer	Zanosar	Cancer
Trizivir	HIV	Zelapar	Parkinson's
Truvada	HIV	Zelodox	Schizophrenia
TYSABRI	Multiple Sclerosis	Zerit	HIV
Tyzeka	Hepatitis B	Ziagen	HIV
		Ziprasidone	Schizophrenia
Valycte	CMV HIV		

Alzheimer's Disease/Dementia

Aricept	Hydergine
Artane	Memantine
Cognex	Metrifonate
Ergoloid	Namenda
Exelon	Tacrine
Galantamine	
Razadyne	
Reminyl	

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

Parkinson's Disease

Amantadine	
Carbidopa	Mirapex
Cogentin	Parlodel
Eldepryl	Permax
Kemadrin	Requip
L-Dopa	Sinemet
Levodopa	Symmetrel

Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as Class I or IC will normally require an Attending Physician's Statement (APS).

S	Standard coverage issued at standard rates
Class I	25 percent rating maximum benefit period of five years, minimum elimination period of 90 days
Class II	50 percent rating may be offered by underwriting when multiple medical impairments are present, Maximum Lifetime Benefit of five years (60 Months), minimum Elimination Period of 90 days
IC	Individual Consideration
D	Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered	S
Unoperated, stable for 2 years, diameter <5 cm	S
Unoperated, enlarging, or diameter >5 cm	D

Acoustic Neuroma surgically removed, after 6 months, no residuals	S
Unoperated	D

Acromegaly	D
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Addison's Disease , after 3 years, controlled	S
After 12 months, controlled	Class 1-IC

ADL Deficit	D
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AIDS/ARC	D
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Adult Day Care within 6 months	D
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Agoraphobia	D
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Alcohol regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems	D

Alcoholism recovered at least 3 years, active in a support group, and no current alcohol use	S
Still drinking	D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
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Alzheimer's Disease	D
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Amaurosis Fugax	see TIA
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Amnesia, Transient Global	see TIA
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Amputation due to trauma, after 12 months, one limb, no limitations	S
Due to disease	D
Two or more limbs	D

Ankylosing Spondylitis	D
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Anemia cause identified	S-IC
Not fully evaluated, cause unknown, or Aplastic	D

Angina	see CAD
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Medical Impairments (continued)

Angioplasty	see CAD
Aneurysm operated, after 6 months, fully recovered	S
Other than Cerebral, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Anorexia	D
Anxiety	
< 70 years of age, after 12 months, controlled with medication, fully functional	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Aortic Insufficiency	see Heart Valve Disorder
Antiphospholipid Syndrome	Class I
With history of TIA or Stroke	D
Arnold-Chiari Malformation surgically corrected, after 3 years	IC
Unoperated	D
Arrhythmia excluding Atrial Fibrillation	
Controlled	S-IC
Uncontrolled	D
Arteriovenous Malformation (AVM)	
>1 year since surgical repair, no residuals	Class I
Unoperated, or operated with residual impairment	D
Arthritis after 1 year	
Mild, controlled, no ADL/IADL deficits	S
Moderate, controlled, no ADL/IADL deficits	Class I
Severe, uncontrolled, or ADL/IADL deficits	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring daily narcotics	D
Asbestosis	see COPD
Asperger's Syndrome	D
Asthma	see COPD
Assisted Living Facility Resident within 6 months	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, controlled on medication	S
Chronic, after 6 months, controlled on Coumadin	Class I
Diagnosed or hospitalized within 6 months	D
With history of TIA, CVA, or Heart Valve Disorder	D
Chronic, not on Coumadin	D
Average BP reading >159/89	D
Avascular Necrosis , after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year	S

Medical Impairments (continued)

Back Pain/Strain single episode, not disabling	S
Chronic, not disabling	S-IC
Chronic, disabling, or epidural steroid injections within 6 months	D
Balance Disorder , after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S
Present	D
Benign Positional Vertigo (BPV)	
Not associated with falls	S
Associated with falls	D
Bipolar	
After 3 years, controlled on medication, fully functional	S
<3 years duration, or psychiatric hospitalization within the past 5 years	D
Blindness	
Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Branched Retinal Vein Occlusion	
Single	S
Two or more	D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D
Bulimia	D
Bullous Pemphigoid in remission 2 years, not on steroids	IC
Active disease	D
Cancer surgically removed, or fully treated, full recovery, no recurrence	S
Bladder , transitional, treated, fully recovered	
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Colon , after 2 years	S-IC
Skin	
Basal cell	S
Squamous cell	S
Melanoma	
Stage I or Clark's Level I-V, after 3 months	S
Stage II or III, after 2 years	S
Stage IV, after 5 years	Class I-IC

Medical Impairments (continued)

