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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>NEA LONG TERM CARE INSURANCE PROGRAM</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>527</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES</u></p> <p><u>JIM TESTERMAN, PLAN ADMINISTRATOR</u></p> <p><u>1201 16TH ST NW STE 813</u> <u>1201 16TH ST NW STE 813</u> <u>WASHINGTON, DC 20036-3201</u> <u>WASHINGTON, DC 20036-3201</u></p> | <p>1c Effective date of plan <u>06/01/2008</u></p> <p>2b Employer Identification Number (EIN) <u>53-0115260</u></p> <p>2c Plan Sponsor's telephone number <u>202-822-7412</u></p> <p>2d Business code (see instructions) <u>525100</u></p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/10/2026 | JAMES TESTERMAN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/11/2026 | NOEL CANDELARIA |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 16192 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 16192 |
| | 6a(2) | 14475 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 14475 |
| | 6e | |
| | 6f | 14475 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input type="checkbox"/> Trust | (3) <input type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | |
|---|--|
| A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM | B Three-digit plan number (PN) ▶ 527 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES | D Employer Identification Number (EIN) 53-0115260 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|---------------|---------------------------------------|---|-------------------------|-------------------|
| | | | | (f) From | (g) To |
| 22-1211670 | 68241 | 51240-LTC | 111 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|---|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|--|---|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | | |
|---|--------------|--|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | | |
| (2) Dividends and credits..... | 7c(2) | | |
| (3) Interest credited during the year..... | 7c(3) | | |
| (4) Transferred from separate account | 7c(4) | | |
| (5) Other (specify below)..... ▶ | 7c(5) | | |
| | | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | | |
|---|--------------|--|--|
| e Deductions: | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| (2) Administration charge made by carrier..... | 7e(2) | | |
| (3) Transferred to separate account | 7e(3) | | |
| (4) Other (specify below)..... ▶ | 7e(4) | | |
| | | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 338220 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|---|
| <p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | | |
|---|--|--|
| <p>A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM</p> | <p>B Three-digit plan number (PN) ▶ 527</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES</p> | <p>D Employer Identification Number (EIN) 53-0115260</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 39-0989781 | 86231 | GP-001-LIICA | 6336 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--|
| (a) Total amount of commissions paid 1151848 | (b) Total amount of fees paid 0 |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NATIONAL HEALTH ADMINISTRATORS **5000 QUORUM DRIVE**
SUITE 560
DALLAS, TX 75240

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1151848 | 0 | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | | |
|---|--------------|--|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | | |
| (2) Dividends and credits..... | 7c(2) | | |
| (3) Interest credited during the year..... | 7c(3) | | |
| (4) Transferred from separate account | 7c(4) | | |
| (5) Other (specify below)..... ▶ | 7c(5) | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | | |
|---|--------------|--|--|
| e Deductions: | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| (2) Administration charge made by carrier..... | 7e(2) | | |
| (3) Transferred to separate account | 7e(3) | | |
| (4) Other (specify below)..... ▶ | 7e(4) | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|----------|
| a | Total premiums or subscription charges paid to carrier | 10a | 16552740 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | |
|---|--|
| A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM | B Three-digit plan number (PN) ▶ 527 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES | D Employer Identification Number (EIN) 53-0115260 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 36-6071399 | 70688 | NL TCP TQ TFLIC | 21 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 0 | 0 | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | | |
|---|--------------|--|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | | |
| (2) Dividends and credits..... | 7c(2) | | |
| (3) Interest credited during the year..... | 7c(3) | | |
| (4) Transferred from separate account | 7c(4) | | |
| (5) Other (specify below)..... ▶ | 7c(5) | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | | |
|---|--------------|--|--|
| e Deductions: | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| (2) Administration charge made by carrier..... | 7e(2) | | |
| (3) Transferred to separate account | 7e(3) | | |
| (4) Other (specify below)..... ▶ | 7e(4) | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|-------|
| a | Total premiums or subscription charges paid to carrier | 10a | 20851 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | | |
|---|--|------------|
| A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM | B Three-digit plan number (PN) ▶ | 527 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES | D Employer Identification Number (EIN) 53-0115260 | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF OMAHA INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 47-0246511 | 71412 | NEAL TC04-1Q | 3356 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--|
| (a) Total amount of commissions paid 400736 | (b) Total amount of fees paid 0 |
|--|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NATIONAL HEALTH ADMINISTRATORS **5000 QUORUM DRIVE**
SUITE 560
DALLAS, TX 75240

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 400736 | 0 | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | | |
|---|--------------|--|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | | |
| (2) Dividends and credits..... | 7c(2) | | |
| (3) Interest credited during the year..... | 7c(3) | | |
| (4) Transferred from separate account | 7c(4) | | |
| (5) Other (specify below)..... ▶ | 7c(5) | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | | |
|---|--------------|--|--|
| e Deductions: | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| (2) Administration charge made by carrier..... | 7e(2) | | |
| (3) Transferred to separate account | 7e(3) | | |
| (4) Other (specify below)..... ▶ | 7e(4) | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|---------|
| a | Total premiums or subscription charges paid to carrier | 10a | 7824625 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|---|
| <p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | | |
|---|--|--|
| <p>A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM</p> | <p>B Three-digit plan number (PN) ▶ 527</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES</p> | <p>D Employer Identification Number (EIN) 53-0115260</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 04-1414660 | 65099 | SG0400 | 4160 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--|
| (a) Total amount of commissions paid 195172 | (b) Total amount of fees paid 0 |
|--|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SENIOR COMMISSION FUNDING **6201 PRESIDENTIAL COURT**
FORT MYER, FL 33919

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 195172 | 0 | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | |
|---|--------------|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| ▶ | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | |
|---|--------------|--|
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| ▶ | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|----------|
| a | Total premiums or subscription charges paid to carrier | 10a | 11375726 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|--|
| <p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

| | | |
|---|--|--|
| <p>A Name of plan NEA LONG TERM CARE INSURANCE PROGRAM</p> | <p>B Three-digit plan number (PN) ▶ 527</p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES</p> | <p>D Employer Identification Number (EIN) 53-0115260</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 04-1414660 | 65099 | SG0400 | 491 | 09/01/2024 | 08/31/2025 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--|
| (a) Total amount of commissions paid 6189 | (b) Total amount of fees paid 0 |
|--|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LTCI PARTNERS, INC.
100 N. FIELD DRIVE
SUITE 100
LAKE FOREST, IL 60048

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 6189 | 0 | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ [SEE ATTACHED SCHEDULE.](#)

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|--|-----------|--|
| b Balance at the end of the previous year | 7b | |
|--|-----------|--|

| | | |
|---|--------------|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| ▶ | | |

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|--|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
|---|-----------|--|

| | | |
|---|--------------|--|
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| ▶ | | |

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|--|-----------|--|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |
|--|-----------|--|

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 975184 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | 0 |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

Custom Care II Enhanced Standard Rates

Rates are per \$100 Monthly Benefit.

| Age | GPO Benefit Period | | | | | | | SIMPLE INFLATION Benefit Period | | | | | | CPI COMPOUND INFLATION Benefit Period | | | | | | 5% COMPOUND INFLATION Benefit Period | | | | | | | | |
|-------|-----------------------|------------|------------|------------|------------|-------------|------|------------------------------------|------------|------------|------------|------------|-------------|--|------------|------------|------------|------------|------------|---|------|------------|------------|------------|------------|------------|-------------|------|
| | 2 Years | 3 Years | 4 Years | 5 Years | 6 Years | 10 Years | Life | 2 Years | 3 Years | 4 Years | 5 Years | 6 Years | 10 Years | Life | 2 Years | 3 Years | 4 Years | 5 Years | 6 Years | 10 Years | Life | 2 Years | 3 Years | 4 Years | 5 Years | 6 Years | 10 Years | Life |
| 18-29 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 12 | 15 | 17 | 18 | 19 | 25 | 26 | 15 | 19 | 21 | 23 | 24 | 32 | 34 | 22 | 29 | 35 | 41 | 46 | 56 | 63 |
| 30 | 7 | 8 | 10 | 11 | 12 | 13 | 14 | 13 | 16 | 18 | 19 | 20 | 26 | 27 | 16 | 20 | 22 | 24 | 25 | 34 | 36 | 24 | 31 | 37 | 43 | 48 | 59 | 66 |
| 31 | 7 | 8 | 10 | 11 | 12 | 13 | 14 | 14 | 17 | 19 | 20 | 21 | 27 | 28 | 16 | 20 | 22 | 25 | 26 | 35 | 37 | 24 | 32 | 38 | 44 | 49 | 60 | 67 |
| 32 | 8 | 9 | 11 | 12 | 13 | 14 | 15 | 14 | 17 | 19 | 21 | 22 | 28 | 29 | 17 | 21 | 23 | 25 | 26 | 35 | 37 | 24 | 32 | 38 | 44 | 50 | 61 | 68 |
| 33 | 8 | 9 | 11 | 12 | 13 | 14 | 15 | 15 | 18 | 20 | 21 | 22 | 29 | 30 | 17 | 21 | 23 | 26 | 27 | 36 | 38 | 25 | 33 | 39 | 45 | 50 | 62 | 69 |
| 34 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 15 | 18 | 21 | 22 | 23 | 30 | 31 | 17 | 22 | 24 | 26 | 27 | 37 | 39 | 25 | 33 | 40 | 46 | 51 | 63 | 71 |
| 35 | 8 | 10 | 12 | 13 | 14 | 15 | 16 | 16 | 19 | 22 | 23 | 24 | 31 | 32 | 18 | 22 | 24 | 27 | 28 | 38 | 40 | 26 | 34 | 40 | 47 | 52 | 64 | 72 |
| 36 | 9 | 10 | 12 | 13 | 14 | 16 | 17 | 16 | 20 | 22 | 24 | 25 | 32 | 34 | 18 | 22 | 25 | 27 | 28 | 39 | 41 | 26 | 34 | 41 | 48 | 53 | 65 | 73 |
| 37 | 9 | 11 | 13 | 14 | 15 | 16 | 17 | 17 | 21 | 23 | 25 | 26 | 33 | 35 | 19 | 23 | 25 | 28 | 29 | 39 | 41 | 27 | 35 | 42 | 48 | 53 | 66 | 74 |
| 38 | 9 | 11 | 13 | 14 | 15 | 17 | 18 | 18 | 21 | 24 | 26 | 27 | 34 | 36 | 19 | 23 | 26 | 29 | 30 | 40 | 42 | 28 | 36 | 43 | 49 | 54 | 67 | 75 |
| 39 | 10 | 12 | 14 | 15 | 16 | 17 | 18 | 18 | 22 | 25 | 27 | 28 | 36 | 38 | 20 | 24 | 26 | 29 | 30 | 41 | 43 | 28 | 36 | 43 | 50 | 55 | 68 | 77 |
| 40 | 10 | 12 | 14 | 15 | 16 | 18 | 19 | 19 | 23 | 26 | 28 | 29 | 37 | 39 | 20 | 24 | 27 | 30 | 31 | 42 | 44 | 30 | 37 | 44 | 51 | 56 | 69 | 78 |
| 41 | 10 | 12 | 15 | 16 | 17 | 19 | 20 | 19 | 24 | 27 | 29 | 30 | 38 | 41 | 21 | 25 | 28 | 31 | 32 | 43 | 46 | 30 | 37 | 45 | 51 | 56 | 70 | 79 |
| 42 | 11 | 13 | 15 | 16 | 17 | 20 | 21 | 20 | 24 | 27 | 30 | 31 | 39 | 42 | 21 | 26 | 29 | 32 | 33 | 45 | 47 | 31 | 38 | 45 | 52 | 57 | 70 | 80 |
| 43 | 11 | 13 | 16 | 17 | 18 | 20 | 22 | 20 | 25 | 28 | 31 | 32 | 41 | 44 | 22 | 26 | 30 | 33 | 34 | 46 | 49 | 31 | 39 | 46 | 52 | 57 | 71 | 82 |
| 44 | 11 | 14 | 16 | 17 | 18 | 21 | 23 | 20 | 26 | 29 | 32 | 33 | 43 | 45 | 22 | 27 | 31 | 34 | 35 | 47 | 50 | 31 | 40 | 47 | 53 | 58 | 72 | 83 |
| 45 | 11 | 14 | 17 | 18 | 19 | 22 | 23 | 21 | 26 | 30 | 33 | 34 | 44 | 47 | 23 | 28 | 32 | 35 | 36 | 49 | 52 | 31 | 40 | 47 | 53 | 58 | 72 | 84 |
| 46 | 12 | 15 | 17 | 19 | 20 | 23 | 24 | 21 | 27 | 31 | 34 | 36 | 45 | 48 | 23 | 29 | 33 | 36 | 37 | 50 | 54 | 32 | 41 | 48 | 54 | 59 | 73 | 86 |
| 47 | 12 | 15 | 18 | 20 | 21 | 24 | 26 | 22 | 27 | 32 | 35 | 37 | 47 | 51 | 24 | 30 | 34 | 37 | 38 | 52 | 56 | 32 | 42 | 49 | 54 | 59 | 74 | 87 |
| 48 | 12 | 15 | 19 | 20 | 21 | 25 | 27 | 22 | 28 | 33 | 36 | 38 | 48 | 53 | 25 | 31 | 35 | 39 | 40 | 54 | 58 | 32 | 43 | 50 | 55 | 60 | 75 | 88 |
| 49 | 13 | 16 | 19 | 21 | 22 | 26 | 28 | 23 | 29 | 34 | 37 | 39 | 50 | 55 | 25 | 32 | 36 | 40 | 41 | 55 | 60 | 32 | 43 | 50 | 55 | 60 | 75 | 90 |
| 50 | 13 | 17 | 20 | 22 | 23 | 27 | 29 | 23 | 30 | 35 | 38 | 41 | 53 | 57 | 26 | 33 | 37 | 41 | 42 | 57 | 62 | 33 | 44 | 51 | 56 | 61 | 76 | 91 |
| 51 | 13 | 18 | 21 | 23 | 24 | 28 | 30 | 23 | 31 | 36 | 39 | 42 | 54 | 59 | 26 | 34 | 38 | 42 | 43 | 59 | 64 | 33 | 45 | 52 | 58 | 63 | 77 | 94 |
| 52 | 14 | 18 | 21 | 23 | 25 | 29 | 32 | 24 | 33 | 37 | 41 | 44 | 56 | 61 | 27 | 35 | 39 | 43 | 45 | 60 | 66 | 34 | 46 | 53 | 59 | 64 | 79 | 96 |
| 53 | 14 | 19 | 22 | 24 | 25 | 30 | 33 | 24 | 34 | 38 | 42 | 46 | 57 | 64 | 27 | 36 | 40 | 44 | 46 | 62 | 68 | 34 | 46 | 55 | 61 | 66 | 79 | 99 |
| 54 | 15 | 19 | 22 | 25 | 26 | 31 | 34 | 25 | 35 | 39 | 44 | 47 | 59 | 66 | 28 | 37 | 42 | 45 | 48 | 64 | 71 | 35 | 47 | 56 | 62 | 67 | 80 | 102 |
| 55 | 15 | 20 | 23 | 26 | 27 | 33 | 36 | 25 | 37 | 41 | 45 | 49 | 60 | 69 | 28 | 38 | 43 | 46 | 49 | 66 | 73 | 38 | 48 | 57 | 64 | 69 | 83 | 105 |
| 56 | 16 | 21 | 24 | 27 | 29 | 35 | 38 | 27 | 39 | 43 | 48 | 52 | 64 | 73 | 29 | 40 | 45 | 48 | 51 | 68 | 76 | 38 | 50 | 59 | 66 | 71 | 85 | 109 |
| 57 | 17 | 23 | 26 | 29 | 31 | 37 | 41 | 29 | 41 | 45 | 51 | 55 | 67 | 77 | 31 | 41 | 47 | 50 | 53 | 71 | 79 | 39 | 52 | 61 | 69 | 74 | 90 | 113 |
| 58 | 19 | 24 | 28 | 31 | 33 | 39 | 43 | 31 | 43 | 48 | 54 | 58 | 71 | 82 | 33 | 43 | 49 | 52 | 55 | 74 | 82 | 40 | 54 | 62 | 71 | 77 | 93 | 117 |
| 59 | 20 | 25 | 29 | 33 | 35 | 42 | 46 | 33 | 45 | 51 | 57 | 61 | 76 | 87 | 34 | 45 | 51 | 55 | 58 | 76 | 86 | 41 | 56 | 65 | 73 | 79 | 97 | 121 |
| 60 | 22 | 27 | 31 | 35 | 38 | 45 | 49 | 36 | 47 | 55 | 61 | 65 | 80 | 92 | 36 | 47 | 53 | 57 | 60 | 79 | 89 | 42 | 58 | 67 | 76 | 82 | 101 | 126 |
| 61 | 24 | 29 | 33 | 38 | 41 | 48 | 53 | 38 | 50 | 58 | 64 | 69 | 85 | 97 | 38 | 49 | 56 | 60 | 63 | 83 | 94 | 44 | 61 | 70 | 80 | 86 | 106 | 131 |
| 62 | 26 | 31 | 36 | 40 | 43 | 52 | 57 | 40 | 53 | 60 | 67 | 72 | 90 | 103 | 41 | 52 | 59 | 64 | 67 | 88 | 100 | 48 | 64 | 75 | 84 | 91 | 112 | 137 |
| 63 | 28 | 34 | 39 | 43 | 46 | 57 | 61 | 43 | 57 | 64 | 71 | 76 | 94 | 109 | 43 | 54 | 62 | 67 | 70 | 93 | 106 | 51 | 68 | 79 | 89 | 96 | 118 | 143 |
| 64 | 30 | 37 | 42 | 47 | 50 | 61 | 66 | 45 | 60 | 67 | 74 | 81 | 100 | 116 | 46 | 57 | 65 | 71 | 74 | 98 | 112 | 54 | 71 | 84 | 93 | 101 | 124 | 149 |
| 65 | 33 | 40 | 45 | 50 | 53 | 66 | 71 | 48 | 64 | 71 | 78 | 85 | 106 | 123 | 49 | 60 | 69 | 75 | 78 | 104 | 119 | 58 | 75 | 89 | 98 | 106 | 131 | 156 |
| 66 | 36 | 44 | 50 | 55 | 59 | 72 | 78 | 53 | 70 | 78 | 86 | 93 | 116 | 133 | 52 | 64 | 74 | 81 | 84 | 113 | 128 | 63 | 81 | 96 | 106 | 114 | 141 | 166 |
| 67 | 39 | 49 | 55 | 61 | 65 | 79 | 86 | 58 | 77 | 86 | 94 | 103 | 127 | 144 | 56 | 69 | 80 | 88 | 91 | 123 | 139 | 68 | 87 | 103 | 114 | 123 | 153 | 177 |
| 68 | 43 | 54 | 60 | 67 | 72 | 87 | 94 | 64 | 84 | 94 | 104 | 113 | 139 | 157 | 60 | 73 | 86 | 95 | 99 | 133 | 149 | 74 | 94 | 111 | 122 | 133 | 165 | 188 |
| 69 | 47 | 59 | 66 | 74 | 80 | 95 | 103 | 70 | 91 | 104 | 114 | 124 | 152 | 170 | 64 | 79 | 93 | 103 | 107 | 145 | 161 | 80 | 101 | 120 | 132 | 144 | 178 | 200 |
| 70 | 52 | 65 | 73 | 81 | 89 | 104 | 113 | 77 | 100 | 114 | 126 | 136 | 166 | 184 | 68 | 84 | 100 | 111 | 116 | 157 | 174 | 87 | 109 | 129 | 142 | 155 | 192 | 213 |
| 71 | 58 | 73 | 82 | 90 | 99 | 115 | 125 | 85 | 111 | 126 | 140 | 151 | 183 | 202 | 75 | 92 | 110 | 122 | 128 | 169 | 186 | 94 | 120 | 142 | 155 | 169 | 208 | 229 |
| 72 | 64 | 81 | 91 | 101 | 111 | 127 | 138 | 94 | 122 | 140 | 156 | 169 | 202 | 221 | 82 | 102 | 121 | 134 | 141 | 182 | 200 | 104 | 132 | 156 | 170 | 184 | 225 | 247 |
| 73 | 72 | 91 | 102 | 112 | 123 | 140 | 152 | 104 | 136 | 155 | 174 | 188 | 222 | 242 | 91 | 112 | 133 | 147 | 155 | 196 | 214 | 113 | 145 | 171 | 186 | 200 | 243 | 266 |
| 74 | 80 | 101 | 114 | 125 | 137 | 154 | 168 | 116 | 150 | 172 | 194 | 209 | 245 | 266 | 100 | 123 | 146 | 162 | 171 | 212 | 230 | 124 | 160 | 188 | 204 | 218 | 264 | 287 |
| 75 | 89 | 113 | 127 | 140 | 153 | 170 | 186 | 128 | 166 | 191 | 216 | 233 | 270 | 291 | 110 | 135 | 160 | 178 | 188 | 228 | 246 | 136 | 176 | 207 | 223 | 238 | 286 | 309 |
| 76 | 99 | 126 | 141 | 156 | 170 | 189 | 207 | 141 | 182 | 209 | 236 | 255 | 296 | 320 | 122 | 150 | 176 | 196 | 207 | 252 | 272 | 149 | 193 | 227 | 245 | 261 | 313 | 340 |
| 77 | 111 | 141 | 157 | 173 | 189 | 211 | 231 | 155 | 200 | 230 | 258 | 280 | 326 | 351 | 136 | 166 | 195 | 215 | 228 | 279 | 301 | 163 | 211 | 248 | 270 | 286 | 343 | 373 |
| 78 | 123 | 157 | 175 | 192 | 210 | 235 | 258 | 170 | 219 | 252 | 283 | 307 | 357 | 386 | 151 | 184 | 215 | 237 | 250 | 308 | 332 | 179 | 231 | 272 | 297 | 314 | 375 | 410 |
| 79 | 137 | 176 | 195 | 214 | 233 | 262 | 287 | 187 | 240 | 276 | 309 | 336 | 393 | 423 | 168 | 205 | 237 | 261 | 275 | 341 | 367 | 194 | 252 | 298 | 326 | 344 | 410 | 450 |
| 80* | 153 | 196 | | | | | | 205 | 263 | | | | | 465 | 187 | 227 | | | | | | 214 | 276 | | | | | |
| 81* | 168 | 216 | | | | | | 225 | 289 | | | | | 512 | 206 | 250 | | | | | | 235 | 304 | | | | | |
| 82* | 185 | 238 | | | | | | 247 | 318 | | | | | 563 | 227 | 275 | | | | | | 259 | 334 | | | | | |
| 83* | 204 | 262 | | | | | | 271 | 350 | | | | | 619 | 250 | 303 | | | | | | 285 | 367 | | | | | |
| 84* | 224 | 288 | | | | | | 297 | 385 | | | | | 681 | 275 | 333 | | | | | | 312 | 403 | | | | | |

*For ages 80-84, 2 or 3 year Benefit Periods only; Maximum Monthly Benefit \$7,500, Maximum Daily Benefit \$250.

