



# LONG-TERM CARE II

PROVIDES LOTS OF CHOICES ABOUT YOUR LONG-TERM CARE INSURANCE

Long-Term Care II allows you to choose tax-qualified or non tax-qualified coverage and tailor an insurance plan that's right for you.

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 how the funds available to pay your long-term care expenses will be allocated. Your choices include:

#### One maximum benefit amount:

Makes one comprehensive amount of dollars available for the payment of all covered long-term care expenses. Whether you receive services at home or in a confined care facility like a nursing home or assisted living facility, all covered expenses are paid from this single maximum benefit amount of dollars.

OR

#### Two maximum benefit amounts:

Gives you two separate amounts for your covered long-term care expenses. One maximum benefit amount is used to pay covered expenses for confined care. The other will pay expenses for covered home health care services and adult day care. So even if you use your entire maximum benefit amount for home health care, you still have your other benefits remaining for care in a nursing home or assisted living facility.

- Choose the tax status. Determine whether the advantages and lower premium of tax-qualified coverage are best for you or if you prefer non tax-qualified coverage.
- Choose a daily benefit amount: \$50 to \$400 per day.\*
- Choose an elimination period: 0 days, 30 days, 60 days, 90 days, 180 days or 365 days.\*\*
- Choose a benefit multiplier: 2 years, 3 years, 4 years, 5 years or unlimited (lifetime).

*If you choose an insurance plan with one maximum benefit amount, you must select a home health care maximum daily benefit of 50 percent or 100 percent.\*\*\**

*If you choose an insurance plan with two maximum benefit amounts, you must select separate daily benefit amounts, benefit multipliers and elimination periods for your confined care and home health care benefits.*

### STEP TWO: Determine your maximum benefit amount(s)

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.*

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

\*\* 180 day is not available in CT, GA, SD. 365 day is not available in CT, GA, SD.

\*\*\* In RI 100% of the daily benefit applies

day, your policy would offer up to \$3,100 per month (\$100 x 31 days) for home health care expenses incurred in a calendar month. This gives you greater flexibility when it comes to managing your home health care expenses.

**Waiver of Home Health Care Elimination:** If you choose a plan with one maximum benefit amount, this allows you to select a longer elimination period for nursing home/assisted living facility confinement and waive the elimination period for home health care only.

**Return of Premium at Death:** Following your death, this allows your beneficiary to receive a return of the premiums you paid on your policy less benefits received.

**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.

and  
you receive services totaling \$80, your policy will still pay you \$100. This optional benefit is not available if you choose non tax-qualified coverage.

**Spouse Benefit:** Allows you to receive an additional 60 percent of your daily benefit amount each day you receive covered long-term care services. The additional money can be used to provide care and living expenses for a spouse who does not have long-term care insurance. This optional benefit is not available if you choose non tax-qualified coverage.

**Monthly Health Care Benefit:** Provides a benefit for home health care expenses incurred in a calendar month as opposed to a daily benefit. For example, instead of paying up to \$100 a

\*In DE, Guaranteed Purchase Option is not available

\*\*In DE, Five-Percent Simple Option is not available

# LONG-TERM CARE II

## ELIGIBILITY TO RECEIVE BENEFITS

**TAX-QUALIFIED COVERAGE:** 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.

**NON TAX-QUALIFIED COVERAGE:** You are eligible to receive benefits under this policy when a licensed healthcare 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; OR
- You need continual supervision due to a severe cognitive impairment; OR
- You have a medical necessity with appropriate verification and approval.

*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 (These services are optional)

- **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 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 the maximum daily benefit amount you select. 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., Canada and United Kingdom. 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.
- **Married:** You can receive a 15-percent discount if you are married and your spouse does not apply or qualify for coverage and you 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 coverage that's right for you. Your Mutual of Omaha insurance agent can help you evaluate your situation and tailor an insurance plan 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.

**One maximum benefit amount or two:** You have the flexibility to decide whether you need one comprehensive maximum benefit amount or two separate amounts.

One Maximum Benefit Amount	Two Maximum Benefit Amounts
One amount covers both home health care and confined care expenses.	One amount covers home health care expenses. One amount covers confined care expenses.

**Tax-qualified or non tax-qualified status:** Allows you to decide whether you need an insurance plan that meets federal guidelines for tax purposes. Be sure to carefully consider the advantages and disadvantages of both types of coverage.

Tax-Qualified	Non Tax-Qualified
Benefits you receive are intended to be tax free.	The Treasury Department has not ruled on the taxability of benefits. Currently, benefits you receive are generally considered to be tax free; however, the IRS could change the rules.
You can deduct your premiums as a medical expense as long as you itemize deductions and your medical expenses, including long-term care premiums, exceed 7.5 percent of your adjusted gross income.	There is no tax deduction for premiums paid.
To qualify to receive benefits, you must need hands-on or stand-by assistance in performing at least two activities of daily living or need continual supervision due to a severe cognitive impairment.	To qualify to receive benefits, you must need hands-on or stand-by assistance in performing at least two activities of daily living or need continual supervision due to a severe cognitive impairment (similar to the TQ requirements). You also can qualify for benefits if your doctor certifies and your care coordinator verifies you need care due to a medical necessity.
A health care practitioner must certify you will need long-term care services for at least 90 days.	Certification that you will need long-term care services for at least 90 days is not required.
Tax-qualified plans generally are less expensive.	Non tax-qualified plans generally are more expensive.



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

### **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, limitations and reductions, 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.

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

Policy forms LTC04I-TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ or state equivalent. In ID, LTC04I-1PLTQ-BR-ID, LTC04I-2PLTQ-BR-ID, LTC04I-1PLNTQ-BR-ID, LTC04I-2PLNTQ-BR-ID, LTC04I-[AG]-1PLTQ-BR-ID, LTC04I-[AG]-2PLTQ-BR-ID, LTC04I-[AG]-1PLNTQ-BR-ID, LTC04I-[AG]-2PLNTQ-BR-ID; In OK, LTC04I-TQ-OK, LTC04I-NTQ-OK, LTC04I-AG-TQ-OK, LTC04I-AG-NTQ-OK; In OR, LTC04I-1PLTQ-BR-OR, LTC04I-2PLTQ-BR-OR, LTC04I-1PLNTQ-BR-OR, LTC04I-2PLNTQ-BR-OR, LTC04I-AG-1PLTQ-BR-OR, LTC04I-AG-2PLTQ-BR-OR, LTC04I-AG-1PLNTQ-BR-OR, LTC04I-AG-2PLNTQ-BR-OR.