Prostate	
Stage A or B, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months	Class I-D
Cardiomyopathy hypertrophic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
Carotid Artery Disease/Stenosis operated, fully recovered, after 6 months, tobacco free 12 months	
Operated, tobacco use within 12 months	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months	IC-D
History of TIA or CVA, or valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes, <70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
Cervical Spondylosis	
Mild	S
Moderate to severe	Class I-IC
Charcot Marie Tooth	D
Claudication	see Peripheral Vascular Disease
Chronic Bronchitis	see COPD
Chronic Fatigue , after 12 months, no functional limitations	
	IC
	Lifetime Benefits not available
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic Pain	
Requiring daily narcotics or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D
	Lifetime Benefits not available
All others	IC
Chronic Regional Pain Syndrome	D

Medical Impairments (continued)

Cirrhosis	D
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause.	S-IC
Requires assistance to care for.	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others.	IC
Confusion	D
Connective Tissue Disorder	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <40mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I-IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months	D
Any, FEV1 <65%	D
Cor Pulmonale	D
Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD	Class I-IC
In combination with diabetes, tobacco use within 12 months	Class II, 2 years 180 day elimination period
In combination with diabetes, tobacco free 12 months	Class I-IC
With poorly controlled hypertension (average BP > 158/89), or congestive heart failure, or PVD, or ejection fraction < 45%	D
CPAP	see Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years	S
After 2 years, 1-2 flares per year	Class I
Multiple flares or with complications	D
Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Venous Thrombosis , after 6 months, single episode, recovered	S
Recurrent	IC-D
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	see Herniated Disc

Medical Impairments (continued)

Degenerative Joint Disease	see Arthritis
Dementia	D
Demyelinating Disease	D
Depression	
Situational recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years	S
Major <70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years.	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years.	S-IC
Depression with Electroconvulsive Therapy (ECT)	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT	S
With subsequent psychiatric hospitalization.	D
Depression, any, 2 or more psychiatric hospitalizations for any reason.	D
Dermatomyositis	D
Diabetes Type II , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months	S
Diabetes Type I or II , controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	Class I
Tobacco use within 12 months	D
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months	D
<70% stenosis, tobacco use within 12 months	Class II, 2 years
>70% stenosis	180 day elimination
Retinal vein occlusion	Class II, 2 years
Heart disease, tobacco use within 12 months	180 day elimination
Heart disease, tobacco free 12 months	Class I-IC
Retinopathy, neuropathy, or nephropathy	D
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>9.0, or noncompliant with treatment	D
Microalbumin >20mg/dl	D
Dialysis	D
Difficulty walking	see Balance Disorder
Disabled , collecting any type of disability benefits	D
Diverticulitis medically managed	S
With bleeding, weight loss, or surgery recommended	D
Dizziness	
Benign Positional Vertigo (BPV), not associated with falls	S
BPV associated with falls	D
Acute, viral, resolved after 3 months	S
All others, within 6 months	D
After 6 months, evaluated, resolved	S

Medical Impairments (continued)

After 2 years, not evaluated, stable with occasional episodes, not associated with falls	S-IC
Multiple episodes, or progressive, or associated with falls	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for 5 years	Class I-IC
Within 5 years	D
Dystonia	D
Echocardiography	
Left Atrium >5.0 cm	D
Ejection Fraction <45%	D
Electric Scooter Use	D
Emphysema	see COPD
Epilepsy controlled with medication, no seizures for 1 year	S
1 or 2 seizures per year	Class I
Poorly controlled	D
Epstein-Barr Virus 2 years treatment free, full recovery, no residuals	S
<2 years since treatment, currently treated, or present	D
Factor V Von Leiden incidental finding, or no history of clots	S-Class I
With history of clot, on Coumadin or Warfarin	Class I
With history of clot, not on Coumadin or Warfarin	D
With history of clot while adequately anticoagulated	D
Fainting	see Dizziness
Falls , single episode	S-IC
Multiple episodes, or with injuries	IC-D
Fatigue , after 12 months, resolved	S
Within 12 months, or with functional limitations	IC-D
Fibromuscular Dysplasia	D
Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S-Lifetime Benefits not available
Poorly controlled, or disabling	D
Fracture-Traumatic , one bone, after 3 months, fully recovered, no limitations	S
In combination with mild osteoporosis	S
In combination with moderate to severe osteoporosis	D
Associated with multiple falls, chronic dizziness, or gait disorder	D
Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on Antiresorptive medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D
Gastric Bypass/Banding , after 2 years, fully recovered, no complications	S
Glaucoma , stable vision, controlled eye pressures	S
All others	IC

Medical Impairments (continued)