Mutual of Omaha Insurance Company
 Form: LTC04G-NEA-TO
 Annual Premium Rates
 Per \$10 Daily Benefit

Exhibit A

| Form: Issue Age | LTC04G NH, LTC04G ALF, LTC04G HHC Integrated NH, ALF, and HHC with 100% HHC (1PL) | | | | | |
|--------------------|--|--------|----------|----------|----------|-----------|
| | Benefit Period | | | | | |
| | 2 Yr | 3 Yr | 4 Yr | 5 Yr | 6 Yr | Unlimited |
| 18-35 | 34.95 | 37.56 | 41.45 | 44.06 | 49.32 | 62.13 |
| 36 | 35.32 | 37.89 | 42.10 | 44.76 | 50.09 | 62.77 |
| 37 | 35.70 | 38.24 | 42.75 | 45.44 | 50.87 | 63.42 |
| 38 | 36.08 | 38.58 | 43.43 | 46.12 | 51.71 | 63.79 |
| 39 | 36.43 | 38.91 | 44.07 | 46.79 | 52.49 | 64.29 |
| 40 | 36.78 | 39.25 | 44.70 | 47.48 | 53.22 | 64.93 |
| 41 | 37.16 | 39.59 | 45.33 | 48.15 | 53.95 | 65.72 |
| 42 | 37.57 | 39.93 | 45.99 | 48.89 | 54.72 | 66.68 |
| 43 | 38.04 | 40.70 | 46.72 | 49.69 | 55.57 | 67.76 |
| 44 | 38.59 | 41.60 | 47.54 | 50.59 | 56.53 | 69.02 |
| 45 | 39.23 | 42.61 | 48.46 | 51.59 | 57.64 | 70.46 |
| 46 | 39.98 | 43.73 | 49.56 | 52.73 | 58.94 | 72.07 |
| 47 | 40.89 | 44.95 | 50.82 | 54.02 | 60.47 | 73.87 |
| 48 | 42.24 | 46.48 | 52.59 | 55.80 | 62.78 | 78.23 |
| 49 | 43.59 | 47.92 | 54.43 | 57.59 | 65.08 | 78.56 |
| 50 | 45.00 | 49.35 | 56.33 | 59.43 | 67.48 | 80.86 |
| 51 | 46.50 | 50.80 | 58.38 | 61.37 | 70.04 | 83.28 |
| 52 | 48.12 | 52.30 | 60.61 | 63.47 | 72.82 | 85.77 |
| 53 | 49.57 | 53.77 | 62.84 | 65.44 | 75.25 | 88.16 |
| 54 | 51.14 | 55.45 | 64.85 | 67.62 | 77.87 | 90.83 |
| 55 | 52.91 | 57.36 | 67.29 | 70.08 | 80.78 | 93.89 |
| 56 | 54.92 | 59.61 | 70.03 | 72.93 | 84.07 | 97.46 |
| 57 | 57.23 | 62.28 | 73.13 | 76.22 | 87.82 | 101.66 |
| 58 | 59.57 | 65.37 | 76.95 | 79.50 | 91.48 | 105.95 |
| 59 | 62.44 | 68.98 | 79.68 | 83.85 | 96.09 | 111.40 |
| 60 | 65.97 | 73.24 | 84.12 | 88.77 | 101.77 | 118.17 |
| 61 | 70.25 | 78.26 | 89.64 | 94.94 | 108.62 | 126.37 |
| 62 | 75.36 | 84.19 | 96.21 | 102.27 | 118.76 | 138.14 |
| 63 | 82.06 | 91.49 | 105.01 | 111.70 | 127.39 | 146.67 |
| 64 | 89.19 | 99.20 | 114.28 | 121.56 | 138.56 | 161.76 |
| 65 | 97.59 | 108.29 | 124.94 | 132.91 | 151.49 | 176.88 |
| 66 | 111.74 | 123.82 | 142.76 | 151.80 | 173.13 | 202.08 |
| 67 | 123.42 | 138.66 | 157.04 | 166.93 | 190.59 | 222.31 |
| 68 | 140.59 | 155.95 | 175.40 | 186.44 | 213.41 | 250.54 |
| 69 | 158.14 | 175.72 | 195.09 | 207.34 | 237.84 | 279.44 |
| 70 | 178.51 | 198.50 | 218.52 | 230.11 | 264.44 | 309.79 |
| 71 | 196.10 | 218.83 | 240.10 | 255.20 | 293.72 | 342.43 |
| 72 | 217.31 | 243.23 | 268.26 | 283.04 | 326.28 | 378.14 |
| 73 | 238.18 | 267.31 | 295.96 | 314.63 | 362.88 | 418.22 |
| 74 | 261.40 | 294.33 | 330.04 | 350.86 | 404.90 | 460.02 |
| 75 | 287.66 | 326.18 | 369.23 | 392.51 | 453.29 | 511.01 |
| 76 | 317.85 | 360.83 | 414.28 | 440.39 | 509.00 | 570.65 |
| 77 | 352.09 | 401.84 | 465.92 | 495.29 | 573.01 | 640.42 |
| 78 | 391.70 | 449.02 | 524.90 | 558.00 | 648.24 | 721.75 |
| 79 | 437.18 | 503.66 | 592.00 | 629.32 | 729.70 | 816.14 |
| 80 | 489.18 | 566.41 | 667.93 | 710.04 | 824.31 | 925.05 |
| 81 | 548.47 | 638.11 | 753.45 | 800.96 | 931.06 | 1,049.94 |
| 82 | 615.73 | 719.66 | 849.30 | 902.65 | 1,050.90 | 1,192.27 |
| 83 | 691.66 | 811.91 | 956.24 | 1,016.54 | 1,184.77 | 1,363.50 |
| 84 | 776.96 | 916.72 | 1,075.01 | 1,142.79 | 1,333.67 | 1,535.11 |

| Form: Issue Age | LTC04G NH, LTC04G ALF, LTC04G HHC Integrated NH, ALF, and HHC with 50% HHC (1PL) | | | | | |
|--------------------|---|--------|--------|----------|----------|-----------|
| | Benefit Period | | | | | |
| | 2 Yr | 3 Yr | 4 Yr | 5 Yr | 6 Yr | Unlimited |
| 18-35 | 31.45 | 33.80 | 37.31 | 39.66 | 44.39 | 55.92 |
| 36 | 31.79 | 34.11 | 37.88 | 40.28 | 45.08 | 56.50 |
| 37 | 32.13 | 34.41 | 38.47 | 40.90 | 45.78 | 57.08 |
| 38 | 32.47 | 34.72 | 39.09 | 41.51 | 46.54 | 57.42 |
| 39 | 32.79 | 35.03 | 39.67 | 42.11 | 47.24 | 57.88 |
| 40 | 33.10 | 35.32 | 40.23 | 42.72 | 47.90 | 58.44 |
| 41 | 33.45 | 35.63 | 40.80 | 43.34 | 48.55 | 59.15 |
| 42 | 33.81 | 35.94 | 41.39 | 44.00 | 49.26 | 60.00 |
| 43 | 34.23 | 36.63 | 42.04 | 44.73 | 50.01 | 60.99 |
| 44 | 34.73 | 37.43 | 42.79 | 45.53 | 50.88 | 62.12 |
| 45 | 35.30 | 38.34 | 43.64 | 46.43 | 51.88 | 63.41 |
| 46 | 35.99 | 39.35 | 44.60 | 47.46 | 53.04 | 64.86 |
| 47 | 36.80 | 40.45 | 45.74 | 48.61 | 54.42 | 66.48 |
| 48 | 38.02 | 41.82 | 47.33 | 50.22 | 56.49 | 68.62 |
| 49 | 39.24 | 43.13 | 48.98 | 51.83 | 58.57 | 70.70 |
| 50 | 40.50 | 44.41 | 50.70 | 53.48 | 60.73 | 72.79 |
| 51 | 41.85 | 45.72 | 52.55 | 55.23 | 63.04 | 74.94 |
| 52 | 43.31 | 47.06 | 54.55 | 57.13 | 65.54 | 77.19 |
| 53 | 44.61 | 48.40 | 56.38 | 58.89 | 67.72 | 79.35 |
| 54 | 46.03 | 49.90 | 58.38 | 60.85 | 70.08 | 81.75 |
| 55 | 47.61 | 51.83 | 60.58 | 63.08 | 72.71 | 84.51 |
| 56 | 49.43 | 53.65 | 63.03 | 65.64 | 75.66 | 87.72 |
| 57 | 51.51 | 56.04 | 65.62 | 68.61 | 79.04 | 91.49 |
| 58 | 53.81 | 58.83 | 68.35 | 71.55 | 82.33 | 95.36 |
| 59 | 58.20 | 62.09 | 71.62 | 75.29 | 86.49 | 100.27 |
| 60 | 59.37 | 65.91 | 75.70 | 79.90 | 91.59 | 108.36 |
| 61 | 63.22 | 70.44 | 80.87 | 85.45 | 97.78 | 113.73 |
| 62 | 67.81 | 75.78 | 86.59 | 92.03 | 105.08 | 122.52 |
| 63 | 73.88 | 82.34 | 94.51 | 100.53 | 114.85 | 133.80 |
| 64 | 80.27 | 89.26 | 102.64 | 109.41 | 124.71 | 145.58 |
| 65 | 87.83 | 97.46 | 112.44 | 119.62 | 138.34 | 159.19 |
| 66 | 100.57 | 111.44 | 128.48 | 136.82 | 156.83 | 181.88 |
| 67 | 111.08 | 122.99 | 141.33 | 150.24 | 171.53 | 200.08 |
| 68 | 126.53 | 140.35 | 157.88 | 187.79 | 192.08 | 225.49 |
| 69 | 142.33 | 158.14 | 175.57 | 188.60 | 214.08 | 251.49 |
| 70 | 158.87 | 176.88 | 194.86 | 207.10 | 238.00 | 278.82 |
| 71 | 178.49 | 196.96 | 216.09 | 229.88 | 264.34 | 308.19 |
| 72 | 195.59 | 216.90 | 239.84 | 254.73 | 293.63 | 340.33 |
| 73 | 214.36 | 240.58 | 266.38 | 283.16 | 326.58 | 374.60 |
| 74 | 235.25 | 264.89 | 297.03 | 316.76 | 364.41 | 414.02 |
| 75 | 258.89 | 292.64 | 332.31 | 353.28 | 407.96 | 459.91 |
| 76 | 285.89 | 324.56 | 372.84 | 396.35 | 458.10 | 513.58 |
| 77 | 316.88 | 361.47 | 419.32 | 445.76 | 515.70 | 576.37 |
| 78 | 352.53 | 404.12 | 472.41 | 502.20 | 581.61 | 649.58 |
| 79 | 393.44 | 453.29 | 532.80 | 568.39 | 658.73 | 734.53 |
| 80 | 440.28 | 509.77 | 601.14 | 639.04 | 741.89 | 832.54 |
| 81 | 493.83 | 574.30 | 678.11 | 720.86 | 837.95 | 944.95 |
| 82 | 554.18 | 647.70 | 764.38 | 812.57 | 945.81 | 1,073.04 |
| 83 | 622.50 | 730.72 | 860.81 | 914.89 | 1,066.30 | 1,218.15 |
| 84 | 699.27 | 824.14 | 967.51 | 1,028.51 | 1,200.31 | 1,381.80 |

A \$25 first year fee is required by the certificateholder.
 If Non Tax Qualified form LTC04G-NEA-NTQ
 is elected, premiums will be increased by 15%.

30% Spouse Discount for two insureds, or
 15% Spouse Discount for two applications, but one insured, or
 10% Two Person Household Discount

Premium Discount of 15%

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

| Elim | Factor | Elim | Factor |
|--------|--------|---------|--------|
| 0 Day | 1.40 | 90 Day | 1.00 |
| 15 Day | 1.30 | 100 Day | 0.96 |
| 20 Day | 1.27 | 180 Day | 0.90 |
| 30 Day | 1.25 | 365 Day | 0.80 |
| 60 Day | 1.09 | | |

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

| Elim | Factor | Elim | Factor |
|--------|--------|---------|--------|
| 15 Day | 1.02 | 90 Day | 1.08 |
| 20 Day | 1.02 | 100 Day | 1.09 |
| 30 Day | 1.02 | 180 Day | 1.13 |
| 60 Day | 1.06 | 365 Day | 1.16 |

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

| Class | Factor |
|----------|--------|
| Select | 1.00 |
| Class I | 1.25 |
| Class II | 1.50 |

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums

| Modal Loads | Factor |
|-------------|-------------------|
| Annual | 1.000 |
| Semi-Annual | 0.510 |
| Quarterly | 0.260 |
| Monthly/BSP | 0.090 |
| Other | 1.08# of payments |

Mutual of Omaha Insurance Company

Form LTC04G-NEA-TO

Annual Premium Rates

Per \$10 Daily Benefit

Exhibit A

| Form | LTC04G NH, LTC04G ALF | | | | | | LTC04G HHC | | | | | |
|-------|--|----------------|----------|----------|----------|-----------|---|--------|--------|--------|--------|-----------|
| | Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) | | | | | | Non Integrated - Home Health Care (HHC) (2PL) | | | | | |
| | Issue Age | Benefit Period | | | | | Benefit Period | | | | | Unlimited |
| | 2 Yr | 3 Yr | 4 Yr | 5 Yr | 6 Yr | Unlimited | 2 Yr | 3 Yr | 4 Yr | 5 Yr | 6 Yr | Unlimited |
| 18-35 | 33.08 | 34.44 | 39.75 | 42.26 | 44.37 | 49.82 | 7.38 | 8.95 | 10.03 | 10.88 | 11.19 | 12.31 |
| 36 | 33.29 | 34.84 | 40.30 | 42.84 | 44.98 | 50.20 | 7.58 | 9.15 | 10.24 | 10.88 | 11.43 | 12.57 |
| 37 | 33.51 | 35.26 | 40.84 | 43.42 | 45.59 | 50.61 | 7.75 | 9.38 | 10.48 | 11.12 | 11.88 | 12.81 |
| 38 | 33.60 | 35.68 | 41.35 | 43.92 | 46.18 | 50.89 | 8.05 | 9.68 | 10.74 | 11.40 | 11.99 | 13.10 |
| 39 | 33.74 | 36.10 | 41.86 | 44.44 | 46.74 | 50.93 | 8.29 | 9.90 | 10.99 | 11.88 | 12.26 | 13.38 |
| 40 | 33.95 | 36.52 | 42.38 | 45.00 | 47.32 | 51.33 | 8.47 | 10.11 | 11.19 | 11.88 | 12.50 | 13.60 |
| 41 | 34.23 | 36.93 | 42.94 | 45.62 | 47.94 | 51.88 | 8.61 | 10.27 | 11.38 | 12.09 | 12.70 | 13.84 |
| 42 | 34.60 | 37.33 | 43.57 | 46.32 | 48.63 | 52.60 | 8.71 | 10.41 | 11.55 | 12.27 | 12.88 | 14.08 |
| 43 | 35.05 | 38.20 | 44.30 | 47.11 | 49.43 | 53.46 | 8.80 | 10.55 | 11.70 | 12.45 | 13.07 | 14.28 |
| 44 | 35.80 | 39.19 | 45.14 | 48.03 | 50.38 | 54.53 | 8.89 | 10.68 | 11.88 | 12.62 | 13.24 | 14.49 |
| 45 | 36.28 | 40.29 | 46.11 | 49.08 | 51.45 | 55.75 | 8.99 | 10.81 | 12.03 | 12.80 | 13.42 | 14.71 |
| 46 | 37.04 | 41.49 | 47.28 | 50.29 | 52.73 | 57.14 | 9.10 | 10.97 | 12.20 | 12.98 | 13.63 | 14.93 |
| 47 | 37.93 | 42.78 | 48.59 | 51.85 | 54.23 | 58.71 | 9.25 | 11.14 | 12.40 | 13.18 | 13.84 | 15.18 |
| 48 | 39.25 | 44.38 | 50.54 | 53.82 | 56.85 | 60.85 | 9.50 | 11.37 | 12.65 | 13.41 | 14.17 | 15.38 |
| 49 | 40.53 | 45.85 | 52.50 | 55.56 | 58.97 | 62.92 | 9.78 | 11.85 | 12.92 | 13.88 | 14.48 | 15.63 |
| 50 | 41.83 | 47.28 | 54.53 | 57.52 | 61.27 | 64.98 | 10.12 | 11.95 | 13.23 | 13.98 | 14.81 | 15.90 |
| 51 | 43.17 | 48.68 | 56.66 | 59.57 | 63.63 | 67.07 | 10.50 | 12.30 | 13.59 | 14.29 | 15.16 | 16.19 |
| 52 | 44.58 | 50.07 | 58.98 | 61.74 | 66.13 | 69.25 | 10.94 | 12.71 | 14.00 | 14.67 | 15.54 | 16.52 |
| 53 | 45.83 | 51.42 | 60.98 | 63.68 | 68.09 | 71.20 | 11.34 | 13.13 | 14.45 | 15.10 | 15.92 | 16.98 |
| 54 | 47.21 | 52.94 | 63.11 | 65.80 | 70.19 | 73.33 | 11.77 | 13.59 | 14.98 | 15.60 | 16.38 | 17.50 |
| 55 | 48.77 | 54.71 | 65.48 | 68.18 | 72.55 | 75.73 | 12.23 | 14.11 | 15.53 | 16.19 | 16.90 | 18.18 |
| 56 | 50.60 | 56.82 | 68.10 | 70.91 | 75.31 | 78.53 | 12.71 | 14.69 | 16.20 | 16.88 | 17.66 | 18.93 |
| 57 | 52.75 | 59.38 | 71.09 | 74.09 | 78.57 | 81.60 | 13.23 | 15.33 | 16.93 | 17.65 | 18.34 | 19.88 |
| 58 | 54.98 | 62.13 | 73.75 | 77.20 | 82.19 | 85.11 | 13.71 | 16.03 | 17.65 | 18.48 | 19.32 | 20.84 |
| 59 | 57.82 | 65.86 | 77.28 | 81.23 | 86.89 | 89.38 | 14.23 | 16.80 | 18.51 | 19.48 | 20.45 | 22.04 |
| 60 | 61.38 | 70.01 | 81.74 | 86.26 | 92.20 | 94.68 | 14.83 | 17.66 | 19.53 | 20.61 | 21.80 | 23.49 |
| 61 | 65.87 | 75.30 | 87.22 | 92.38 | 98.84 | 101.16 | 15.52 | 18.66 | 20.78 | 21.98 | 23.39 | 25.21 |
| 62 | 70.82 | 81.57 | 93.78 | 99.87 | 108.76 | 108.92 | 16.38 | 19.83 | 22.19 | 23.59 | 25.27 | 27.22 |
| 63 | 77.45 | 89.29 | 102.55 | 109.09 | 118.49 | 118.92 | 17.82 | 21.40 | 24.13 | 25.68 | 27.52 | 29.75 |
| 64 | 84.43 | 97.27 | 111.78 | 118.93 | 128.85 | 129.39 | 19.02 | 23.14 | 26.19 | 27.87 | 29.88 | 32.37 |
| 65 | 92.52 | 106.35 | 122.41 | 130.21 | 138.34 | 141.48 | 20.80 | 25.30 | 28.65 | 30.47 | 32.67 | 36.40 |
| 66 | 105.98 | 121.38 | 140.00 | 148.87 | 157.93 | 161.85 | 23.95 | 29.07 | 32.80 | 34.87 | 37.37 | 40.43 |
| 67 | 116.90 | 133.22 | 154.08 | 163.77 | 173.64 | 177.85 | 26.72 | 32.37 | 36.23 | 38.52 | 41.26 | 44.46 |
| 68 | 132.84 | 148.32 | 171.92 | 182.73 | 196.30 | 200.44 | 30.74 | 37.17 | 40.85 | 43.58 | 47.02 | 50.10 |
| 69 | 148.93 | 164.45 | 191.05 | 203.04 | 219.17 | 223.58 | 35.18 | 42.41 | 45.57 | 48.94 | 52.93 | 56.88 |
| 70 | 165.57 | 181.94 | 211.82 | 225.13 | 242.94 | 247.85 | 40.08 | 48.22 | 51.09 | 54.76 | 59.14 | 61.94 |
| 71 | 183.11 | 201.09 | 234.87 | 249.43 | 268.32 | 273.98 | 45.59 | 54.70 | 57.29 | 61.18 | 65.83 | 68.47 |
| 72 | 201.93 | 222.25 | 260.00 | 276.39 | 296.01 | 302.51 | 51.81 | 62.00 | 64.27 | 68.33 | 73.17 | 75.83 |
| 73 | 220.28 | 246.18 | 289.02 | 307.24 | 324.79 | 332.98 | 58.38 | 69.87 | 72.24 | 76.09 | 80.63 | 83.24 |
| 74 | 240.56 | 273.49 | 322.39 | 342.72 | 357.95 | 368.02 | 65.77 | 78.31 | 81.31 | 85.00 | 89.13 | 92.00 |
| 75 | 283.51 | 304.78 | 380.88 | 383.80 | 398.74 | 408.81 | 74.15 | 88.09 | 91.88 | 96.28 | 98.95 | 102.20 |
| 76 | 289.75 | 340.59 | 405.15 | 430.70 | 442.44 | 458.52 | 83.88 | 99.18 | 103.38 | 107.11 | 110.40 | 114.13 |
| 77 | 318.98 | 381.52 | 456.03 | 484.79 | 498.30 | 512.34 | 94.42 | 111.75 | 116.85 | 120.78 | 123.77 | 128.08 |
| 78 | 354.80 | 428.13 | 514.23 | 546.86 | 559.58 | 577.40 | 106.58 | 125.98 | 131.59 | 136.49 | 139.35 | 144.36 |
| 79 | 394.90 | 481.01 | 580.50 | 617.11 | 633.55 | 652.92 | 120.26 | 141.97 | 148.38 | 154.48 | 157.43 | 163.22 |
| 80 | 440.97 | 540.73 | 655.58 | 696.93 | 719.48 | 740.04 | 135.64 | 159.98 | 167.08 | 174.94 | 178.31 | 185.01 |
| 81 | 493.82 | 607.88 | 740.22 | 788.90 | 818.61 | 839.95 | 152.83 | 180.11 | 187.91 | 196.14 | 202.27 | 209.99 |
| 82 | 553.54 | 682.98 | 835.16 | 887.82 | 932.21 | 953.81 | 171.98 | 202.57 | 210.99 | 224.29 | 229.61 | 238.46 |
| 83 | 621.38 | 766.68 | 941.13 | 1,000.48 | 1,081.54 | 1,082.80 | 193.19 | 227.50 | 236.44 | 253.82 | 260.63 | 270.70 |
| 84 | 697.81 | 859.49 | 1,058.90 | 1,125.67 | 1,207.87 | 1,228.09 | 218.65 | 255.08 | 264.42 | 288.36 | 295.82 | 307.02 |

A \$25 first year fee is required by the certificateholder
 If Non Tax Qualified form LTC04G-NEA-NTQ
 is elected, premiums will be increased by 15%.

30% Spouse Discount for two insureds, or
 15% Spouse Discount for two applications, but one insured, or
 10% Two Person Household Discount

Premium Discount of 15%

To calculate premiums for a specific elimination period, apply the
 appropriate factor to the above premiums

| Elim | Factor | Elim | Factor |
|--------|--------|---------|--------|
| 0 Day | 1.40 | 90 Day | 1.00 |
| 15 Day | 1.30 | 100 Day | 0.98 |
| 20 Day | 1.27 | 180 Day | 0.90 |
| 30 Day | 1.25 | 365 Day | 0.80 |
| 60 Day | 1.09 | | |

To calculate premiums for a specific underwriting class, apply the
 appropriate factor to the above premiums.

| Class | Factor |
|----------|--------|
| Select | 1.00 |
| Class I | 1.25 |
| Class II | 1.50 |

To calculate premiums for a specific mode, apply the appropriate
 factor to the above premiums

| Modal Loads | Factor |
|-------------|--------------------|
| Annual | 1.000 |
| Semi-Annual | 0.510 |
| Quarterly | 0.280 |
| Monthly/BSP | 0.090 |
| Other | 1.08/# of payments |

Mutual of Omaha Insurance Company
 Form: LTC04G-NEA-TQ
 Annual Premium Rates
 Per \$10 Daily Benefit

Exhibit A

| Form: Issue Age | LTC04G NH Non Integrated - NH (3PL) Benefit Period | | |
|-----------------------|--|----------|-----------|
| | 3 Yr | 5 Yr | Unlimited |
| | 18-35 | 37.91 | 42.26 |
| 36 | 38.37 | 42.84 | 47.70 |
| 37 | 38.83 | 43.42 | 48.07 |
| 38 | 38.91 | 43.92 | 48.15 |
| 39 | 39.20 | 44.43 | 48.38 |
| 40 | 39.87 | 44.99 | 48.76 |
| 41 | 40.32 | 45.61 | 49.29 |
| 42 | 41.13 | 46.32 | 49.97 |
| 43 | 42.09 | 47.11 | 50.81 |
| 44 | 43.17 | 48.03 | 51.81 |
| 45 | 44.37 | 49.08 | 52.97 |
| 46 | 45.69 | 50.28 | 54.28 |
| 47 | 47.04 | 51.65 | 55.77 |
| 48 | 48.51 | 53.61 | 57.81 |
| 49 | 50.42 | 55.55 | 59.78 |
| 50 | 51.95 | 57.52 | 61.73 |
| 51 | 53.45 | 59.56 | 63.72 |
| 52 | 54.96 | 61.74 | 65.78 |
| 53 | 56.42 | 63.88 | 67.64 |
| 54 | 58.06 | 66.00 | 69.66 |
| 55 | 59.89 | 68.18 | 71.95 |
| 56 | 62.28 | 70.91 | 74.80 |
| 57 | 65.05 | 74.09 | 77.71 |
| 58 | 68.05 | 77.20 | 80.85 |
| 59 | 71.91 | 81.23 | 84.89 |
| 60 | 76.66 | 86.26 | 89.94 |
| 61 | 82.42 | 92.38 | 96.10 |
| 62 | 89.25 | 99.67 | 103.47 |
| 63 | 97.64 | 109.09 | 112.97 |
| 64 | 106.30 | 118.93 | 122.91 |
| 65 | 116.18 | 130.20 | 134.41 |
| 66 | 132.48 | 146.87 | 153.56 |
| 67 | 145.31 | 163.77 | 168.95 |
| 68 | 161.58 | 183.82 | 190.41 |
| 69 | 179.01 | 204.56 | 212.37 |
| 70 | 197.94 | 228.53 | 235.46 |
| 71 | 218.70 | 250.29 | 260.25 |
| 72 | 241.64 | 278.39 | 287.39 |
| 73 | 287.66 | 305.14 | 316.32 |
| 74 | 297.40 | 338.37 | 349.62 |
| 75 | 331.39 | 377.08 | 388.37 |
| 76 | 370.26 | 422.32 | 433.69 |
| 77 | 414.62 | 475.09 | 486.71 |
| 78 | 465.07 | 536.42 | 548.54 |
| 79 | 522.21 | 607.33 | 620.27 |
| 80 | 586.65 | 688.86 | 703.04 |
| 81 | 659.01 | 782.00 | 797.95 |
| 82 | 739.87 | 887.82 | 906.12 |
| 83 | 829.84 | 1,007.31 | 1,026.65 |
| 84 | 929.54 | 1,141.50 | 1,166.66 |

| LTC04G ALF Non Integrated - ALF (3PL) Benefit Period | | | |
|--|-------|-------|--|
| 2 Yr | 3 Yr | 4 Yr | |
| 1.41 | 1.87 | 1.94 | |
| 1.43 | 1.89 | 1.96 | |
| 1.45 | 1.71 | 1.98 | |
| 1.48 | 1.72 | 1.99 | |
| 1.47 | 1.73 | 2.00 | |
| 1.49 | 1.75 | 2.02 | |
| 1.52 | 1.79 | 2.05 | |
| 1.55 | 1.82 | 2.08 | |
| 1.59 | 1.86 | 2.12 | |
| 1.64 | 1.91 | 2.17 | |
| 1.70 | 1.97 | 2.23 | |
| 1.77 | 2.04 | 2.31 | |
| 1.85 | 2.11 | 2.38 | |
| 1.95 | 2.21 | 2.48 | |
| 2.05 | 2.32 | 2.58 | |
| 2.14 | 2.42 | 2.68 | |
| 2.24 | 2.52 | 2.78 | |
| 2.35 | 2.62 | 2.90 | |
| 2.44 | 2.71 | 2.99 | |
| 2.54 | 2.82 | 3.10 | |
| 2.65 | 2.93 | 3.21 | |
| 2.79 | 3.07 | 3.35 | |
| 2.86 | 3.22 | 3.51 | |
| 3.11 | 3.39 | 3.67 | |
| 3.32 | 3.59 | 3.88 | |
| 3.57 | 3.86 | 4.14 | |
| 3.88 | 4.17 | 4.46 | |
| 4.25 | 4.55 | 4.83 | |
| 4.73 | 5.04 | 5.32 | |
| 5.25 | 5.56 | 5.84 | |
| 5.83 | 6.16 | 6.45 | |
| 6.78 | 7.10 | 7.42 | |
| 7.57 | 7.89 | 8.22 | |
| 8.66 | 9.00 | 9.33 | |
| 9.77 | 10.11 | 10.47 | |
| 10.93 | 11.29 | 11.66 | |
| 12.19 | 12.56 | 12.93 | |
| 13.57 | 13.94 | 14.33 | |
| 15.03 | 15.42 | 15.82 | |
| 16.72 | 17.12 | 17.54 | |
| 18.66 | 19.09 | 19.54 | |
| 20.97 | 21.41 | 21.88 | |
| 23.65 | 24.12 | 24.61 | |
| 28.79 | 27.29 | 27.61 | |
| 30.42 | 30.95 | 31.51 | |
| 34.60 | 35.16 | 35.77 | |
| 39.40 | 40.04 | 40.68 | |
| 44.88 | 45.56 | 46.26 | |
| 51.08 | 51.83 | 52.58 | |
| 58.07 | 58.88 | 59.71 | |

| LTC04G HHC Non Integrated - HHC (3 PL) Benefit Period | |
|---|--|
| 2 Yr | |
| 7.36 | |
| 7.56 | |
| 7.75 | |
| 8.05 | |
| 8.29 | |
| 8.47 | |
| 8.61 | |
| 8.71 | |
| 8.80 | |
| 8.89 | |
| 8.99 | |
| 9.10 | |
| 9.25 | |
| 9.50 | |
| 9.78 | |
| 10.12 | |
| 10.50 | |
| 10.94 | |
| 11.34 | |
| 11.77 | |
| 12.23 | |
| 12.71 | |
| 13.23 | |
| 13.71 | |
| 14.23 | |
| 14.83 | |
| 15.52 | |
| 16.36 | |
| 17.82 | |
| 19.02 | |
| 20.80 | |
| 23.95 | |
| 28.72 | |
| 30.74 | |
| 35.18 | |
| 40.08 | |
| 45.59 | |
| 51.61 | |
| 58.36 | |
| 65.77 | |
| 74.15 | |
| 83.66 | |
| 94.42 | |
| 106.58 | |
| 120.28 | |
| 136.64 | |
| 152.63 | |
| 171.98 | |
| 193.19 | |
| 216.65 | |

A \$25 first year fee is required by the certificateholder.
 If Non Tax Qualified form LTC04G-NEA-NTQ
 is elected, premiums will be increased by 15%.

To calculate premiums for a specific underwriting class, apply the
 appropriate factor to the above premiums.

| Class | Factor |
|----------|--------|
| Select | 1.00 |
| Class I | 1.25 |
| Class II | 1.50 |

30% Spouse Discount for two insureds, or
 15% Spouse Discount for two applications, but one insured, or
 10% Two Person Household Discount

Premium Discount of 15%

To calculate premiums for a specific mode, apply the appropriate
 factor to the above premiums.

| Modal Loads | Factor |
|-------------|--------------------|
| Annual | 1.000 |
| Semi-Annual | 0.510 |
| Quarterly | 0.260 |
| Monthly/BSP | 0.090 |
| Other | 1.08/# of payments |

To calculate premiums for a specific elimination period, apply the
 appropriate factor to the above premiums.

| Elim | Factor | Elim | Factor |
|--------|--------|---------|--------|
| 0 Day | 1.40 | 90 Day | 1.00 |
| 15 Day | 1.30 | 100 Day | 0.98 |
| 20 Day | 1.27 | 180 Day | 0.90 |
| 30 Day | 1.25 | 365 Day | 0.80 |
| 60 Day | 1.09 | | |

Mutual of Omaha Insurance Company
 Form LTC04G-NEA-TQ, LTC04G-NEA-NTQ
 Premium Factors

Exhibit A

| Form | LTC04G SINF | LTC04G CINF | | | LTC04G C10YF LTC04G 20YR | | LTC04G STRCIP | | |
|--------------|-------------|-------------------|-----------------------|------|--------------------------|----------------------|---------------|---------------------------------|------|
| | | Simple Infl 5% | Compound Inflation at | | | 5% Compound Infl for | | Step Rate Compound Inflation at | |
| Issue Age | | 5% | 3% | 4% | 10 Years | 20 Years | 5% | 3% | 4% |
| 16-35 | 1.68 | 2.44 | 1.63 | 2.07 | 1.43 | 1.78 | 1.65 | 1.32 | 1.53 |
| 36 | 1.68 | 2.44 | 1.63 | 2.07 | 1.42 | 1.78 | 1.65 | 1.31 | 1.52 |
| 37 | 1.68 | 2.44 | 1.63 | 2.07 | 1.42 | 1.77 | 1.65 | 1.31 | 1.52 |
| 38 | 1.68 | 2.44 | 1.63 | 2.07 | 1.42 | 1.77 | 1.65 | 1.31 | 1.52 |
| 39 | 1.68 | 2.44 | 1.63 | 2.07 | 1.42 | 1.77 | 1.65 | 1.31 | 1.52 |
| 40 | 1.68 | 2.44 | 1.63 | 2.07 | 1.42 | 1.77 | 1.65 | 1.30 | 1.51 |
| 41 | 1.68 | 2.43 | 1.63 | 2.07 | 1.41 | 1.77 | 1.64 | 1.30 | 1.51 |
| 42 | 1.68 | 2.41 | 1.63 | 2.05 | 1.41 | 1.78 | 1.64 | 1.29 | 1.50 |
| 43 | 1.67 | 2.39 | 1.62 | 2.04 | 1.40 | 1.75 | 1.64 | 1.29 | 1.50 |
| 44 | 1.67 | 2.37 | 1.61 | 2.02 | 1.40 | 1.75 | 1.64 | 1.29 | 1.50 |
| 45 | 1.68 | 2.35 | 1.60 | 2.00 | 1.39 | 1.74 | 1.63 | 1.28 | 1.49 |
| 46 | 1.65 | 2.33 | 1.59 | 1.98 | 1.39 | 1.73 | 1.63 | 1.28 | 1.49 |
| 47 | 1.64 | 2.30 | 1.58 | 1.96 | 1.38 | 1.72 | 1.63 | 1.27 | 1.48 |
| 48 | 1.64 | 2.29 | 1.57 | 1.94 | 1.37 | 1.72 | 1.62 | 1.27 | 1.47 |
| 49 | 1.63 | 2.27 | 1.55 | 1.91 | 1.37 | 1.71 | 1.61 | 1.26 | 1.46 |
| 50 | 1.63 | 2.25 | 1.54 | 1.89 | 1.37 | 1.71 | 1.59 | 1.26 | 1.44 |
| 51 | 1.62 | 2.24 | 1.53 | 1.88 | 1.36 | 1.70 | 1.58 | 1.25 | 1.42 |
| 52 | 1.62 | 2.23 | 1.52 | 1.86 | 1.36 | 1.70 | 1.58 | 1.25 | 1.40 |
| 53 | 1.61 | 2.21 | 1.51 | 1.85 | 1.35 | 1.69 | 1.55 | 1.24 | 1.39 |
| 54 | 1.61 | 2.20 | 1.50 | 1.84 | 1.35 | 1.68 | 1.55 | 1.23 | 1.38 |
| 55 | 1.60 | 2.16 | 1.49 | 1.83 | 1.34 | 1.68 | 1.54 | 1.23 | 1.37 |
| 56 | 1.60 | 2.17 | 1.48 | 1.82 | 1.33 | 1.67 | 1.54 | 1.23 | 1.37 |
| 57 | 1.60 | 2.16 | 1.47 | 1.81 | 1.33 | 1.66 | 1.54 | 1.22 | 1.36 |
| 58 | 1.59 | 2.15 | 1.46 | 1.80 | 1.32 | 1.65 | 1.53 | 1.22 | 1.36 |
| 59 | 1.59 | 2.15 | 1.46 | 1.79 | 1.32 | 1.65 | 1.51 | 1.22 | 1.36 |
| 60 | 1.59 | 2.14 | 1.46 | 1.78 | 1.32 | 1.65 | 1.49 | 1.22 | 1.35 |
| 61 | 1.58 | 2.12 | 1.45 | 1.77 | 1.32 | 1.64 | 1.47 | 1.22 | 1.35 |
| 62 | 1.58 | 2.11 | 1.45 | 1.77 | 1.32 | 1.64 | 1.45 | 1.22 | 1.34 |
| 63 | 1.57 | 2.08 | 1.45 | 1.76 | 1.31 | 1.64 | 1.43 | 1.22 | 1.34 |
| 64 | 1.57 | 2.04 | 1.44 | 1.75 | 1.31 | 1.64 | 1.42 | 1.21 | 1.34 |
| 65 | 1.56 | 1.99 | 1.44 | 1.74 | 1.31 | 1.64 | 1.41 | 1.21 | 1.33 |
| 66 | 1.55 | 1.95 | 1.43 | 1.72 | 1.30 | 1.64 | 1.39 | 1.19 | 1.33 |
| 67 | 1.54 | 1.89 | 1.42 | 1.70 | 1.30 | 1.64 | 1.38 | 1.19 | 1.32 |
| 68 | 1.52 | 1.82 | 1.40 | 1.66 | 1.29 | 1.63 | 1.37 | 1.18 | 1.31 |
| 69 | 1.51 | 1.78 | 1.39 | 1.61 | 1.29 | 1.62 | 1.34 | 1.16 | 1.29 |
| 70 | 1.50 | 1.69 | 1.37 | 1.57 | 1.28 | 1.61 | 1.32 | 1.17 | 1.27 |
| 71 | 1.48 | 1.63 | 1.35 | 1.52 | 1.28 | 1.60 | 1.30 | 1.17 | 1.25 |
| 72 | 1.47 | 1.58 | 1.34 | 1.47 | 1.28 | 1.58 | 1.28 | 1.17 | 1.24 |
| 73 | 1.46 | 1.54 | 1.33 | 1.45 | 1.27 | 1.56 | 1.28 | 1.17 | 1.22 |
| 74 | 1.48 | 1.51 | 1.32 | 1.43 | 1.26 | 1.53 | 1.25 | 1.17 | 1.21 |
| 75 | 1.45 | 1.48 | 1.31 | 1.41 | 1.25 | 1.50 | 1.24 | 1.17 | 1.21 |
| 76 | 1.44 | 1.45 | 1.30 | 1.40 | 1.24 | 1.47 | 1.23 | 1.17 | 1.20 |
| 77 | 1.40 | 1.42 | 1.29 | 1.38 | 1.23 | 1.44 | 1.23 | 1.17 | 1.20 |
| 78 | 1.38 | 1.40 | 1.28 | 1.36 | 1.23 | 1.41 | 1.22 | 1.16 | 1.20 |
| 79 | 1.35 | 1.37 | 1.27 | 1.34 | 1.22 | 1.39 | 1.22 | 1.16 | 1.20 |
| 80 | 1.32 | 1.34 | 1.25 | 1.32 | 1.21 | 1.38 | 1.21 | 1.16 | 1.19 |
| 81 | 1.28 | 1.30 | 1.23 | 1.29 | 1.21 | 1.33 | 1.21 | 1.15 | 1.19 |
| 82 | 1.24 | 1.26 | 1.21 | 1.25 | 1.21 | 1.29 | 1.20 | 1.15 | 1.18 |
| 83 | 1.20 | 1.22 | 1.16 | 1.21 | 1.21 | 1.25 | 1.20 | 1.14 | 1.16 |
| 84 | 1.15 | 1.17 | 1.15 | 1.16 | 1.15 | 1.21 | 1.19 | 1.13 | 1.15 |

Mutual of Omaha Insurance Company
 Form LTC04G-NEA-TQ, LTC04G-NEA-NTQ
 Premium Factors