Glomerulonephritis	D
Grave’s Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Head Injury , after 6 months, no residuals	S-IC
With residual functional or cognitive impairment	D
Heart Attack	see CAD
Heart Valve Disorder , operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, single valve, mild, no symptoms, no surgery planned	S
Unoperated, single valve, moderate to severe, or surgery planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts	S-IC
Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C	
After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR	D
Herniated Disc/Degenerative Disc Disease (DDD)	
Unoperated, no ADL limitations, not advised to have surgery	S
Operated, after 6 months, full recovery, no hardware	S
Operated, after 6 months, full recovery, hardware	Class I
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control	D
Operated or unoperated with ADL limitations	D
High Blood Pressure , after 6 months, compliant with treatment:	
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
Hip Replacement , one hip after 3 months, full recovery, no use of assistive devices, no longer receiving physical therapy	S
Both hips, fully recovered	Class I
Surgery recommended or planned	D
HIV Positive	D
Hodgkin’s Disease stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Home Health Care received within 6 months	D
Huntington’s Chorea	D
Hydrocephalus with or without shunt	D
Hypothyroidism	S

Medical Impairments (continued)

IADL Impairment	D
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I
Immune Deficiency	D
Implantable Stimulator	D
Incontinence , urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Irritable Bowel Syndrome , controlled, weight stable	S
Uncontrolled or with weight loss	D
Joint Replacement , one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more, fully recovered, no limitations	Class I-IC
Surgery recommended or planned	D
Kidney Disorder , mild renal insufficiency, stable 2 years	S-IC
Moderate to severe	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1), after 2 years, with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Knee Replacement , one knee after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy	S
Both knees, fully recovered	Class I
Labrynthitis	see Dizziness
Lacunar Infarct	
Single	see Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple	D
Left Atrial Enlargement >5.0 cm	D
Leukemia	
Acute, after 3 years	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years	Class I
Stage I-IV	D
Lou Gehrig's Disease	D
Lupus , discoid, after 12 months	S
Systemic	D
Lyme Disease , after 12 months, fully recovered, no residuals	S-IC
Undergoing treatment or with residuals	D
Lymphedema , medically managed, no limitations	S
With limitations or history of skin ulcers	D

Medical Impairments (continued)

Lymphoma

Stage I or II, after 2 years, in complete remission	S-IC
Stage II or IV, after 4 years, in complete remission	S-IC
Low-grade	D
Macular Degeneration , one eye	S
Both eyes	IC-D
Manic Depression	see Bipolar
Marfan's Syndrome	D
Medicaid Recipient	D
Medullary Sponge Kidney	IC
Memory Loss	D
Meniere's Disease , after 6 months, symptoms controlled, no limitations.	S
Associated with falls	D
Meningioma removed, after 12 months, no limitations	S-IC
Surgery planned	D
Meningitis , after 12 months, fully recovered	S-IC
Present	D
Mental Retardation	D
Mital Valve Prolapse	S-IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy , after 1 year	IC-D
Multiple Myeloma	D
Multiple Sclerosis	D
Murmur	see Heart Valve Disorder
Muscular Dystrophy	D
Myasthenia Gravis , ocular, after 1 year	S
Generalized	D
Myelodysplasia	D
Myelofibrosis	D
Myocardial Infarction	see Coronary Artery Disease
Narcolepsy effectively treated	S-IC
Untreated or resulting in accidents or injury	D
NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week No fibrosis by liver biopsy	Class I

Medical Impairments (continued)

Mild fibrosis	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis.....	D
Weight above Select maximum.....	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy , mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers.....	D
Nursing Home Confinement , after 6 months, full recovery, no limitations.....	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder , after 3 years, controlled on medication	
Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia , on medication.....	S
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis , T score -2.5 – -2.9, on medication, no history of nontraumatic fractures	S
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures.....	Class I
T score -3.5 or worse	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations.....	D
Oxygen use	D
Pacemaker , after 3 months	S-IC
Recommended or surgery pending	D
Paget’s Disease , no symptoms and no limitations.....	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered	S
Related to alcohol use, or 2 or more episodes.....	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D
Parkinson’s Disease	D
Pemphigus Vulgaris	D

Medical Impairments (continued)