Exhibit A

| Form: | LTC04G NFO1PL LTC04G NFO2PL LTC04G NFO3PL | Limited Pay Options | | | LTC04G ROPDC |
|-----------|---|---------------------|----------------|-----------------|-------------------------------------|
| | | LTC04G 10YRPPP | LTC04G 20YRPPP | LTC04G AGE65PPP | |
| Issue Age | Nonforfeiture Option | 10 Pay | 20 Pay | Pay to 65 | Return Premium on Death less Claims |
| 18-35 | 1.21 | 3.83 | 2.40 | 1.74 | 1.60 |
| 36 | 1.21 | 3.81 | 2.39 | 1.78 | 1.61 |
| 37 | 1.21 | 3.79 | 2.37 | 1.82 | 1.63 |
| 38 | 1.21 | 3.78 | 2.36 | 1.83 | 1.63 |
| 39 | 1.21 | 3.76 | 2.35 | 1.85 | 1.65 |
| 40 | 1.20 | 3.74 | 2.33 | 1.89 | 1.66 |
| 41 | 1.20 | 3.71 | 2.31 | 1.95 | 1.67 |
| 42 | 1.20 | 3.68 | 2.29 | 2.01 | 1.69 |
| 43 | 1.20 | 3.64 | 2.27 | 2.06 | 1.72 |
| 44 | 1.20 | 3.60 | 2.24 | 2.16 | 1.74 |
| 45 | 1.19 | 3.55 | 2.21 | 2.21 | 1.77 |
| 46 | 1.19 | 3.50 | 2.19 | 2.30 | 1.81 |
| 47 | 1.19 | 3.45 | 2.16 | 2.37 | 1.85 |
| 48 | 1.19 | 3.39 | 2.13 | 2.38 | 1.90 |
| 49 | 1.19 | 3.34 | 2.10 | 2.39 | 1.95 |
| 50 | 1.18 | 3.28 | 2.08 | 2.41 | 2.00 |
| 51 | 1.16 | 3.22 | 2.06 | 2.45 | 2.06 |
| 52 | 1.16 | 3.18 | 2.04 | 2.51 | 2.11 |
| 53 | 1.16 | 3.10 | 2.02 | 2.61 | 2.16 |
| 54 | 1.18 | 3.05 | 2.00 | 2.75 | 2.22 |
| 55 | 1.17 | 2.99 | 1.98 | 2.99 | 2.29 |
| 56 | 1.17 | 2.94 | 1.96 | | 2.37 |
| 57 | 1.17 | 2.88 | 1.93 | | 2.47 |
| 58 | 1.17 | 2.84 | 1.88 | | 2.59 |
| 59 | 1.16 | 2.79 | 1.83 | | 2.73 |
| 60 | 1.16 | 2.73 | 1.78 | | 2.89 |
| 61 | 1.15 | 2.67 | 1.72 | | 3.09 |
| 62 | 1.15 | 2.60 | 1.65 | | 3.32 |
| 63 | 1.15 | 2.51 | 1.59 | | 3.58 |
| 64 | 1.15 | 2.42 | 1.54 | | 3.89 |
| 65 | 1.14 | 2.33 | 1.48 | | 4.23 |
| 66 | 1.14 | 2.23 | 1.43 | | |
| 67 | 1.14 | 2.14 | 1.38 | | |
| 68 | 1.14 | 2.06 | 1.32 | | |
| 69 | 1.14 | 1.99 | 1.27 | | |
| 70 | 1.14 | 1.91 | 1.22 | | |
| 71 | 1.13 | 1.85 | 1.19 | | |
| 72 | 1.13 | 1.79 | 1.16 | | |
| 73 | 1.13 | 1.72 | 1.15 | | |
| 74 | 1.12 | 1.66 | 1.15 | | |
| 75 | 1.12 | 1.59 | 1.15 | | |
| 76 | 1.11 | 1.53 | 1.15 | | |
| 77 | 1.11 | 1.48 | 1.15 | | |
| 78 | 1.11 | 1.43 | 1.15 | | |
| 79 | 1.10 | 1.39 | 1.15 | | |
| 80 | 1.10 | 1.36 | 1.15 | | |
| 81 | 1.10 | 1.33 | 1.15 | | |
| 82 | 1.10 | 1.32 | 1.15 | | |
| 83 | 1.10 | 1.32 | 1.15 | | |
| 84 | 1.10 | 1.32 | 1.15 | | |

Premium Factors to apply by benefit period selected.

Restoration of Benefits

Form: LTC04G ROB1PL, LTC04G ROB2PL, LTC04G ROB3PL

| Benefit Period | Factor |
|----------------|--------|
| 2 year | 1 04 |
| 3 Year | 1 03 |
| 4 Year | 1 02 |
| 5 Year | 1 01 |
| 6 Year | 1 01 |
| Unlimited | 1 00 |

Premium Factors applicable to the entire calculated premium.

Monthly HHC

Form: LTC04G MHHC

| | |
|--------|-----|
| Factor | 1 1 |
|--------|-----|

Survivorship & Spouse Waiver

Form: LTC04G SBWP

| | |
|--------|------|
| Factor | 1 14 |
|--------|------|

Indemnity Coverage

| Description | Factor | Module |
|-------------|--------|-----------------------------------|
| NH Only | 1 05 | LTC04G NHIND-TQ |
| NH & ALF | 1 15 | LTC04G NHIND-TQ, LTC04G ALFIND-TQ |

Spouse Benefit

Form: LTC04G SB1PL-TQ, LTC04G SB2PL-TQ, LTC04G SB3PL-TQ

LTC04G SBDOMPART1PL-TQ, LTC04G SBDOMPART2PL-TQ, LTC04G SBDOMPART3PL-TQ

| | |
|--------|-----|
| Factor | 1 8 |
|--------|-----|

How to Determine Your Rate

I. Select the Insurance Plan type below that best meets your needs. (See Insurance Plan Features for a description of Optional Plan Features. Optional features are available at an additional cost).

- Basic Insurance Plan
- Basic Insurance Plan plus Automatic Inflation

II. Select the Insurance Plan design that best meets your needs.

| | Total Facility Daily Benefit | Total Home Care Daily Benefit | Total Lifetime Maximum |
|---------|---------------------------------|-------------------------------------|------------------------------|
| Plan 1 | \$100 | \$60 | \$100,000 |
| Plan 2 | \$150 | \$90 | \$150,000 |
| Plan 3 | \$200 | \$120 | \$200,000 |
| Plan 4 | \$250 | \$150 | \$250,000 |
| Plan 5 | \$100 | \$60 | \$150,000 |
| Plan 6 | \$150 | \$90 | \$225,000 |
| Plan 7 | \$200 | \$120 | \$300,000 |
| Plan 8 | \$250 | \$150 | \$375,000 |
| Plan 9 | \$100 | \$60 | \$200,000 |
| Plan 10 | \$150 | \$90 | \$300,000 |
| Plan 11 | \$200 | \$120 | \$400,000 |
| Plan 12 | \$250 | \$150 | \$500,000 |
| Plan 13 | \$100 | \$100 | \$100,000 |
| Plan 14 | \$150 | \$150 | \$150,000 |
| Plan 15 | \$200 | \$200 | \$200,000 |
| Plan 16 | \$250 | \$250 | \$250,000 |
| Plan 17 | \$100 | \$100 | \$150,000 |
| Plan 18 | \$150 | \$150 | \$225,000 |
| Plan 19 | \$200 | \$200 | \$300,000 |
| Plan 20 | \$250 | \$250 | \$375,000 |
| Plan 21 | \$100 | \$100 | \$200,000 |
| Plan 22 | \$150 | \$150 | \$300,000 |
| Plan 23 | \$200 | \$200 | \$400,000 |
| Plan 24 | \$250 | \$250 | \$500,000 |

III. Locate your age on the rate sheet and read across to your selected insurance plan type (from Step I). Then locate your selected plan design within that plan type (from Step II).

IV. The total annual premium payable may vary based on the frequency of premium payment and the method of payment (direct billing, EFT). To calculate the total annual premium cost of each of the options available to you, multiply your monthly premium rate (from Step III or Step IV) by the appropriate factor from the table below:

| Payment Mode | Annual Cost Factor |
|-------------------------|--------------------|
| Direct Bill Annual | 11.40 |
| Direct Bill Semi-Annual | 11.80 |
| All Other Modes | 12.00 |

Example:

If you select the Basic Insurance Plan, Plan 1, Option \$100, and if you are 30 years old, your monthly premium rate will be \$9.61.

If you elect to make two premium payments per year (semi-annual premium payments), your annual premium cost would be $\$9.61 \times 11.80 = \113.40 .

If you select the Basic Insurance Plan, Plan 1, Option \$100, and if you are 30 years old and married, your monthly premium rate will be $\$9.61 \times 0.85 = \8.17 .

If your spouse selects the Basic Insurance Plan, Plan 1, Option \$100, and if he/she is 35 years old, his/her monthly premium rate will be $\$12.21 \times 0.85 = \10.38 .

If you would prefer to have a Prudential Customer Service Representative assist you with these calculations, you may call 1-855-NEA-4LTC (1-855-632-4582).



**Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
60% Home Care**

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |
| Issue Age | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
| 18-30 | 9.61 | 14.41 | 19.21 | 24.01 | 49.00 | 73.50 | 98.00 | 122.50 |
| 31 | 10.07 | 15.11 | 20.15 | 25.18 | 51.11 | 76.66 | 102.22 | 127.77 |
| 32 | 10.57 | 15.86 | 21.14 | 26.43 | 53.30 | 79.95 | 106.60 | 133.25 |
| 33 | 11.09 | 16.64 | 22.18 | 27.73 | 55.58 | 83.37 | 111.16 | 138.95 |
| 34 | 11.64 | 17.47 | 23.29 | 29.11 | 57.96 | 86.94 | 115.93 | 144.91 |
| 35 | 12.21 | 18.32 | 24.43 | 30.53 | 60.44 | 90.67 | 120.89 | 151.11 |
| 36 | 12.81 | 19.22 | 25.63 | 32.04 | 63.04 | 94.56 | 126.08 | 157.60 |
| 37 | 13.44 | 20.16 | 26.88 | 33.60 | 65.74 | 98.60 | 131.47 | 164.34 |
| 38 | 14.10 | 21.15 | 28.20 | 35.25 | 68.56 | 102.84 | 137.12 | 171.40 |
| 39 | 14.79 | 22.18 | 29.58 | 36.97 | 71.50 | 107.26 | 143.01 | 178.76 |
| 40 | 15.53 | 23.29 | 31.06 | 38.82 | 74.57 | 111.86 | 149.14 | 186.43 |
| 41 | 16.50 | 24.76 | 33.01 | 41.26 | 78.40 | 117.59 | 156.79 | 195.99 |
| 42 | 17.54 | 26.31 | 35.08 | 43.85 | 82.41 | 123.62 | 164.82 | 206.03 |
| 43 | 18.64 | 27.97 | 37.29 | 46.61 | 86.64 | 129.96 | 173.28 | 216.60 |
| 44 | 19.82 | 29.73 | 39.64 | 49.55 | 91.09 | 136.63 | 182.17 | 227.72 |
| 45 | 21.07 | 31.60 | 42.13 | 52.66 | 95.76 | 143.63 | 191.51 | 239.39 |
| 46 | 22.39 | 33.59 | 44.78 | 55.98 | 100.66 | 150.99 | 201.32 | 251.66 |
| 47 | 23.79 | 35.68 | 47.58 | 59.47 | 105.83 | 158.74 | 211.66 | 264.57 |
| 48 | 25.28 | 37.91 | 50.55 | 63.19 | 111.26 | 166.89 | 222.52 | 278.15 |
| 49 | 26.87 | 40.30 | 53.73 | 67.17 | 116.97 | 175.45 | 233.93 | 292.41 |
| 50 | 28.55 | 42.83 | 57.11 | 71.38 | 122.96 | 184.43 | 245.91 | 307.39 |
| 51 | 30.69 | 46.04 | 61.38 | 76.73 | 127.55 | 191.32 | 255.09 | 318.87 |
| 52 | 32.99 | 49.48 | 65.98 | 82.47 | 132.30 | 198.45 | 264.61 | 330.76 |
| 53 | 35.45 | 53.18 | 70.91 | 88.64 | 137.25 | 205.87 | 274.49 | 343.12 |
| 54 | 38.11 | 57.16 | 76.22 | 95.27 | 142.37 | 213.55 | 284.73 | 355.92 |
| 55 | 40.96 | 61.45 | 81.93 | 102.41 | 147.69 | 221.53 | 295.37 | 369.22 |
| 56 | 44.02 | 66.04 | 88.05 | 110.06 | 153.21 | 229.81 | 306.41 | 383.02 |
| 57 | 47.32 | 70.98 | 94.64 | 118.30 | 158.93 | 238.39 | 317.86 | 397.32 |
| 58 | 50.87 | 76.30 | 101.73 | 127.17 | 164.86 | 247.29 | 329.72 | 412.15 |
| 59 | 54.67 | 82.01 | 109.35 | 136.68 | 171.02 | 256.54 | 342.05 | 427.56 |
| 60 | 58.76 | 88.14 | 117.51 | 146.89 | 177.41 | 266.11 | 354.81 | 443.52 |
| 61 | 64.33 | 96.50 | 128.67 | 160.83 | 187.96 | 281.94 | 375.92 | 469.90 |
| 62 | 70.43 | 105.65 | 140.86 | 176.08 | 199.15 | 298.72 | 398.29 | 497.86 |
| 63 | 77.12 | 115.68 | 154.24 | 192.80 | 210.99 | 316.48 | 421.97 | 527.46 |
| 64 | 84.44 | 126.66 | 168.87 | 211.09 | 223.53 | 335.30 | 447.06 | 558.83 |
| 65 | 98.36 | 147.54 | 196.72 | 245.90 | 251.94 | 377.91 | 503.88 | 629.86 |
| 66 | 106.65 | 159.98 | 213.31 | 266.63 | 268.60 | 402.90 | 537.20 | 671.50 |
| 67 | 115.63 | 173.45 | 231.27 | 289.08 | 286.36 | 429.54 | 572.72 | 715.90 |
| 68 | 125.37 | 188.06 | 250.74 | 313.43 | 305.30 | 457.95 | 610.60 | 763.25 |
| 69 | 135.93 | 203.90 | 271.86 | 339.83 | 325.49 | 488.23 | 650.98 | 813.72 |
| 70 | 147.38 | 221.07 | 294.76 | 368.45 | 347.02 | 520.54 | 694.05 | 867.56 |
| 71 | 161.79 | 242.69 | 323.59 | 404.49 | 369.76 | 554.64 | 739.52 | 924.40 |
| 72 | 177.63 | 266.44 | 355.26 | 444.07 | 393.98 | 590.97 | 787.96 | 984.96 |
| 73 | 195.01 | 292.51 | 390.01 | 487.51 | 419.80 | 629.70 | 839.60 | 1,049.50 |
| 74 | 214.09 | 321.13 | 428.18 | 535.22 | 447.30 | 670.96 | 894.61 | 1,118.26 |
| 75 | 235.03 | 352.55 | 470.07 | 587.58 | 476.61 | 714.91 | 953.21 | 1,191.52 |
| 76 | 262.06 | 393.09 | 524.13 | 655.16 | 511.21 | 766.82 | 1,022.43 | 1,278.03 |
| 77 | 292.21 | 438.31 | 584.41 | 730.52 | 548.33 | 822.49 | 1,096.66 | 1,370.82 |
| 78 | 325.80 | 488.71 | 651.61 | 814.51 | 588.15 | 882.23 | 1,176.31 | 1,470.38 |
| 79 | 363.27 | 544.91 | 726.54 | 908.18 | 630.86 | 946.28 | 1,261.71 | 1,577.14 |
| 80 | 405.05 | 607.58 | 810.10 | 1,012.63 | 676.67 | 1,015.01 | 1,353.35 | 1,691.68 |
| 81 | 453.23 | 679.84 | 906.45 | 1,133.07 | 735.05 | 1,102.58 | 1,470.11 | 1,837.63 |
| 82 | 507.13 | 760.70 | 1,014.27 | 1,267.83 | 798.46 | 1,197.69 | 1,596.92 | 1,996.15 |
| 83 | 567.45 | 851.18 | 1,134.90 | 1,418.63 | 867.35 | 1,301.02 | 1,734.69 | 2,168.37 |
| 84 | 634.94 | 952.41 | 1,269.88 | 1,587.35 | 942.17 | 1,413.26 | 1,884.35 | 2,355.44 |

* A discount of 15% will apply for married insureds.

**Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
60% Home Care**

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$150,000 | \$225,000 | \$300,000 | \$375,000 | \$150,000 | \$225,000 | \$300,000 | \$375,000 |
| Issue Age | Plan 5 | Plan 6 | Plan 7 | Plan 8 | Plan 5 | Plan 6 | Plan 7 | Plan 8 |
| 18-30 | 11.46 | 17.19 | 22.91 | 28.64 | 58.43 | 87.64 | 116.85 | 146.06 |
| 31 | 12.01 | 18.02 | 24.02 | 30.03 | 60.93 | 91.40 | 121.87 | 152.33 |
| 32 | 12.61 | 18.91 | 25.21 | 31.51 | 63.55 | 95.32 | 127.10 | 158.87 |
| 33 | 13.23 | 19.84 | 26.46 | 33.07 | 66.27 | 99.40 | 132.54 | 165.67 |
| 34 | 13.88 | 20.83 | 27.77 | 34.71 | 69.11 | 103.66 | 138.22 | 172.77 |
| 35 | 14.56 | 21.84 | 29.12 | 36.40 | 72.07 | 108.10 | 144.13 | 180.17 |
| 36 | 15.27 | 22.91 | 30.55 | 38.18 | 75.16 | 112.74 | 150.32 | 187.90 |
| 37 | 16.03 | 24.04 | 32.06 | 40.07 | 78.38 | 117.57 | 156.76 | 195.95 |
| 38 | 16.81 | 25.22 | 33.63 | 42.03 | 81.74 | 122.61 | 163.48 | 204.36 |
| 39 | 17.64 | 26.46 | 35.28 | 44.10 | 85.26 | 127.88 | 170.51 | 213.14 |
| 40 | 18.52 | 27.77 | 37.03 | 46.29 | 88.91 | 133.37 | 177.82 | 222.28 |
| 41 | 19.68 | 29.52 | 39.37 | 49.21 | 93.47 | 140.21 | 186.94 | 233.68 |
| 42 | 20.92 | 31.38 | 41.84 | 52.30 | 98.26 | 147.40 | 196.53 | 245.66 |
| 43 | 22.23 | 33.35 | 44.46 | 55.58 | 103.30 | 154.95 | 206.60 | 258.25 |
| 44 | 23.63 | 35.44 | 47.26 | 59.07 | 108.60 | 162.91 | 217.21 | 271.51 |
| 45 | 25.12 | 37.68 | 50.24 | 62.80 | 114.17 | 171.26 | 228.34 | 285.43 |
| 46 | 26.69 | 40.04 | 53.38 | 66.73 | 120.02 | 180.03 | 240.04 | 300.05 |
| 47 | 28.36 | 42.54 | 56.72 | 70.90 | 126.18 | 189.27 | 252.37 | 315.46 |
| 48 | 30.14 | 45.22 | 60.29 | 75.36 | 132.66 | 198.98 | 265.31 | 331.64 |
| 49 | 32.04 | 48.05 | 64.07 | 80.09 | 139.45 | 209.18 | 278.90 | 348.63 |
| 50 | 34.05 | 51.07 | 68.10 | 85.12 | 146.60 | 219.90 | 293.20 | 366.50 |
| 51 | 36.60 | 54.90 | 73.19 | 91.49 | 152.07 | 228.10 | 304.14 | 380.17 |
| 52 | 39.34 | 59.00 | 78.67 | 98.34 | 157.75 | 236.62 | 315.49 | 394.36 |
| 53 | 42.28 | 63.41 | 84.55 | 105.69 | 163.64 | 245.45 | 327.27 | 409.09 |
| 54 | 45.44 | 68.16 | 90.87 | 113.59 | 169.75 | 254.62 | 339.49 | 424.37 |
| 55 | 48.84 | 73.26 | 97.68 | 122.10 | 176.09 | 264.13 | 352.18 | 440.22 |
| 56 | 52.49 | 78.74 | 104.99 | 131.24 | 182.66 | 274.00 | 365.33 | 456.66 |
| 57 | 56.42 | 84.63 | 112.84 | 141.05 | 189.49 | 284.24 | 378.98 | 473.73 |
| 58 | 60.65 | 90.97 | 121.30 | 151.62 | 196.57 | 294.85 | 393.14 | 491.42 |
| 59 | 65.19 | 97.79 | 130.38 | 162.98 | 203.91 | 305.86 | 407.82 | 509.77 |
| 60 | 70.06 | 105.09 | 140.13 | 175.16 | 211.53 | 317.29 | 423.06 | 528.82 |
| 61 | 76.71 | 115.06 | 153.42 | 191.77 | 224.10 | 336.16 | 448.21 | 560.26 |
| 62 | 83.98 | 125.97 | 167.96 | 209.95 | 237.44 | 356.17 | 474.89 | 593.61 |
| 63 | 91.95 | 137.93 | 183.90 | 229.88 | 251.56 | 377.34 | 503.12 | 628.90 |
| 64 | 100.68 | 151.02 | 201.36 | 251.70 | 266.52 | 399.78 | 533.04 | 666.30 |
| 65 | 117.28 | 175.92 | 234.56 | 293.21 | 300.39 | 450.59 | 600.78 | 750.98 |
| 66 | 127.16 | 190.74 | 254.32 | 317.90 | 320.25 | 480.38 | 640.51 | 800.63 |
| 67 | 137.87 | 206.81 | 275.74 | 344.68 | 341.43 | 512.14 | 682.86 | 853.57 |
| 68 | 149.48 | 224.22 | 298.96 | 373.70 | 364.01 | 546.02 | 728.02 | 910.03 |
| 69 | 162.07 | 243.11 | 324.15 | 405.19 | 388.08 | 582.12 | 776.16 | 970.21 |
| 70 | 175.72 | 263.58 | 351.43 | 439.29 | 413.77 | 620.65 | 827.53 | 1,034.41 |
| 71 | 192.91 | 289.37 | 385.83 | 482.28 | 440.87 | 661.30 | 881.74 | 1,102.17 |
| 72 | 211.79 | 317.69 | 423.58 | 529.48 | 469.75 | 704.63 | 939.51 | 1,174.39 |
| 73 | 232.51 | 348.77 | 465.02 | 581.28 | 500.53 | 750.80 | 1,001.06 | 1,251.33 |
| 74 | 255.26 | 382.88 | 510.51 | 638.14 | 533.32 | 799.99 | 1,066.65 | 1,333.31 |
| 75 | 280.23 | 420.35 | 560.47 | 700.59 | 568.26 | 852.39 | 1,136.52 | 1,420.65 |
| 76 | 312.46 | 468.69 | 624.92 | 781.15 | 609.52 | 914.28 | 1,219.04 | 1,523.80 |
| 77 | 348.39 | 522.59 | 696.79 | 870.99 | 653.78 | 980.67 | 1,307.56 | 1,634.45 |
| 78 | 388.46 | 582.70 | 776.93 | 971.16 | 701.26 | 1,051.89 | 1,402.52 | 1,753.15 |
| 79 | 433.13 | 649.69 | 866.25 | 1,082.82 | 752.17 | 1,128.26 | 1,504.35 | 1,880.43 |
| 80 | 482.94 | 724.42 | 965.89 | 1,207.36 | 806.80 | 1,210.20 | 1,613.60 | 2,017.01 |
| 81 | 540.38 | 810.57 | 1,080.76 | 1,350.95 | 876.41 | 1,314.62 | 1,752.82 | 2,191.03 |
| 82 | 604.66 | 906.99 | 1,209.31 | 1,511.64 | 952.01 | 1,428.02 | 1,904.03 | 2,380.04 |
| 83 | 676.57 | 1,014.86 | 1,353.15 | 1,691.43 | 1,034.14 | 1,551.21 | 2,068.28 | 2,585.35 |
| 84 | 757.05 | 1,135.57 | 1,514.09 | 1,892.61 | 1,123.36 | 1,685.04 | 2,246.72 | 2,808.40 |

* A discount of 15% will apply for married insureds.

Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
60% Home Care

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$200,000 | \$300,000 | \$400,000 | \$500,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |
| Issue Age | Plan 9 | Plan 10 | Plan 11 | Plan 12 | Plan 9 | Plan 10 | Plan 11 | Plan 12 |
| 18-30 | 12.33 | 18.50 | 24.66 | 30.83 | 62.91 | 94.37 | 125.82 | 157.28 |
| 31 | 12.94 | 19.41 | 25.88 | 32.35 | 65.61 | 98.42 | 131.22 | 164.03 |
| 32 | 13.57 | 20.36 | 27.14 | 33.93 | 68.42 | 102.63 | 136.84 | 171.05 |
| 33 | 14.25 | 21.38 | 28.50 | 35.63 | 71.35 | 107.03 | 142.70 | 178.38 |
| 34 | 14.95 | 22.43 | 29.90 | 37.38 | 74.42 | 111.63 | 148.84 | 186.05 |
| 35 | 15.68 | 23.52 | 31.36 | 39.20 | 77.60 | 116.40 | 155.20 | 194.00 |
| 36 | 16.45 | 24.68 | 32.90 | 41.13 | 80.92 | 121.38 | 161.84 | 202.30 |
| 37 | 17.25 | 25.88 | 34.50 | 43.13 | 84.39 | 126.59 | 168.78 | 210.98 |
| 38 | 18.10 | 27.15 | 36.20 | 45.25 | 88.01 | 132.02 | 176.02 | 220.03 |
| 39 | 18.99 | 28.49 | 37.98 | 47.48 | 91.79 | 137.69 | 183.58 | 229.48 |
| 40 | 19.94 | 29.91 | 39.88 | 49.85 | 95.73 | 143.60 | 191.46 | 239.33 |
| 41 | 21.19 | 31.79 | 42.38 | 52.98 | 100.64 | 150.96 | 201.28 | 251.60 |
| 42 | 22.52 | 33.78 | 45.04 | 56.30 | 105.80 | 158.70 | 211.60 | 264.50 |
| 43 | 23.94 | 35.91 | 47.88 | 59.85 | 111.22 | 166.83 | 222.44 | 278.05 |
| 44 | 25.44 | 38.16 | 50.88 | 63.60 | 116.93 | 175.40 | 233.86 | 292.33 |
| 45 | 27.04 | 40.56 | 54.08 | 67.60 | 122.93 | 184.40 | 245.86 | 307.33 |
| 46 | 28.74 | 43.11 | 57.48 | 71.85 | 129.23 | 193.85 | 258.46 | 323.08 |
| 47 | 30.54 | 45.81 | 61.08 | 76.35 | 135.86 | 203.79 | 271.72 | 339.65 |
| 48 | 32.45 | 48.68 | 64.90 | 81.13 | 142.83 | 214.25 | 285.66 | 357.08 |
| 49 | 34.50 | 51.75 | 69.00 | 86.25 | 150.15 | 225.23 | 300.30 | 375.38 |
| 50 | 36.65 | 54.98 | 73.30 | 91.63 | 157.84 | 236.76 | 315.68 | 394.60 |
| 51 | 39.41 | 59.12 | 78.82 | 98.53 | 163.73 | 245.60 | 327.46 | 409.33 |
| 52 | 42.35 | 63.53 | 84.70 | 105.88 | 169.85 | 254.78 | 339.70 | 424.63 |
| 53 | 45.51 | 68.27 | 91.02 | 113.78 | 176.18 | 264.27 | 352.36 | 440.45 |
| 54 | 48.92 | 73.38 | 97.84 | 122.30 | 182.77 | 274.16 | 365.54 | 456.93 |
| 55 | 52.59 | 78.89 | 105.18 | 131.48 | 189.59 | 284.39 | 379.18 | 473.98 |
| 56 | 56.52 | 84.78 | 113.04 | 141.30 | 196.67 | 295.01 | 393.34 | 491.68 |
| 57 | 60.75 | 91.13 | 121.50 | 151.88 | 204.02 | 306.03 | 408.04 | 510.05 |
| 58 | 65.30 | 97.95 | 130.60 | 163.25 | 211.64 | 317.46 | 423.28 | 529.10 |
| 59 | 70.19 | 105.29 | 140.38 | 175.48 | 219.55 | 329.33 | 439.10 | 548.88 |
| 60 | 75.43 | 113.15 | 150.86 | 188.58 | 227.75 | 341.63 | 455.50 | 569.38 |
| 61 | 82.59 | 123.89 | 165.18 | 206.48 | 241.29 | 361.94 | 482.58 | 603.23 |
| 62 | 90.42 | 135.63 | 180.84 | 226.05 | 255.65 | 383.48 | 511.30 | 639.13 |
| 63 | 99.01 | 148.52 | 198.02 | 247.53 | 270.85 | 406.28 | 541.70 | 677.13 |
| 64 | 108.40 | 162.60 | 216.80 | 271.00 | 286.96 | 430.44 | 573.92 | 717.40 |
| 65 | 126.27 | 189.41 | 252.54 | 315.68 | 323.43 | 485.15 | 646.86 | 808.58 |
| 66 | 136.91 | 205.37 | 273.82 | 342.28 | 344.82 | 517.23 | 689.64 | 862.05 |
| 67 | 148.45 | 222.68 | 296.90 | 371.13 | 367.62 | 551.43 | 735.24 | 919.05 |
| 68 | 160.95 | 241.43 | 321.90 | 402.38 | 391.93 | 587.90 | 783.86 | 979.83 |
| 69 | 174.50 | 261.75 | 349.00 | 436.25 | 417.85 | 626.78 | 835.70 | 1,044.63 |
| 70 | 189.20 | 283.80 | 378.40 | 473.00 | 445.50 | 668.25 | 891.00 | 1,113.75 |
| 71 | 207.71 | 311.57 | 415.42 | 519.28 | 474.68 | 712.02 | 949.36 | 1,186.70 |
| 72 | 228.03 | 342.05 | 456.06 | 570.08 | 505.78 | 758.67 | 1,011.56 | 1,264.45 |
| 73 | 250.34 | 375.51 | 500.68 | 625.85 | 538.92 | 808.38 | 1,077.84 | 1,347.30 |
| 74 | 274.84 | 412.26 | 549.68 | 687.10 | 574.23 | 861.35 | 1,148.46 | 1,435.58 |
| 75 | 301.73 | 452.60 | 603.46 | 754.33 | 611.85 | 917.78 | 1,223.70 | 1,529.63 |
| 76 | 336.43 | 504.65 | 672.86 | 841.08 | 656.27 | 984.41 | 1,312.54 | 1,640.68 |
| 77 | 375.12 | 562.68 | 750.24 | 937.80 | 703.92 | 1,055.88 | 1,407.84 | 1,759.80 |
| 78 | 418.25 | 627.38 | 836.50 | 1,045.63 | 755.04 | 1,132.56 | 1,510.08 | 1,887.60 |
| 79 | 466.35 | 699.53 | 932.70 | 1,165.88 | 809.87 | 1,214.81 | 1,619.74 | 2,024.68 |
| 80 | 519.99 | 779.99 | 1,039.98 | 1,299.98 | 868.68 | 1,303.02 | 1,737.36 | 2,171.70 |
| 81 | 581.83 | 872.75 | 1,163.66 | 1,454.58 | 943.63 | 1,415.45 | 1,887.26 | 2,359.08 |
| 82 | 651.04 | 976.56 | 1,302.08 | 1,627.60 | 1,025.03 | 1,537.55 | 2,050.06 | 2,562.58 |
| 83 | 728.47 | 1,092.71 | 1,456.94 | 1,821.18 | 1,113.46 | 1,670.19 | 2,226.92 | 2,783.65 |
| 84 | 815.11 | 1,222.67 | 1,630.22 | 2,037.78 | 1,209.52 | 1,814.28 | 2,419.04 | 3,023.80 |

* A discount of 15% will apply for married insureds.

**Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
100% Home Care**

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |
| Issue Age | Plan 13 | Plan 14 | Plan 15 | Plan 16 | Plan 13 | Plan 14 | Plan 15 | Plan 16 |
| 18-30 | 10.86 | 16.29 | 21.72 | 27.15 | 55.01 | 82.51 | 110.01 | 137.52 |
| 31 | 11.40 | 17.09 | 22.79 | 28.49 | 57.34 | 86.01 | 114.67 | 143.34 |
| 32 | 11.96 | 17.94 | 23.92 | 29.90 | 59.76 | 89.64 | 119.52 | 149.41 |
| 33 | 12.55 | 18.82 | 25.09 | 31.36 | 62.28 | 93.43 | 124.57 | 155.71 |
| 34 | 13.17 | 19.75 | 26.34 | 32.92 | 64.92 | 97.38 | 129.84 | 162.30 |
| 35 | 13.82 | 20.73 | 27.64 | 34.55 | 67.67 | 101.51 | 135.34 | 169.18 |
| 36 | 14.50 | 21.75 | 29.01 | 36.26 | 70.53 | 105.79 | 141.05 | 176.31 |
| 37 | 15.21 | 22.82 | 30.43 | 38.03 | 73.51 | 110.26 | 147.02 | 183.77 |
| 38 | 15.97 | 23.95 | 31.94 | 39.92 | 76.62 | 114.94 | 153.25 | 191.56 |
| 39 | 16.75 | 25.13 | 33.51 | 41.88 | 79.87 | 119.81 | 159.75 | 199.68 |
| 40 | 17.59 | 26.38 | 35.18 | 43.97 | 83.25 | 124.87 | 166.49 | 208.12 |
| 41 | 18.71 | 28.06 | 37.42 | 46.77 | 87.41 | 131.12 | 174.83 | 218.53 |
| 42 | 19.90 | 29.85 | 39.80 | 49.75 | 91.78 | 137.66 | 183.55 | 229.44 |
| 43 | 21.16 | 31.73 | 42.31 | 52.89 | 96.37 | 144.55 | 192.73 | 240.92 |
| 44 | 22.51 | 33.76 | 45.01 | 56.26 | 101.18 | 151.77 | 202.36 | 252.95 |
| 45 | 23.92 | 35.89 | 47.85 | 59.81 | 106.24 | 159.36 | 212.48 | 265.60 |
| 46 | 25.44 | 38.16 | 50.88 | 63.60 | 111.55 | 167.33 | 223.10 | 278.88 |
| 47 | 27.06 | 40.59 | 54.12 | 67.65 | 117.13 | 175.69 | 234.26 | 292.82 |
| 48 | 28.78 | 43.17 | 57.56 | 71.95 | 122.99 | 184.49 | 245.99 | 307.48 |
| 49 | 30.61 | 45.92 | 61.23 | 76.54 | 129.14 | 193.71 | 258.28 | 322.84 |
| 50 | 32.55 | 48.82 | 65.10 | 81.37 | 135.61 | 203.41 | 271.22 | 339.02 |
| 51 | 34.92 | 52.38 | 69.84 | 87.30 | 140.36 | 210.54 | 280.72 | 350.90 |
| 52 | 37.45 | 56.17 | 74.90 | 93.62 | 145.29 | 217.93 | 290.58 | 363.22 |
| 53 | 40.18 | 60.27 | 80.36 | 100.45 | 150.39 | 225.58 | 300.78 | 375.97 |
| 54 | 43.10 | 64.65 | 86.21 | 107.76 | 155.66 | 233.49 | 311.32 | 389.15 |
| 55 | 46.24 | 69.36 | 92.48 | 115.59 | 161.11 | 241.67 | 322.23 | 402.79 |
| 56 | 49.59 | 74.39 | 99.19 | 123.99 | 166.77 | 250.15 | 333.54 | 416.92 |
| 57 | 53.20 | 79.80 | 106.39 | 132.99 | 172.62 | 258.93 | 345.24 | 431.54 |
| 58 | 57.06 | 85.59 | 114.12 | 142.65 | 178.67 | 268.01 | 357.34 | 446.68 |
| 59 | 61.22 | 91.83 | 122.44 | 153.05 | 184.94 | 277.41 | 369.88 | 462.35 |
| 60 | 65.67 | 98.50 | 131.33 | 164.16 | 191.42 | 287.13 | 382.85 | 478.56 |
| 61 | 71.54 | 107.32 | 143.09 | 178.86 | 202.16 | 303.24 | 404.32 | 505.40 |
| 62 | 77.96 | 116.93 | 155.91 | 194.89 | 213.51 | 320.26 | 427.01 | 533.77 |
| 63 | 84.94 | 127.41 | 169.88 | 212.35 | 225.49 | 338.23 | 450.98 | 563.72 |
| 64 | 92.55 | 138.83 | 185.11 | 231.38 | 238.14 | 357.21 | 476.28 | 595.35 |
| 65 | 107.28 | 160.91 | 214.55 | 268.19 | 267.56 | 401.33 | 535.11 | 668.89 |
| 66 | 116.00 | 174.00 | 231.99 | 289.99 | 284.37 | 426.55 | 568.73 | 710.92 |
| 67 | 125.43 | 188.14 | 250.86 | 313.57 | 302.24 | 453.36 | 604.49 | 755.61 |
| 68 | 135.63 | 203.44 | 271.26 | 339.07 | 321.24 | 481.86 | 642.48 | 803.10 |
| 69 | 146.66 | 219.99 | 293.32 | 366.65 | 341.43 | 512.15 | 682.87 | 853.59 |
| 70 | 158.59 | 237.89 | 317.18 | 396.48 | 362.90 | 544.35 | 725.79 | 907.24 |
| 71 | 173.55 | 260.32 | 347.09 | 433.87 | 385.23 | 577.85 | 770.46 | 963.08 |
| 72 | 189.92 | 284.87 | 379.83 | 474.79 | 408.94 | 613.42 | 817.89 | 1,022.36 |
| 73 | 207.82 | 311.73 | 415.65 | 519.56 | 434.11 | 651.17 | 868.22 | 1,085.28 |
| 74 | 227.42 | 341.13 | 454.85 | 568.56 | 460.84 | 691.25 | 921.67 | 1,152.09 |
| 75 | 248.86 | 373.30 | 497.73 | 622.16 | 489.18 | 733.77 | 978.36 | 1,222.95 |
| 76 | 276.18 | 414.27 | 552.37 | 690.46 | 522.62 | 783.93 | 1,045.24 | 1,306.56 |
| 77 | 306.50 | 459.75 | 613.00 | 766.25 | 558.35 | 837.53 | 1,116.71 | 1,395.88 |
| 78 | 340.15 | 510.23 | 680.30 | 850.38 | 596.53 | 894.80 | 1,193.06 | 1,491.33 |
| 79 | 377.49 | 566.23 | 754.98 | 943.72 | 637.31 | 955.97 | 1,274.63 | 1,593.29 |
| 80 | 418.92 | 628.38 | 837.85 | 1,047.31 | 680.89 | 1,021.33 | 1,361.78 | 1,702.22 |
| 81 | 466.83 | 700.24 | 933.65 | 1,167.06 | 737.12 | 1,105.67 | 1,474.23 | 1,842.79 |
| 82 | 520.20 | 780.30 | 1,040.39 | 1,300.49 | 797.99 | 1,196.98 | 1,595.98 | 1,994.97 |
| 83 | 579.68 | 869.52 | 1,159.36 | 1,449.20 | 863.89 | 1,295.83 | 1,727.77 | 2,159.71 |
| 84 | 645.96 | 968.94 | 1,291.92 | 1,614.90 | 935.23 | 1,402.84 | 1,870.45 | 2,338.06 |

* A discount of 15% will apply for married insureds.

**Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
100% Home Care**

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$150,000 | \$225,000 | \$300,000 | \$375,000 | \$150,000 | \$225,000 | \$300,000 | \$375,000 |
| Issue Age | Plan 17 | Plan 18 | Plan 19 | Plan 20 | Plan 17 | Plan 18 | Plan 19 | Plan 20 |
| 18-30 | 12.95 | 19.42 | 25.89 | 32.37 | 65.58 | 98.38 | 131.17 | 163.96 |
| 31 | 13.59 | 20.39 | 27.18 | 33.98 | 68.36 | 102.54 | 136.73 | 170.91 |
| 32 | 14.26 | 21.39 | 28.51 | 35.64 | 71.25 | 106.88 | 142.50 | 178.13 |
| 33 | 14.96 | 22.44 | 29.92 | 37.40 | 74.26 | 111.39 | 148.52 | 185.66 |
| 34 | 15.71 | 23.56 | 31.41 | 39.26 | 77.40 | 116.11 | 154.81 | 193.51 |
| 35 | 16.48 | 24.72 | 32.96 | 41.20 | 80.68 | 121.03 | 161.37 | 201.71 |
| 36 | 17.29 | 25.93 | 34.57 | 43.22 | 84.09 | 126.13 | 168.18 | 210.22 |
| 37 | 18.14 | 27.21 | 36.29 | 45.36 | 87.64 | 131.46 | 175.29 | 219.11 |
| 38 | 19.04 | 28.56 | 38.08 | 47.60 | 91.36 | 137.04 | 182.71 | 228.39 |
| 39 | 19.97 | 29.96 | 39.95 | 49.94 | 95.23 | 142.85 | 190.47 | 238.08 |
| 40 | 20.97 | 31.46 | 41.94 | 52.43 | 99.26 | 148.89 | 198.52 | 248.15 |
| 41 | 22.30 | 33.45 | 44.60 | 55.75 | 104.22 | 156.34 | 208.45 | 260.56 |
| 42 | 23.72 | 35.58 | 47.44 | 59.30 | 109.43 | 164.14 | 218.86 | 273.57 |
| 43 | 25.23 | 37.85 | 50.46 | 63.08 | 114.90 | 172.35 | 229.79 | 287.24 |
| 44 | 26.83 | 40.25 | 53.66 | 67.08 | 120.64 | 180.97 | 241.29 | 301.61 |
| 45 | 28.53 | 42.80 | 57.06 | 71.33 | 126.68 | 190.01 | 253.35 | 316.69 |
| 46 | 30.33 | 45.50 | 60.67 | 75.84 | 133.01 | 199.51 | 266.02 | 332.52 |
| 47 | 32.27 | 48.40 | 64.53 | 80.67 | 139.65 | 209.48 | 279.31 | 349.14 |
| 48 | 34.31 | 51.47 | 68.62 | 85.78 | 146.64 | 219.96 | 293.28 | 366.60 |
| 49 | 36.50 | 54.75 | 72.99 | 91.24 | 153.97 | 230.96 | 307.94 | 384.93 |
| 50 | 38.80 | 58.20 | 77.60 | 97.01 | 161.69 | 242.54 | 323.39 | 404.23 |
| 51 | 41.63 | 62.45 | 83.26 | 104.08 | 167.36 | 251.04 | 334.72 | 418.40 |
| 52 | 44.65 | 66.98 | 89.30 | 111.63 | 173.23 | 259.85 | 346.46 | 433.08 |
| 53 | 47.90 | 71.86 | 95.81 | 119.76 | 179.31 | 268.97 | 358.62 | 448.28 |
| 54 | 51.39 | 77.08 | 102.77 | 128.47 | 185.59 | 278.39 | 371.19 | 463.99 |
| 55 | 55.12 | 82.68 | 110.25 | 137.81 | 192.10 | 288.15 | 384.20 | 480.25 |
| 56 | 59.13 | 88.69 | 118.26 | 147.82 | 198.83 | 298.25 | 397.67 | 497.09 |
| 57 | 63.43 | 95.14 | 126.86 | 158.57 | 205.81 | 308.72 | 411.62 | 514.53 |
| 58 | 68.04 | 102.06 | 136.08 | 170.10 | 213.03 | 319.55 | 426.06 | 532.58 |
| 59 | 72.99 | 109.49 | 145.98 | 182.48 | 220.51 | 330.77 | 441.02 | 551.28 |
| 60 | 78.29 | 117.43 | 156.58 | 195.72 | 228.23 | 342.35 | 456.46 | 570.58 |
| 61 | 85.31 | 127.96 | 170.61 | 213.27 | 241.04 | 361.56 | 482.08 | 602.60 |
| 62 | 92.95 | 139.42 | 185.90 | 232.37 | 254.57 | 381.86 | 509.14 | 636.43 |
| 63 | 101.27 | 151.91 | 202.55 | 253.19 | 268.85 | 403.27 | 537.69 | 672.12 |
| 64 | 110.35 | 165.52 | 220.69 | 275.87 | 283.93 | 425.89 | 567.86 | 709.82 |
| 65 | 127.90 | 191.86 | 255.81 | 319.76 | 319.01 | 478.51 | 638.01 | 797.52 |
| 66 | 138.30 | 207.46 | 276.61 | 345.76 | 339.05 | 508.58 | 678.10 | 847.63 |
| 67 | 149.55 | 224.33 | 299.10 | 373.88 | 360.37 | 540.55 | 720.73 | 900.91 |
| 68 | 161.71 | 242.57 | 323.43 | 404.28 | 383.02 | 574.53 | 766.04 | 957.55 |
| 69 | 174.86 | 262.29 | 349.72 | 437.16 | 407.10 | 610.65 | 814.20 | 1,017.75 |
| 70 | 189.09 | 283.63 | 378.18 | 472.72 | 432.68 | 649.03 | 865.37 | 1,081.71 |
| 71 | 206.92 | 310.38 | 413.84 | 517.30 | 459.31 | 688.97 | 918.63 | 1,148.29 |
| 72 | 226.44 | 339.66 | 452.88 | 566.10 | 487.58 | 731.38 | 975.17 | 1,218.96 |
| 73 | 247.78 | 371.68 | 495.57 | 619.46 | 517.60 | 776.40 | 1,035.20 | 1,294.00 |
| 74 | 271.15 | 406.73 | 542.30 | 677.88 | 549.45 | 824.18 | 1,098.91 | 1,373.63 |
| 75 | 296.73 | 445.09 | 593.45 | 741.81 | 583.25 | 874.88 | 1,166.50 | 1,458.13 |
| 76 | 329.30 | 493.94 | 658.59 | 823.24 | 623.13 | 934.70 | 1,246.26 | 1,557.83 |
| 77 | 365.44 | 548.16 | 730.88 | 913.60 | 665.73 | 998.59 | 1,331.46 | 1,664.32 |
| 78 | 405.56 | 608.34 | 811.12 | 1,013.90 | 711.25 | 1,066.87 | 1,422.49 | 1,778.12 |
| 79 | 450.08 | 675.12 | 900.16 | 1,125.21 | 759.87 | 1,139.81 | 1,519.75 | 1,899.69 |
| 80 | 499.49 | 749.23 | 998.97 | 1,248.71 | 811.84 | 1,217.75 | 1,623.67 | 2,029.59 |
| 81 | 556.60 | 834.90 | 1,113.20 | 1,391.50 | 878.87 | 1,318.30 | 1,757.74 | 2,197.17 |
| 82 | 620.24 | 930.36 | 1,240.48 | 1,550.60 | 951.44 | 1,427.16 | 1,902.88 | 2,378.60 |
| 83 | 691.16 | 1,036.74 | 1,382.32 | 1,727.90 | 1,030.02 | 1,545.03 | 2,060.04 | 2,575.05 |
| 84 | 770.19 | 1,155.28 | 1,540.37 | 1,925.46 | 1,115.08 | 1,672.61 | 2,230.15 | 2,787.69 |