Peripheral Neuropathy	see Neuropathy
Peripheral Vascular Disease	
Mild, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, or in combination with coronary artery disease, after 6 months	Class I-IC
Severe, or tobacco use within 12 months.	D
Average BP reading >159/89.	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months	D
Physical Therapy received within 6 months.	D
Pick's Disease	D
Pituitary Adenoma removed, after 12 months, no limitations.	
Stable x3 years, no surgery planned	IC
Surgery planned	D
Pneumonia , after 3 months, single episode, fully recovered.	
Associated with chronic lung disease	see COPD
Polio fully recovered, no limitations, no assistive devices	
Fully recovered, no limitations, leg brace.	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices.	
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets < 450,000	
	Class II, 2 years 180 day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations	
Moderate, no functional limitations	Class I-IC
Severe, or with limitations.	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	
After 12 months, not adequately controlled or with functional impairment	D
Pregnancy	
Undergoing fertility evaluation or treatment	D
Prostate Specific Antigen (PSA) steadily rising	
Rising and falling	S-IC
Psoriasis , mild to moderate, controlled with medication	
Severe.	IC
Psoriatic Arthritis	see Arthritis
Psychosis	D
Pulmonary Edema	D

Medical Impairments (continued)

Pulmonary Embolism , after 6 months, single episode, fully recovered.....	S-IC
Present, multiples, or underlying coagulation disorder.....	D
Pulmonary Fibrosis , localized, nonprogressive, normal PFT's, after 2 years.....	IC
Active, progressive disease, abnormal PFT's.....	D
Pulmonary Hypertension	D
Quad Cane Use	D
Quadriplegia	D
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Scoliosis	
Mild.....	S
Moderate to severe.....	IC
Seizures	see Epilepsy
Shingles , after 6 months, fully recovered.....	S
Present, or with residuals.....	D
Shy-Drager Syndrome	D
Sickle Cell Anemia	D
Trait only, no active disease.....	S
Active disease.....	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only.....	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement.....	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment.....	S
Severe or unresponsive to treatment.....	D
Social Withdrawal	D
Spina Bifida	D

Medical Impairments (continued)

Spinal Stenosis operated, fully recovered, after 12 months	S
Unoperated, mild to moderate	Class I-IC
Unoperated, severe or surgery recommended.	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics	D
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months.	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis.	D
Heart valve disorder	D
Average blood pressure reading >159/89.	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Surgery , requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor.	S
Major	D
Thrombocythemia	D
Thrombocytopenia platelet count >50,000	Class I 3 years
Thrombocytosis	D
Torticollis resolved with Botox, after 6 months	S
Tourette's Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA
Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year.	
Two or more	Class I
In combination with any of the following:	D
Atrial Fibrillation	D
Unoperated carotid stenosis.	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D

Medical Impairments (continued)

Occurred while adequately anticoagulated.	D
Other peripheral vascular disease	D
Transverse Myelitis	D
Tremor fully evaluated, benign familial, no limitations.	S
Not fully evaluated, with limitations, or gait disturbance	D
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's.	S
Present or with lung damage or other organ involvement	D
Ulcerative Colitis	see Crohn's
Underweight	D
Valvular Heart Disease	see Heart Valve Disorder
Ventriculoperitoneal Shunt	D
Vertigo	see Dizziness
Von Willebrand's Disease	D
Walker Use	D
Weakness	D
Wegener's Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated.	D
Wheelchair Use	D
Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present	S
Uncontrolled.	D

State Differences Matrix

MUTUAL OF OMAHA INSURANCE COMPANY



Mutual Care Plus [®] State Special Matrix		
STATE	STATE DIFFERENCES	
1. ALABAMA	• <i>National rules</i>	
2. ALASKA	• <i>National rules</i>	
3. ARIZONA	• Spouse Shared Care Benefit cannot reduce benefits under the spouse's policy below 24 months (instead of national's 12 months)	
4. GEORGIA	• <i>National rules</i>	
5. ILLINOIS	• No rate guarantee available.	
6. IOWA	• <i>National rules</i>	
7. LOUISIANA	• <i>National rules</i>	
8. MAINE	• <i>National rules</i>	
9. MICHIGAN	• <i>National rules</i>	
10. MINNESOTA	• <i>National rules</i>	
11. MISSISSIPPI	• <i>National rules</i>	
12. NEBRASKA	• <i>National rules</i>	
13. NEW HAMPSHIRE	• <i>National rules</i>	
14. NORTH CAROLINA	• <i>National rules</i>	
15. NORTH DAKOTA	• <i>National rules</i>	
16. OKLAHOMA	• <i>National rules</i>	
17. SOUTH CAROLINA	• <i>National rules</i>	
18. SOUTH DAKOTA	• Minimum NH Monthly Benefit is \$3,000.00 • No 180-day or 365-day Elimination Periods.	
19. UTAH	• <i>National rules</i>	
20. WEST VIRGINIA	• <i>National rules</i>	
21. WISCONSIN	• No Rate guarantee available • No Simple Inflation available • Minimum Nursing Home Monthly Benefit is \$1,800 (\$60/day X 30 days) - \$2,000 is used on the application.	
22. WYOMING	• <i>National rules</i>	



Long-Term Care Insurance underwritten by:

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

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WILD KINGDOM
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