* A discount of 15% will apply for married insureds.

Monthly Long Term Care Insurance Premium Rates For
National Education Association
100% Facility Care
100% Assisted Living Facility / Residential Care Facility
100% Home Care

| Facility Daily Benefit | Basic Plan | | | | Basic Plan Plus Automatic Inflation | | | |
|------------------------------|------------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| | \$100 | \$150 | \$200 | \$250 | \$100 | \$150 | \$200 | \$250 |
| Lifetime Maximum | \$200,000 | \$300,000 | \$400,000 | \$500,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |
| Issue Age | Plan 21 | Plan 22 | Plan 23 | Plan 24 | Plan 21 | Plan 22 | Plan 23 | Plan 24 |
| 18-30 | 13.94 | 20.91 | 27.88 | 34.85 | 70.61 | 105.92 | 141.22 | 176.53 |
| 31 | 14.63 | 21.95 | 29.26 | 36.58 | 73.61 | 110.42 | 147.22 | 184.03 |
| 32 | 15.35 | 23.03 | 30.70 | 38.38 | 76.72 | 115.08 | 153.44 | 191.80 |
| 33 | 16.11 | 24.17 | 32.22 | 40.28 | 79.96 | 119.94 | 159.92 | 199.90 |
| 34 | 16.90 | 25.35 | 33.80 | 42.25 | 83.34 | 125.01 | 166.68 | 208.35 |
| 35 | 17.74 | 26.61 | 35.48 | 44.35 | 86.87 | 130.31 | 173.74 | 217.18 |
| 36 | 18.62 | 27.93 | 37.24 | 46.55 | 90.54 | 135.81 | 181.08 | 226.35 |
| 37 | 19.54 | 29.31 | 39.08 | 48.85 | 94.37 | 141.56 | 188.74 | 235.93 |
| 38 | 20.50 | 30.75 | 41.00 | 51.25 | 98.37 | 147.56 | 196.74 | 245.93 |
| 39 | 21.50 | 32.25 | 43.00 | 53.75 | 102.54 | 153.81 | 205.08 | 256.35 |
| 40 | 22.58 | 33.87 | 45.16 | 56.45 | 106.87 | 160.31 | 213.74 | 267.18 |
| 41 | 24.02 | 36.03 | 48.04 | 60.05 | 112.22 | 168.33 | 224.44 | 280.55 |
| 42 | 25.54 | 38.31 | 51.08 | 63.85 | 117.82 | 176.73 | 235.64 | 294.55 |
| 43 | 27.16 | 40.74 | 54.32 | 67.90 | 123.72 | 185.58 | 247.44 | 309.30 |
| 44 | 28.89 | 43.34 | 57.78 | 72.23 | 129.89 | 194.84 | 259.78 | 324.73 |
| 45 | 30.71 | 46.07 | 61.42 | 76.78 | 136.39 | 204.59 | 272.78 | 340.98 |
| 46 | 32.66 | 48.99 | 65.32 | 81.65 | 143.21 | 214.82 | 286.42 | 358.03 |
| 47 | 34.74 | 52.11 | 69.48 | 86.85 | 150.37 | 225.56 | 300.74 | 375.93 |
| 48 | 36.95 | 55.43 | 73.90 | 92.38 | 157.89 | 236.84 | 315.78 | 394.73 |
| 49 | 39.30 | 58.95 | 78.60 | 98.25 | 165.78 | 248.67 | 331.56 | 414.45 |
| 50 | 41.78 | 62.67 | 83.56 | 104.45 | 174.09 | 261.14 | 348.18 | 435.23 |
| 51 | 44.83 | 67.25 | 89.66 | 112.08 | 180.20 | 270.30 | 360.40 | 450.50 |
| 52 | 48.08 | 72.12 | 96.16 | 120.20 | 186.51 | 279.77 | 373.02 | 466.28 |
| 53 | 51.58 | 77.37 | 103.16 | 128.95 | 193.07 | 289.61 | 386.14 | 482.68 |
| 54 | 55.33 | 83.00 | 110.66 | 138.33 | 199.83 | 299.75 | 399.66 | 499.58 |
| 55 | 59.36 | 89.04 | 118.72 | 148.40 | 206.83 | 310.25 | 413.66 | 517.08 |
| 56 | 63.67 | 95.51 | 127.34 | 159.18 | 214.09 | 321.14 | 428.18 | 535.23 |
| 57 | 68.29 | 102.44 | 136.58 | 170.73 | 221.60 | 332.40 | 443.20 | 554.00 |
| 58 | 73.26 | 109.89 | 146.52 | 183.15 | 229.37 | 344.06 | 458.74 | 573.43 |
| 59 | 78.59 | 117.89 | 157.18 | 196.48 | 237.42 | 356.13 | 474.84 | 593.55 |
| 60 | 84.30 | 126.45 | 168.60 | 210.75 | 245.74 | 368.61 | 491.48 | 614.35 |
| 61 | 91.85 | 137.78 | 183.70 | 229.63 | 259.53 | 389.30 | 519.06 | 648.83 |
| 62 | 100.08 | 150.12 | 200.16 | 250.20 | 274.10 | 411.15 | 548.20 | 685.25 |
| 63 | 109.04 | 163.56 | 218.08 | 272.60 | 289.47 | 434.21 | 578.94 | 723.68 |
| 64 | 118.81 | 178.22 | 237.62 | 297.03 | 305.71 | 458.57 | 611.42 | 764.28 |
| 65 | 137.71 | 206.57 | 275.42 | 344.28 | 343.48 | 515.22 | 686.96 | 858.70 |
| 66 | 148.92 | 223.38 | 297.84 | 372.30 | 365.06 | 547.59 | 730.12 | 912.65 |
| 67 | 161.02 | 241.53 | 322.04 | 402.55 | 388.01 | 582.02 | 776.02 | 970.03 |
| 68 | 174.11 | 261.17 | 348.22 | 435.28 | 412.40 | 618.60 | 824.80 | 1,031.00 |
| 69 | 188.28 | 282.42 | 376.56 | 470.70 | 438.32 | 657.48 | 876.64 | 1,095.80 |
| 70 | 203.59 | 305.39 | 407.18 | 508.98 | 465.87 | 698.81 | 931.74 | 1,164.68 |
| 71 | 222.79 | 334.19 | 445.58 | 556.98 | 494.54 | 741.81 | 989.08 | 1,236.35 |
| 72 | 243.80 | 365.70 | 487.60 | 609.50 | 524.98 | 787.47 | 1,049.96 | 1,312.45 |
| 73 | 266.79 | 400.19 | 533.58 | 666.98 | 557.30 | 835.95 | 1,114.60 | 1,393.25 |
| 74 | 291.95 | 437.93 | 583.90 | 729.88 | 591.60 | 887.40 | 1,183.20 | 1,479.00 |
| 75 | 319.48 | 479.22 | 638.96 | 798.70 | 627.99 | 941.99 | 1,255.98 | 1,569.98 |
| 76 | 354.55 | 531.83 | 709.10 | 886.38 | 670.92 | 1,006.38 | 1,341.84 | 1,677.30 |
| 77 | 393.47 | 590.21 | 786.94 | 983.68 | 716.79 | 1,075.19 | 1,433.58 | 1,791.98 |
| 78 | 436.66 | 654.99 | 873.32 | 1,091.65 | 765.80 | 1,148.70 | 1,531.60 | 1,914.50 |
| 79 | 484.61 | 726.92 | 969.22 | 1,211.53 | 818.15 | 1,227.23 | 1,636.30 | 2,045.38 |
| 80 | 537.80 | 806.70 | 1,075.60 | 1,344.50 | 874.10 | 1,311.15 | 1,748.20 | 2,185.25 |
| 81 | 599.29 | 898.94 | 1,198.58 | 1,498.23 | 946.28 | 1,419.42 | 1,892.56 | 2,365.70 |
| 82 | 667.81 | 1,001.72 | 1,335.62 | 1,669.53 | 1,024.42 | 1,536.63 | 2,048.84 | 2,561.05 |
| 83 | 744.17 | 1,116.26 | 1,488.34 | 1,860.43 | 1,109.02 | 1,663.53 | 2,218.04 | 2,772.55 |
| 84 | 829.26 | 1,243.89 | 1,658.52 | 2,073.15 | 1,200.61 | 1,800.92 | 2,401.22 | 3,001.53 |

* A discount of 15% will apply for married insureds.

Life Investors Ins. Co. of America
Policy Form: GP001 796
Certificate Form: GC001 796
1 Year Nursing Home Benefit
Standard Premium Rates
Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Ages | w/o BIO | | | | w/ Simple BIO | | | | w/ Compound BIO | | | |
|------------|---------|--------|--------|---------|---------------|--------|--------|---------|-----------------|--------|--------|---------|
| | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day |
| 18-22 | 3 | 3 | 2 | 2 | 6 | 5 | 4 | 3 | 8 | 7 | 5 | 4 |
| 23 | 3 | 3 | 2 | 2 | 6 | 5 | 5 | 4 | 8 | 7 | 6 | 5 |
| 24 | 3 | 3 | 2 | 2 | 6 | 5 | 5 | 4 | 8 | 7 | 6 | 5 |
| 25 | 3 | 3 | 2 | 2 | 7 | 6 | 5 | 4 | 8 | 8 | 6 | 5 |
| 26 | 4 | 4 | 3 | 2 | 7 | 6 | 5 | 5 | 9 | 8 | 7 | 5 |
| 27 | 4 | 4 | 3 | 2 | 8 | 7 | 6 | 5 | 9 | 9 | 7 | 6 |
| 28 | 4 | 4 | 3 | 2 | 8 | 7 | 6 | 5 | 10 | 9 | 7 | 6 |
| 29 | 4 | 4 | 3 | 2 | 8 | 7 | 6 | 5 | 10 | 9 | 8 | 6 |
| 30 | 5 | 4 | 3 | 2 | 9 | 8 | 6 | 5 | 11 | 10 | 8 | 7 |
| 31 | 5 | 5 | 4 | 3 | 9 | 8 | 7 | 6 | 12 | 11 | 9 | 7 |
| 32 | 5 | 5 | 4 | 3 | 9 | 9 | 7 | 6 | 12 | 11 | 9 | 8 |
| 33 | 5 | 5 | 4 | 3 | 10 | 9 | 7 | 6 | 13 | 12 | 9 | 8 |
| 34 | 6 | 5 | 4 | 3 | 10 | 9 | 8 | 7 | 13 | 12 | 9 | 8 |
| 35 | 6 | 5 | 4 | 3 | 10 | 10 | 8 | 7 | 14 | 13 | 10 | 9 |
| 36 | 6 | 6 | 5 | 4 | 11 | 10 | 9 | 8 | 14 | 13 | 10 | 9 |
| 37 | 7 | 6 | 5 | 4 | 11 | 11 | 9 | 8 | 15 | 14 | 11 | 9 |
| 38 | 7 | 6 | 5 | 4 | 12 | 11 | 9 | 8 | 15 | 14 | 11 | 9 |
| 39 | 7 | 6 | 5 | 4 | 12 | 11 | 9 | 8 | 15 | 14 | 11 | 9 |
| 40 | 7 | 7 | 5 | 4 | 13 | 12 | 9 | 8 | 16 | 15 | 12 | 10 |
| 41 | 8 | 7 | 5 | 4 | 13 | 12 | 10 | 8 | 16 | 15 | 12 | 10 |
| 42 | 8 | 7 | 5 | 4 | 14 | 13 | 10 | 8 | 17 | 15 | 12 | 10 |
| 43 | 8 | 7 | 5 | 4 | 14 | 13 | 10 | 8 | 17 | 16 | 12 | 10 |
| 44 | 8 | 7 | 5 | 4 | 14 | 13 | 10 | 8 | 17 | 16 | 12 | 10 |
| 45 | 8 | 7 | 6 | 5 | 14 | 13 | 10 | 9 | 17 | 16 | 13 | 10 |
| 46 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 9 | 18 | 16 | 13 | 11 |
| 47 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 9 | 18 | 17 | 13 | 11 |
| 48 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 9 | 18 | 17 | 14 | 11 |
| 49 | 8 | 8 | 6 | 5 | 14 | 13 | 11 | 9 | 18 | 17 | 14 | 12 |
| 50 | 8 | 8 | 6 | 5 | 14 | 13 | 11 | 9 | 19 | 17 | 15 | 12 |
| 51 | 9 | 8 | 7 | 6 | 15 | 14 | 12 | 10 | 19 | 18 | 16 | 13 |
| 52 | 9 | 8 | 7 | 6 | 15 | 14 | 12 | 10 | 19 | 18 | 17 | 14 |
| 53 | 10 | 9 | 8 | 6 | 16 | 15 | 13 | 11 | 21 | 19 | 17 | 14 |
| 54 | 11 | 10 | 8 | 7 | 17 | 16 | 14 | 11 | 22 | 20 | 18 | 15 |
| 55 | 12 | 11 | 9 | 7 | 18 | 17 | 15 | 12 | 24 | 22 | 19 | 16 |
| 56 | 13 | 12 | 10 | 8 | 19 | 18 | 16 | 13 | 26 | 24 | 20 | 17 |
| 57 | 14 | 13 | 11 | 9 | 20 | 20 | 17 | 14 | 29 | 27 | 22 | 18 |
| 58 | 16 | 15 | 12 | 10 | 24 | 22 | 19 | 16 | 32 | 30 | 24 | 20 |
| 59 | 18 | 16 | 14 | 11 | 27 | 25 | 21 | 18 | 36 | 33 | 27 | 22 |
| 60 | 20 | 18 | 15 | 12 | 31 | 28 | 24 | 20 | 40 | 37 | 29 | 24 |
| 61 | 22 | 21 | 17 | 14 | 35 | 32 | 27 | 22 | 45 | 42 | 32 | 27 |
| 62 | 25 | 23 | 19 | 16 | 39 | 36 | 30 | 24 | 50 | 46 | 36 | 30 |
| 63 | 28 | 26 | 21 | 17 | 44 | 40 | 33 | 27 | 56 | 52 | 40 | 34 |
| 64 | 31 | 29 | 23 | 19 | 49 | 45 | 36 | 30 | 62 | 58 | 45 | 38 |
| 65 | 35 | 33 | 26 | 21 | 54 | 51 | 40 | 33 | 69 | 64 | 51 | 42 |
| 66 | 39 | 37 | 29 | 24 | 60 | 56 | 44 | 37 | 76 | 71 | 56 | 46 |
| 67 | 44 | 41 | 32 | 26 | 66 | 61 | 48 | 40 | 83 | 77 | 61 | 51 |
| 68 | 48 | 45 | 35 | 29 | 72 | 66 | 52 | 43 | 90 | 83 | 66 | 54 |
| 69 | 52 | 49 | 38 | 31 | 77 | 71 | 57 | 47 | 96 | 89 | 70 | 58 |
| 70 | 57 | 53 | 41 | 34 | 83 | 77 | 61 | 50 | 103 | 95 | 74 | 62 |
| 71 | 62 | 58 | 45 | 37 | 89 | 83 | 66 | 54 | 110 | 102 | 79 | 65 |
| 72 | 68 | 63 | 50 | 41 | 97 | 90 | 71 | 59 | 118 | 110 | 85 | 70 |
| 73 | 75 | 70 | 55 | 45 | 105 | 98 | 77 | 64 | 128 | 118 | 91 | 75 |
| 74 | 82 | 76 | 60 | 50 | 115 | 106 | 83 | 69 | 137 | 127 | 97 | 80 |
| 75 | 90 | 83 | 66 | 55 | 125 | 116 | 90 | 74 | 147 | 137 | 104 | 86 |
| 76 | 99 | 92 | 73 | 61 | 137 | 127 | 98 | 81 | 159 | 148 | 112 | 93 |
| 77 | 110 | 103 | 81 | 67 | 150 | 139 | 108 | 89 | 173 | 160 | 122 | 101 |
| 78 | 124 | 115 | 90 | 74 | 165 | 154 | 120 | 99 | 189 | 175 | 135 | 112 |
| 79 | 140 | 130 | 100 | 83 | 183 | 170 | 135 | 111 | 207 | 192 | 150 | 124 |
| 80 | | | | 91 | | | | 124 | | | | 138 |
| 81 | | | | 100 | | | | 137 | | | | 152 |
| 82 | | | | 110 | | | | 149 | | | | 165 |
| 83 | | | | 120 | | | | 161 | | | | 178 |
| 84 | | | | 130 | | | | 174 | | | | 191 |
| 85 | | | | 162 | | | | 210 | | | | 230 |
| 86 | | | | 172 | | | | 215 | | | | 232 |
| 87 | | | | 181 | | | | 220 | | | | 235 |
| 88 | | | | 192 | | | | 226 | | | | 241 |
| 89 | | | | 209 | | | | 245 | | | | 259 |
| 90 | | | | 229 | | | | 264 | | | | 273 |
| 91 | | | | 246 | | | | 284 | | | | 287 |
| 92 | | | | 262 | | | | 299 | | | | 303 |
| 93 | | | | 274 | | | | 311 | | | | 315 |
| 94 | | | | 285 | | | | 321 | | | | 324 |
| 95 | | | | 294 | | | | 329 | | | | 332 |
| 96 | | | | 302 | | | | 337 | | | | 340 |
| 97 | | | | 310 | | | | 344 | | | | 348 |
| 98 | | | | 317 | | | | 351 | | | | 355 |
| 99 | | | | 324 | | | | 358 | | | | 362 |
| 100 | | | | 330 | | | | 364 | | | | 368 |

Premiums remain level at issue age rates.
 An applicant is considered preferred if husband and wife apply together.
 For Preferred rates, the discount is 10%.
 Policy Mode Factors: Semi-Annual: 0.52 Quarterly: 0.25 Monthly Bank Draft Payroll Deduction: 0.08333

Life Investors Ins. Co. of America
Policy Form: GP001 796
Certificate Form: GC001 796
2 Year Nursing Home Benefit
Standard Premium Rates
Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Ages | w/o BIO | | | | w/ Simple BIO | | | | w/ Compound BIO | | | |
|------------|---------|--------|--------|---------|---------------|--------|--------|---------|-----------------|--------|--------|---------|
| | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day |
| 18-22 | 5 | 5 | 4 | 3 | 9 | 9 | 7 | 6 | 12 | 11 | 9 | 8 |
| 23 | 5 | 5 | 4 | 3 | 9 | 9 | 7 | 6 | 12 | 11 | 9 | 8 |
| 24 | 5 | 5 | 4 | 3 | 9 | 9 | 8 | 6 | 12 | 11 | 9 | 8 |
| 25 | 5 | 5 | 4 | 3 | 10 | 9 | 8 | 7 | 13 | 11 | 9 | 9 |
| 26 | 6 | 5 | 5 | 4 | 11 | 10 | 9 | 8 | 13 | 12 | 10 | 9 |
| 27 | 6 | 5 | 5 | 4 | 11 | 10 | 9 | 8 | 13 | 12 | 10 | 9 |
| 28 | 6 | 5 | 5 | 4 | 12 | 11 | 9 | 8 | 14 | 13 | 11 | 10 |
| 29 | 7 | 6 | 5 | 4 | 13 | 12 | 10 | 9 | 15 | 14 | 12 | 11 |
| 30 | 7 | 6 | 5 | 5 | 13 | 12 | 10 | 9 | 16 | 15 | 13 | 11 |
| 31 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 9 | 17 | 16 | 13 | 12 |
| 32 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 10 | 18 | 17 | 14 | 12 |
| 33 | 8 | 8 | 6 | 5 | 15 | 14 | 11 | 10 | 18 | 17 | 14 | 13 |
| 34 | 8 | 8 | 6 | 5 | 16 | 15 | 12 | 11 | 19 | 18 | 15 | 14 |
| 35 | 9 | 9 | 6 | 5 | 17 | 16 | 12 | 11 | 20 | 19 | 15 | 15 |
| 36 | 9 | 9 | 7 | 6 | 17 | 16 | 13 | 12 | 21 | 20 | 16 | 15 |
| 37 | 10 | 9 | 7 | 6 | 17 | 16 | 13 | 12 | 22 | 21 | 16 | 16 |
| 38 | 10 | 9 | 7 | 6 | 18 | 17 | 13 | 12 | 23 | 21 | 17 | 16 |
| 39 | 10 | 9 | 7 | 6 | 18 | 17 | 13 | 12 | 23 | 21 | 18 | 16 |
| 40 | 11 | 10 | 8 | 7 | 20 | 18 | 15 | 13 | 24 | 22 | 19 | 16 |
| 41 | 11 | 10 | 8 | 7 | 20 | 19 | 15 | 13 | 24 | 23 | 19 | 16 |
| 42 | 11 | 11 | 8 | 7 | 20 | 19 | 16 | 14 | 25 | 23 | 19 | 17 |
| 43 | 12 | 11 | 9 | 7 | 21 | 19 | 16 | 14 | 25 | 23 | 20 | 17 |
| 44 | 12 | 11 | 9 | 7 | 21 | 19 | 16 | 14 | 26 | 24 | 20 | 17 |
| 45 | 12 | 11 | 9 | 8 | 21 | 19 | 17 | 14 | 26 | 24 | 20 | 17 |
| 46 | 12 | 11 | 9 | 8 | 21 | 19 | 17 | 14 | 26 | 24 | 20 | 17 |
| 47 | 12 | 11 | 9 | 8 | 21 | 19 | 17 | 15 | 27 | 25 | 21 | 18 |
| 48 | 12 | 11 | 10 | 8 | 21 | 19 | 17 | 15 | 27 | 25 | 22 | 19 |
| 49 | 12 | 11 | 10 | 8 | 21 | 20 | 18 | 15 | 27 | 26 | 23 | 20 |
| 50 | 12 | 11 | 10 | 9 | 21 | 20 | 18 | 15 | 28 | 26 | 24 | 20 |
| 51 | 13 | 12 | 11 | 9 | 22 | 20 | 18 | 16 | 28 | 26 | 25 | 22 |
| 52 | 14 | 13 | 11 | 10 | 23 | 21 | 19 | 17 | 29 | 27 | 26 | 23 |
| 53 | 15 | 14 | 12 | 11 | 24 | 22 | 20 | 18 | 31 | 29 | 28 | 24 |
| 54 | 16 | 15 | 13 | 11 | 25 | 23 | 22 | 19 | 33 | 31 | 29 | 25 |
| 55 | 17 | 16 | 14 | 12 | 27 | 25 | 23 | 20 | 36 | 33 | 30 | 26 |
| 56 | 19 | 18 | 16 | 14 | 29 | 27 | 25 | 22 | 39 | 36 | 32 | 28 |
| 57 | 21 | 20 | 17 | 15 | 32 | 30 | 28 | 24 | 43 | 40 | 35 | 30 |
| 58 | 24 | 22 | 19 | 17 | 36 | 34 | 31 | 26 | 48 | 45 | 38 | 33 |
| 59 | 27 | 25 | 22 | 19 | 41 | 38 | 34 | 29 | 54 | 50 | 42 | 36 |
| 60 | 30 | 27 | 24 | 21 | 46 | 43 | 38 | 33 | 60 | 56 | 47 | 40 |
| 61 | 33 | 31 | 27 | 23 | 52 | 48 | 42 | 36 | 67 | 62 | 52 | 45 |
| 62 | 37 | 34 | 30 | 26 | 58 | 54 | 47 | 41 | 75 | 69 | 58 | 50 |
| 63 | 42 | 39 | 33 | 29 | 65 | 60 | 52 | 45 | 83 | 77 | 65 | 56 |
| 64 | 47 | 44 | 37 | 32 | 73 | 68 | 58 | 50 | 93 | 86 | 73 | 62 |
| 65 | 53 | 49 | 41 | 36 | 81 | 76 | 64 | 55 | 103 | 96 | 81 | 70 |
| 66 | 59 | 55 | 46 | 39 | 90 | 84 | 71 | 61 | 114 | 106 | 90 | 77 |
| 67 | 65 | 61 | 51 | 44 | 99 | 92 | 77 | 66 | 124 | 115 | 98 | 84 |
| 68 | 72 | 67 | 55 | 48 | 107 | 99 | 84 | 72 | 134 | 125 | 105 | 90 |
| 69 | 78 | 73 | 60 | 52 | 115 | 107 | 90 | 78 | 144 | 134 | 112 | 96 |
| 70 | 85 | 79 | 66 | 57 | 124 | 115 | 97 | 84 | 154 | 143 | 119 | 102 |
| 71 | 93 | 86 | 72 | 62 | 133 | 124 | 105 | 90 | 165 | 153 | 126 | 109 |
| 72 | 102 | 95 | 79 | 68 | 145 | 134 | 114 | 98 | 177 | 165 | 135 | 116 |
| 73 | 112 | 104 | 87 | 75 | 157 | 146 | 123 | 106 | 191 | 177 | 145 | 124 |
| 74 | 123 | 114 | 96 | 83 | 171 | 159 | 133 | 114 | 205 | 190 | 154 | 133 |
| 75 | 134 | 125 | 106 | 91 | 187 | 174 | 144 | 124 | 221 | 205 | 165 | 142 |
| 76 | 148 | 138 | 117 | 101 | 204 | 190 | 156 | 135 | 238 | 221 | 179 | 154 |
| 77 | 165 | 153 | 129 | 111 | 224 | 208 | 172 | 148 | 259 | 240 | 195 | 168 |
| 78 | 186 | 172 | 144 | 124 | 247 | 230 | 192 | 165 | 282 | 262 | 216 | 185 |
| 79 | 209 | 194 | 159 | 137 | 273 | 254 | 215 | 185 | 309 | 287 | 240 | 206 |
| 80 | | | | 151 | | | | 206 | | | | 229 |
| 81 | | | | 166 | | | | 227 | | | | 252 |
| 82 | | | | 182 | | | | 248 | | | | 275 |
| 83 | | | | 199 | | | | 268 | | | | 298 |
| 84 | | | | 216 | | | | 288 | | | | 315 |
| 85 | | | | 269 | | | | 349 | | | | 378 |
| 86 | | | | 285 | | | | 357 | | | | 385 |
| 87 | | | | 300 | | | | 365 | | | | 387 |
| 88 | | | | 318 | | | | 381 | | | | 399 |
| 89 | | | | 347 | | | | 411 | | | | 425 |
| 90 | | | | 378 | | | | 445 | | | | 452 |
| 91 | | | | 409 | | | | 476 | | | | 483 |
| 92 | | | | 434 | | | | 502 | | | | 509 |
| 93 | | | | 455 | | | | 522 | | | | 528 |
| 94 | | | | 473 | | | | 538 | | | | 543 |
| 95 | | | | 488 | | | | 552 | | | | 557 |
| 96 | | | | 501 | | | | 564 | | | | 568 |
| 97 | | | | 512 | | | | 574 | | | | 578 |
| 98 | | | | 529 | | | | 583 | | | | 588 |
| 99 | | | | 540 | | | | 592 | | | | 598 |

Premiums remain level at issue age rates.
 An applicant is considered preferred if husband/wife apply together.
 For Preferred rates, the discount is 10%.

Life Investors Ins. Co. of America
Policy Form: GP001 796
Certificate Form: GC001 796
3 Year Nursing Home Benefit
Standard Premium Rates
Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Ages | w/o BIO | | | | w/ Simple BIO | | | | w/ Compound BIO | | | |
|------------|---------|--------|--------|---------|---------------|--------|--------|---------|-----------------|--------|--------|---------|
| | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day |
| 18-22 | 7 | 6 | 5 | 4 | 13 | 12 | 10 | 8 | 15 | 14 | 13 | 9 |
| 23 | 7 | 6 | 5 | 4 | 13 | 12 | 10 | 8 | 15 | 14 | 13 | 9 |
| 24 | 7 | 6 | 5 | 4 | 13 | 12 | 10 | 8 | 16 | 15 | 14 | 10 |
| 25 | 8 | 7 | 6 | 5 | 14 | 13 | 11 | 9 | 17 | 16 | 15 | 11 |
| 26 | 8 | 7 | 6 | 5 | 15 | 14 | 11 | 9 | 18 | 16 | 16 | 11 |
| 27 | 8 | 8 | 6 | 5 | 16 | 15 | 12 | 9 | 18 | 17 | 16 | 12 |
| 28 | 8 | 8 | 7 | 5 | 17 | 16 | 12 | 9 | 19 | 18 | 17 | 12 |
| 29 | 9 | 9 | 7 | 5 | 17 | 16 | 12 | 10 | 20 | 19 | 18 | 13 |
| 30 | 9 | 9 | 7 | 5 | 18 | 16 | 13 | 10 | 21 | 20 | 18 | 13 |
| 31 | 10 | 9 | 8 | 5 | 18 | 17 | 14 | 11 | 22 | 21 | 19 | 14 |
| 32 | 10 | 9 | 8 | 6 | 19 | 18 | 14 | 12 | 23 | 22 | 19 | 15 |
| 33 | 11 | 10 | 8 | 6 | 20 | 19 | 15 | 12 | 24 | 23 | 20 | 16 |
| 34 | 11 | 10 | 9 | 7 | 20 | 19 | 15 | 13 | 24 | 23 | 20 | 17 |
| 35 | 11 | 10 | 9 | 7 | 21 | 20 | 16 | 14 | 25 | 23 | 21 | 18 |
| 36 | 12 | 11 | 9 | 8 | 22 | 20 | 16 | 15 | 26 | 24 | 21 | 19 |
| 37 | 12 | 11 | 9 | 8 | 22 | 20 | 16 | 15 | 26 | 24 | 21 | 19 |
| 38 | 12 | 11 | 9 | 8 | 22 | 20 | 17 | 15 | 26 | 24 | 21 | 19 |
| 39 | 12 | 11 | 9 | 8 | 22 | 20 | 17 | 15 | 26 | 24 | 21 | 19 |
| 40 | 13 | 12 | 9 | 8 | 23 | 21 | 17 | 16 | 27 | 25 | 22 | 19 |
| 41 | 13 | 12 | 10 | 8 | 23 | 21 | 18 | 16 | 28 | 26 | 22 | 19 |
| 42 | 13 | 12 | 10 | 9 | 23 | 22 | 19 | 16 | 28 | 26 | 23 | 20 |
| 43 | 13 | 12 | 10 | 9 | 23 | 22 | 19 | 17 | 29 | 27 | 23 | 20 |
| 44 | 13 | 12 | 10 | 9 | 24 | 22 | 19 | 17 | 29 | 27 | 23 | 20 |
| 45 | 13 | 12 | 10 | 9 | 24 | 22 | 20 | 17 | 30 | 28 | 24 | 21 |
| 46 | 14 | 13 | 11 | 9 | 24 | 22 | 20 | 18 | 30 | 28 | 24 | 21 |
| 47 | 14 | 13 | 11 | 10 | 24 | 22 | 20 | 18 | 31 | 29 | 25 | 22 |
| 48 | 14 | 13 | 11 | 10 | 24 | 23 | 21 | 18 | 32 | 29 | 26 | 22 |
| 49 | 14 | 13 | 11 | 10 | 25 | 23 | 21 | 18 | 32 | 30 | 26 | 23 |
| 50 | 15 | 14 | 12 | 10 | 25 | 24 | 21 | 19 | 33 | 30 | 27 | 24 |
| 51 | 16 | 14 | 12 | 11 | 26 | 24 | 22 | 19 | 34 | 31 | 29 | 25 |
| 52 | 17 | 15 | 13 | 11 | 28 | 26 | 22 | 19 | 35 | 33 | 30 | 26 |
| 53 | 18 | 17 | 14 | 12 | 29 | 27 | 23 | 20 | 38 | 35 | 32 | 28 |
| 54 | 19 | 18 | 15 | 13 | 31 | 29 | 25 | 22 | 40 | 38 | 34 | 29 |
| 55 | 21 | 20 | 17 | 15 | 33 | 31 | 27 | 24 | 44 | 41 | 36 | 31 |
| 56 | 24 | 22 | 19 | 16 | 36 | 33 | 30 | 26 | 48 | 44 | 38 | 34 |
| 57 | 26 | 24 | 21 | 18 | 39 | 36 | 33 | 29 | 52 | 48 | 42 | 37 |
| 58 | 29 | 27 | 23 | 20 | 43 | 40 | 37 | 32 | 58 | 53 | 46 | 40 |
| 59 | 31 | 29 | 26 | 23 | 48 | 45 | 41 | 36 | 64 | 59 | 51 | 44 |
| 60 | 35 | 32 | 29 | 25 | 54 | 50 | 46 | 40 | 70 | 65 | 56 | 49 |
| 61 | 38 | 36 | 32 | 28 | 60 | 56 | 51 | 44 | 78 | 72 | 62 | 54 |
| 62 | 43 | 40 | 36 | 31 | 67 | 62 | 56 | 49 | 86 | 80 | 69 | 60 |
| 63 | 48 | 44 | 40 | 35 | 74 | 69 | 63 | 55 | 95 | 88 | 77 | 68 |
| 64 | 53 | 50 | 44 | 39 | 83 | 77 | 69 | 61 | 105 | 98 | 87 | 76 |
| 65 | 60 | 55 | 49 | 43 | 92 | 85 | 77 | 67 | 116 | 108 | 97 | 85 |
| 66 | 66 | 62 | 55 | 48 | 101 | 94 | 84 | 74 | 128 | 119 | 107 | 94 |
| 67 | 74 | 68 | 61 | 54 | 111 | 103 | 93 | 82 | 140 | 130 | 118 | 103 |
| 68 | 82 | 76 | 68 | 59 | 122 | 113 | 102 | 90 | 152 | 142 | 128 | 112 |
| 69 | 90 | 83 | 75 | 66 | 132 | 123 | 112 | 98 | 165 | 153 | 139 | 121 |
| 70 | 99 | 92 | 83 | 73 | 143 | 133 | 123 | 107 | 178 | 166 | 149 | 131 |
| 71 | 109 | 101 | 92 | 80 | 156 | 145 | 134 | 117 | 193 | 180 | 161 | 141 |
| 72 | 121 | 112 | 102 | 90 | 171 | 159 | 147 | 129 | 210 | 195 | 175 | 153 |
| 73 | 135 | 125 | 115 | 100 | 189 | 176 | 162 | 142 | 229 | 213 | 190 | 166 |
| 74 | 149 | 138 | 128 | 112 | 208 | 194 | 177 | 155 | 249 | 231 | 206 | 180 |
| 75 | 165 | 154 | 143 | 125 | 230 | 213 | 194 | 170 | 271 | 252 | 225 | 196 |
| 76 | 184 | 171 | 159 | 139 | 253 | 235 | 213 | 186 | 295 | 274 | 243 | 212 |
| 77 | 206 | 191 | 175 | 153 | 279 | 259 | 233 | 204 | 321 | 299 | 264 | 231 |
| 78 | 231 | 214 | 191 | 167 | 307 | 285 | 255 | 224 | 351 | 326 | 287 | 251 |
| 79 | 259 | 241 | 208 | 182 | 339 | 315 | 280 | 245 | 383 | 356 | 313 | 274 |
| 80 | | | | 226 | | | | 300 | | | | 330 |
| 81 | | | | 238 | | | | 313 | | | | 339 |
| 82 | | | | 253 | | | | 331 | | | | 348 |
| 83 | | | | 273 | | | | 352 | | | | 366 |
| 84 | | | | 294 | | | | 374 | | | | 385 |
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| 98 | | | | | | | | | | | | |
| 99 | | | | | | | | | | | | |

Premiums remain level at issue age rates

An applicant is considered preferred if husband/wife apply together

For Preferred rates, the discount is 10%

Policy Modes: Single Premium, Semi-Annual, Quarterly, 9.26 Monthly Bank Draft/Payroll Deduction. 008333

Life Investors Ins. Co. of America
 Policy Form: GP001 796
 Certificate Form: GC001 796
 4 Year Nursing Home Benefit
 Standard Premium Rates
 Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Age | w/o BIO | | | | w/ Simple BIO | | | | w/ Compound BIO | | | |
|-----------|---------|--------|--------|---------|---------------|--------|--------|---------|-----------------|--------|--------|---------|
| | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day |
| 18-22 | 7 | 6 | 5 | 5 | 13 | 12 | 10 | 9 | 16 | 15 | 14 | 12 |
| 23 | 7 | 6 | 5 | 5 | 13 | 12 | 10 | 9 | 16 | 15 | 14 | 12 |
| 24 | 8 | 7 | 6 | 5 | 13 | 12 | 11 | 9 | 17 | 16 | 15 | 12 |
| 25 | 8 | 7 | 6 | 5 | 14 | 12 | 11 | 10 | 17 | 16 | 15 | 13 |
| 26 | 8 | 7 | 6 | 5 | 14 | 13 | 12 | 10 | 18 | 17 | 16 | 14 |
| 27 | 8 | 8 | 6 | 5 | 15 | 14 | 12 | 11 | 19 | 18 | 17 | 15 |
| 28 | 8 | 8 | 7 | 6 | 16 | 15 | 13 | 11 | 20 | 19 | 18 | 16 |
| 29 | 9 | 9 | 7 | 6 | 17 | 16 | 13 | 12 | 21 | 20 | 18 | 16 |
| 30 | 9 | 9 | 7 | 6 | 18 | 16 | 13 | 12 | 22 | 20 | 19 | 16 |
| 31 | 10 | 9 | 8 | 7 | 18 | 17 | 14 | 12 | 23 | 21 | 20 | 17 |
| 32 | 10 | 9 | 8 | 7 | 19 | 18 | 15 | 13 | 24 | 22 | 20 | 18 |
| 33 | 11 | 10 | 9 | 7 | 20 | 19 | 16 | 13 | 25 | 23 | 21 | 19 |
| 34 | 12 | 11 | 9 | 8 | 21 | 20 | 16 | 14 | 26 | 24 | 22 | 20 |
| 35 | 13 | 12 | 9 | 8 | 22 | 21 | 16 | 15 | 27 | 25 | 23 | 20 |
| 36 | 13 | 12 | 9 | 9 | 23 | 22 | 17 | 15 | 28 | 26 | 23 | 21 |
| 37 | 13 | 12 | 9 | 9 | 24 | 23 | 17 | 16 | 29 | 27 | 23 | 21 |
| 38 | 13 | 12 | 9 | 9 | 24 | 23 | 17 | 16 | 30 | 28 | 23 | 21 |
| 39 | 13 | 12 | 9 | 9 | 24 | 23 | 17 | 16 | 30 | 28 | 23 | 21 |
| 40 | 14 | 13 | 10 | 9 | 26 | 24 | 19 | 17 | 31 | 29 | 24 | 21 |
| 41 | 15 | 13 | 10 | 9 | 26 | 24 | 20 | 17 | 31 | 29 | 24 | 21 |
| 42 | 15 | 14 | 11 | 9 | 27 | 25 | 20 | 18 | 32 | 30 | 24 | 22 |
| 43 | 15 | 14 | 11 | 10 | 27 | 25 | 21 | 18 | 33 | 31 | 25 | 22 |
| 44 | 15 | 14 | 11 | 10 | 27 | 25 | 21 | 19 | 34 | 31 | 25 | 22 |
| 45 | 16 | 15 | 11 | 10 | 28 | 26 | 22 | 19 | 35 | 33 | 26 | 23 |
| 46 | 16 | 15 | 12 | 10 | 28 | 26 | 22 | 19 | 36 | 34 | 26 | 23 |
| 47 | 17 | 15 | 12 | 11 | 29 | 27 | 22 | 20 | 37 | 34 | 27 | 24 |
| 48 | 17 | 16 | 12 | 11 | 29 | 27 | 22 | 20 | 38 | 35 | 28 | 25 |
| 49 | 17 | 16 | 12 | 11 | 30 | 27 | 23 | 20 | 38 | 36 | 29 | 25 |
| 50 | 17 | 16 | 13 | 11 | 30 | 28 | 23 | 20 | 39 | 36 | 29 | 26 |
| 51 | 18 | 17 | 13 | 12 | 31 | 28 | 23 | 20 | 39 | 37 | 30 | 27 |
| 52 | 19 | 17 | 14 | 12 | 31 | 29 | 23 | 21 | 40 | 37 | 32 | 28 |
| 53 | 20 | 19 | 15 | 13 | 33 | 30 | 25 | 22 | 42 | 39 | 33 | 30 |
| 54 | 21 | 20 | 16 | 14 | 34 | 32 | 26 | 23 | 45 | 41 | 35 | 31 |
| 55 | 23 | 22 | 18 | 16 | 36 | 33 | 29 | 25 | 48 | 44 | 38 | 33 |
| 56 | 25 | 24 | 20 | 17 | 39 | 36 | 31 | 28 | 51 | 48 | 40 | 36 |
| 57 | 28 | 26 | 22 | 19 | 42 | 39 | 35 | 31 | 56 | 52 | 44 | 39 |
| 58 | 31 | 29 | 24 | 21 | 47 | 43 | 38 | 34 | 62 | 58 | 48 | 42 |
| 59 | 34 | 32 | 27 | 24 | 52 | 48 | 42 | 38 | 69 | 64 | 52 | 46 |
| 60 | 38 | 35 | 30 | 26 | 58 | 54 | 47 | 42 | 76 | 71 | 58 | 51 |
| 61 | 42 | 39 | 33 | 29 | 66 | 61 | 52 | 46 | 85 | 79 | 64 | 57 |
| 62 | 47 | 44 | 37 | 33 | 74 | 68 | 59 | 52 | 95 | 88 | 72 | 63 |
| 63 | 53 | 49 | 42 | 37 | 82 | 77 | 66 | 58 | 106 | 98 | 81 | 72 |
| 64 | 60 | 55 | 47 | 42 | 92 | 86 | 74 | 65 | 118 | 109 | 92 | 82 |
| 65 | 67 | 62 | 53 | 47 | 103 | 96 | 83 | 73 | 131 | 121 | 104 | 93 |
| 66 | 75 | 70 | 60 | 53 | 114 | 106 | 92 | 81 | 145 | 134 | 117 | 103 |
| 67 | 84 | 78 | 67 | 59 | 126 | 117 | 102 | 90 | 159 | 147 | 128 | 114 |
| 68 | 93 | 86 | 74 | 65 | 138 | 128 | 111 | 98 | 173 | 161 | 139 | 123 |
| 69 | 102 | 95 | 81 | 72 | 150 | 139 | 121 | 107 | 187 | 174 | 150 | 133 |
| 70 | 112 | 104 | 89 | 79 | 163 | 151 | 131 | 116 | 203 | 188 | 160 | 142 |
| 71 | 124 | 115 | 98 | 87 | 177 | 165 | 143 | 126 | 219 | 204 | 171 | 152 |
| 72 | 137 | 128 | 108 | 96 | 195 | 181 | 156 | 138 | 238 | 221 | 185 | 164 |
| 73 | 153 | 142 | 120 | 106 | 214 | 199 | 169 | 150 | 260 | 241 | 199 | 176 |
| 74 | 169 | 157 | 133 | 118 | 236 | 219 | 183 | 162 | 283 | 262 | 213 | 189 |
| 75 | 188 | 174 | 147 | 130 | 260 | 242 | 199 | 176 | 307 | 285 | 229 | 203 |
| 76 | 209 | 194 | 163 | 144 | 287 | 267 | 218 | 193 | 335 | 311 | 249 | 221 |
| 77 | 233 | 216 | 182 | 161 | 316 | 294 | 241 | 214 | 364 | 338 | 272 | 242 |
| 78 | 262 | 243 | 203 | 180 | 349 | 324 | 271 | 240 | 398 | 370 | 305 | 270 |
| 79 | 294 | 273 | 227 | 201 | 384 | 357 | 306 | 272 | 435 | 404 | 342 | 303 |
| 80 | | | | 250 | | | | 333 | | | | 309 |
| 81 | | | | 274 | | | | 362 | | | | 388 |
| 82 | | | | 297 | | | | 388 | | | | 408 |
| 83 | | | | 320 | | | | 414 | | | | 431 |
| 84 | | | | 345 | | | | 439 | | | | 455 |
| 85 | | | | | | | | | | | | |
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| 95 | | | | | | | | | | | | |

Premiums remain level at issue age rates

An applicant is considered preferred if husband/wife apply together

For Preferred rates, the discount is 10%

Policy Mode Factors: Semi-Annual 0.52, Quarterly 0.25, Monthly Bank Draft/Payroll Deduction 0.8333

Life Investors Ins. Co. of America
 Policy Form: GP001 796
 Certificate Form: GC001 796
 Lifetime Nursing Home Benefit
 Standard Premium Rates
 Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Age | w/o BIO | | | | w/ Simple BIO | | | | w/ Compound BIO | | | |
|-----------|---------|--------|--------|---------|---------------|--------|--------|---------|-----------------|--------|--------|---------|
| | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day | 0 Day | 20 Day | 60 Day | 100 Day |
| 18-22 | 9 | 9 | 8 | 7 | 18 | 16 | 15 | 13 | 22 | 20 | 19 | 17 |
| 23 | 9 | 9 | 8 | 7 | 18 | 17 | 15 | 13 | 23 | 21 | 19 | 17 |
| 24 | 10 | 9 | 8 | 7 | 19 | 18 | 16 | 14 | 24 | 22 | 20 | 18 |
| 25 | 10 | 9 | 9 | 8 | 20 | 19 | 16 | 15 | 25 | 23 | 21 | 19 |
| 26 | 11 | 10 | 9 | 8 | 21 | 20 | 17 | 16 | 26 | 24 | 22 | 20 |
| 27 | 11 | 10 | 9 | 9 | 22 | 20 | 18 | 16 | 27 | 25 | 23 | 20 |
| 28 | 12 | 11 | 9 | 9 | 23 | 21 | 19 | 17 | 29 | 27 | 24 | 21 |
| 29 | 13 | 12 | 10 | 9 | 24 | 23 | 19 | 18 | 30 | 28 | 25 | 22 |
| 30 | 13 | 12 | 10 | 9 | 25 | 23 | 20 | 19 | 32 | 30 | 26 | 23 |
| 31 | 13 | 12 | 11 | 10 | 26 | 24 | 21 | 20 | 33 | 31 | 27 | 24 |
| 32 | 14 | 13 | 12 | 10 | 27 | 25 | 22 | 20 | 34 | 32 | 28 | 25 |
| 33 | 15 | 14 | 12 | 11 | 29 | 27 | 23 | 21 | 36 | 33 | 29 | 26 |
| 34 | 15 | 14 | 12 | 11 | 29 | 27 | 23 | 21 | 37 | 34 | 30 | 27 |
| 35 | 16 | 15 | 12 | 11 | 30 | 28 | 24 | 22 | 38 | 35 | 31 | 27 |
| 36 | 16 | 15 | 13 | 12 | 31 | 29 | 25 | 23 | 39 | 36 | 32 | 28 |
| 37 | 17 | 16 | 13 | 12 | 32 | 30 | 25 | 23 | 39 | 36 | 32 | 28 |
| 38 | 17 | 16 | 13 | 12 | 32 | 30 | 25 | 23 | 40 | 37 | 32 | 28 |
| 39 | 17 | 16 | 13 | 12 | 32 | 30 | 25 | 23 | 40 | 37 | 32 | 28 |
| 40 | 18 | 16 | 14 | 12 | 34 | 32 | 27 | 24 | 42 | 39 | 34 | 29 |
| 41 | 18 | 17 | 15 | 12 | 35 | 33 | 28 | 24 | 42 | 39 | 35 | 30 |
| 42 | 18 | 17 | 15 | 12 | 36 | 33 | 29 | 24 | 43 | 40 | 36 | 30 |
| 43 | 19 | 17 | 15 | 13 | 36 | 33 | 30 | 25 | 44 | 41 | 37 | 31 |
| 44 | 19 | 18 | 15 | 13 | 36 | 34 | 30 | 25 | 45 | 41 | 39 | 31 |
| 45 | 19 | 18 | 16 | 14 | 36 | 34 | 31 | 25 | 46 | 42 | 40 | 32 |
| 46 | 20 | 18 | 16 | 14 | 37 | 34 | 31 | 25 | 47 | 43 | 41 | 33 |
| 47 | 20 | 19 | 16 | 14 | 37 | 34 | 32 | 26 | 48 | 44 | 42 | 33 |
| 48 | 21 | 19 | 17 | 15 | 38 | 35 | 32 | 26 | 48 | 45 | 43 | 34 |
| 49 | 21 | 20 | 17 | 15 | 38 | 35 | 33 | 26 | 49 | 46 | 43 | 35 |
| 50 | 22 | 21 | 18 | 16 | 39 | 36 | 33 | 27 | 50 | 47 | 44 | 35 |
| 51 | 23 | 21 | 19 | 16 | 40 | 37 | 34 | 28 | 52 | 48 | 45 | 36 |
| 52 | 24 | 23 | 20 | 16 | 42 | 39 | 35 | 29 | 54 | 50 | 46 | 38 |
| 53 | 26 | 24 | 21 | 18 | 45 | 42 | 37 | 31 | 58 | 54 | 48 | 41 |
| 54 | 28 | 26 | 23 | 19 | 48 | 44 | 40 | 34 | 62 | 57 | 51 | 44 |
| 55 | 30 | 28 | 24 | 21 | 51 | 48 | 43 | 37 | 67 | 62 | 53 | 47 |
| 56 | 33 | 31 | 26 | 23 | 56 | 52 | 46 | 40 | 72 | 67 | 59 | 51 |
| 57 | 36 | 34 | 29 | 25 | 61 | 57 | 50 | 44 | 79 | 74 | 64 | 56 |
| 58 | 40 | 37 | 32 | 29 | 68 | 63 | 55 | 49 | 88 | 81 | 70 | 62 |
| 59 | 44 | 41 | 35 | 32 | 75 | 70 | 60 | 54 | 97 | 90 | 76 | 69 |
| 60 | 49 | 45 | 39 | 36 | 83 | 77 | 65 | 59 | 107 | 100 | 83 | 76 |
| 61 | 55 | 51 | 43 | 40 | 92 | 86 | 71 | 66 | 119 | 110 | 91 | 84 |
| 62 | 61 | 57 | 49 | 45 | 102 | 95 | 79 | 73 | 131 | 122 | 101 | 94 |
| 63 | 69 | 64 | 55 | 51 | 113 | 105 | 89 | 82 | 144 | 134 | 113 | 105 |
| 64 | 77 | 72 | 61 | 57 | 125 | 116 | 100 | 92 | 159 | 147 | 127 | 117 |
| 65 | 87 | 81 | 69 | 63 | 138 | 128 | 112 | 103 | 174 | 162 | 142 | 130 |
| 66 | 97 | 90 | 77 | 70 | 152 | 142 | 124 | 114 | 191 | 177 | 157 | 144 |
| 67 | 108 | 100 | 86 | 79 | 168 | 156 | 137 | 126 | 209 | 194 | 172 | 158 |
| 68 | 119 | 111 | 94 | 87 | 184 | 171 | 149 | 137 | 228 | 212 | 185 | 171 |
| 69 | 130 | 121 | 103 | 96 | 201 | 186 | 160 | 149 | 248 | 231 | 197 | 184 |
| 70 | 143 | 133 | 113 | 106 | 219 | 203 | 172 | 162 | 270 | 251 | 209 | 197 |
| 71 | 157 | 146 | 124 | 118 | 239 | 222 | 186 | 177 | 293 | 272 | 224 | 212 |
| 72 | 174 | 162 | 138 | 131 | 263 | 244 | 204 | 194 | 318 | 295 | 241 | 229 |
| 73 | 194 | 180 | 153 | 146 | 290 | 270 | 224 | 214 | 343 | 319 | 261 | 249 |
| 74 | 215 | 200 | 170 | 162 | 320 | 297 | 247 | 235 | 370 | 344 | 284 | 271 |
| 75 | 239 | 222 | 189 | 180 | 353 | 327 | 272 | 259 | 398 | 370 | 310 | 295 |
| 76 | 266 | 247 | 209 | 200 | 388 | 360 | 299 | 285 | 429 | 399 | 336 | 321 |
| 77 | 296 | 275 | 233 | 222 | 425 | 395 | 328 | 313 | 463 | 430 | 365 | 348 |
| 78 | 329 | 306 | 259 | 247 | 465 | 432 | 360 | 343 | 502 | 466 | 396 | 377 |
| 79 | 366 | 340 | 288 | 274 | 509 | 473 | 395 | 377 | 544 | 505 | 429 | 409 |
| 80 | | | | | | | | | | | | |
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Premiums remain level at issue age rates.
 An applicant is considered preferred if husband and wife apply together.
 For Preferred rates, the discount is 10%.
 Policy Mode Factors: Semi-Annual 0.52, Quarterly 0.26, Monthly Bank Draft/Payroll Deduction 0.08333

Life Investors Ins. Co. of America
 Policy Form: GP001 796
 Certificate Form: GC001 796
Stand Alone Home & Community Care Benefit - 10 Day Elimination
 Standard Premium Rates
 Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Age | 1 Year Benefit Period | | | 2 Year Benefit Period | | | 3 Year Benefit Period | | |
|-----------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|
| | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO |
| 18-22 | 7 | 12 | 15 | 10 | 18 | 23 | 13 | 25 | 30 |
| 23 | 7 | 12 | 15 | 10 | 18 | 23 | 13 | 26 | 31 |
| 24 | 7 | 13 | 16 | 10 | 19 | 24 | 14 | 27 | 32 |
| 25 | 8 | 13 | 17 | 11 | 20 | 25 | 15 | 28 | 33 |
| 26 | 8 | 14 | 18 | 12 | 20 | 26 | 15 | 30 | 35 |
| 27 | 8 | 14 | 19 | 12 | 21 | 27 | 16 | 31 | 36 |
| 28 | 8 | 15 | 20 | 13 | 23 | 28 | 17 | 32 | 38 |
| 29 | 9 | 15 | 21 | 13 | 24 | 30 | 18 | 33 | 39 |
| 30 | 9 | 16 | 22 | 14 | 25 | 32 | 19 | 35 | 41 |
| 31 | 10 | 17 | 23 | 15 | 27 | 34 | 20 | 36 | 43 |
| 32 | 10 | 18 | 24 | 15 | 28 | 35 | 21 | 37 | 45 |
| 33 | 11 | 19 | 25 | 16 | 30 | 37 | 21 | 38 | 47 |
| 34 | 11 | 20 | 26 | 17 | 31 | 38 | 22 | 39 | 48 |
| 35 | 12 | 21 | 27 | 18 | 33 | 40 | 22 | 41 | 49 |
| 36 | 12 | 22 | 29 | 19 | 34 | 41 | 23 | 42 | 50 |
| 37 | 13 | 23 | 30 | 20 | 35 | 42 | 23 | 42 | 51 |
| 38 | 13 | 23 | 30 | 20 | 36 | 43 | 23 | 43 | 51 |
| 39 | 13 | 23 | 30 | 20 | 36 | 44 | 23 | 43 | 51 |
| 40 | 14 | 25 | 31 | 21 | 39 | 47 | 25 | 45 | 53 |
| 41 | 15 | 26 | 32 | 22 | 39 | 48 | 25 | 45 | 54 |
| 42 | 15 | 27 | 32 | 22 | 40 | 48 | 26 | 46 | 55 |
| 43 | 15 | 27 | 33 | 23 | 40 | 49 | 26 | 46 | 56 |
| 44 | 15 | 27 | 33 | 23 | 40 | 50 | 26 | 46 | 57 |
| 45 | 15 | 27 | 34 | 23 | 40 | 51 | 26 | 46 | 58 |
| 46 | 15 | 27 | 34 | 23 | 40 | 52 | 26 | 47 | 59 |
| 47 | 16 | 27 | 35 | 23 | 41 | 52 | 27 | 47 | 61 |
| 48 | 16 | 27 | 35 | 23 | 41 | 53 | 27 | 47 | 61 |
| 49 | 16 | 27 | 35 | 24 | 41 | 53 | 28 | 48 | 62 |
| 50 | 16 | 28 | 36 | 24 | 41 | 54 | 29 | 49 | 63 |
| 51 | 16 | 28 | 36 | 24 | 42 | 54 | 30 | 50 | 64 |
| 52 | 17 | 29 | 37 | 26 | 43 | 55 | 31 | 52 | 67 |
| 53 | 18 | 30 | 38 | 27 | 44 | 58 | 34 | 55 | 71 |
| 54 | 20 | 31 | 41 | 29 | 46 | 61 | 36 | 57 | 75 |
| 55 | 21 | 33 | 43 | 32 | 49 | 65 | 39 | 60 | 79 |
| 56 | 23 | 34 | 46 | 34 | 51 | 69 | 42 | 63 | 84 |
| 57 | 25 | 37 | 49 | 37 | 55 | 74 | 45 | 67 | 90 |
| 58 | 26 | 40 | 53 | 39 | 60 | 79 | 47 | 71 | 95 |
| 59 | 28 | 43 | 56 | 42 | 64 | 84 | 49 | 75 | 99 |
| 60 | 29 | 45 | 59 | 43 | 67 | 88 | 51 | 79 | 103 |
| 61 | 30 | 47 | 61 | 45 | 71 | 92 | 53 | 83 | 107 |
| 62 | 32 | 51 | 65 | 48 | 76 | 97 | 56 | 87 | 112 |
| 63 | 35 | 54 | 69 | 52 | 81 | 104 | 60 | 93 | 119 |
| 64 | 37 | 58 | 74 | 56 | 87 | 110 | 63 | 98 | 125 |
| 65 | 40 | 62 | 79 | 60 | 93 | 117 | 68 | 104 | 132 |
| 66 | 43 | 66 | 83 | 64 | 98 | 124 | 72 | 110 | 140 |
| 67 | 47 | 70 | 89 | 70 | 105 | 132 | 79 | 119 | 149 |
| 68 | 51 | 76 | 96 | 77 | 114 | 143 | 87 | 130 | 163 |
| 69 | 56 | 82 | 103 | 83 | 123 | 153 | 96 | 141 | 176 |
| 70 | 61 | 88 | 110 | 91 | 132 | 164 | 105 | 153 | 190 |
| 71 | 66 | 95 | 118 | 99 | 142 | 176 | 116 | 167 | 206 |
| 72 | 73 | 103 | 126 | 109 | 154 | 189 | 129 | 183 | 224 |
| 73 | 80 | 112 | 136 | 120 | 168 | 204 | 144 | 202 | 244 |
| 74 | 87 | 122 | 146 | 131 | 183 | 219 | 159 | 222 | 266 |
| 75 | 96 | 133 | 157 | 144 | 199 | 235 | 176 | 245 | 289 |
| 76 | 106 | 146 | 170 | 158 | 218 | 254 | 196 | 270 | 315 |
| 77 | 118 | 160 | 184 | 176 | 239 | 276 | 219 | 298 | 343 |
| 78 | 132 | 176 | 201 | 198 | 264 | 301 | 246 | 328 | 375 |
| 79 | 149 | 195 | 221 | 223 | 292 | 330 | 277 | 362 | 409 |
| 80 | 167 | 215 | 241 | 250 | 321 | 360 | 309 | 397 | 446 |
| 81 | 186 | 235 | 262 | 278 | 351 | 392 | 343 | 433 | 483 |
| 82 | 205 | 255 | 283 | 307 | 382 | 423 | 378 | 470 | 521 |
| 83 | 225 | 276 | 304 | 336 | 412 | 455 | 413 | 507 | 559 |
| 84 | 245 | 297 | 326 | 367 | 444 | 488 | 450 | 545 | 599 |
| 85 | 260 | 315 | 345 | 388 | 464 | 512 | | | |
| 86 | 274 | 335 | 362 | 409 | 496 | 534 | | | |
| 87 | 289 | 352 | 375 | 432 | 526 | 558 | | | |
| 88 | 306 | 361 | 386 | 457 | 548 | 575 | | | |
| 89 | 334 | 391 | 413 | 500 | 593 | 613 | | | |
| 90 | 364 | 423 | 435 | 545 | 641 | 650 | | | |
| 91 | 393 | 453 | 459 | 588 | 686 | 695 | | | |
| 92 | 418 | 478 | 484 | 625 | 723 | 732 | | | |
| 93 | 438 | 497 | 502 | 655 | 752 | 760 | | | |
| 94 | 455 | 513 | 518 | 681 | 775 | 783 | | | |
| 95 | 470 | 526 | 533 | 704 | 795 | 802 | | | |
| 96 | 484 | 538 | 543 | 724 | 812 | 818 | | | |
| 97 | 497 | 548 | 551 | 741 | 828 | 833 | | | |
| 98 | 509 | 558 | 558 | 755 | 842 | 846 | | | |
| 99 | 520 | 565 | 568 | 777 | 853 | 857 | | | |

Premiums remain level at issue age rates
 An applicant is considered preferred if husband/wife apply together
 For Preferred rates, the discount is 10%
 Policy Mode Factors: Semi-Annual 0.52, Quarterly 0.26, Monthly Bank Draft Payroll Deduction 0.0

Life Investors Ins. Co. of America
Policy Form: GP001 796
Certificate Form: GC001 796
Home & Community Care Benefit - 20 Day Elimination
Standard Premium Rates
Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Age | 1 Year Benefit Period | | | 2 Year Benefit Period | | | 3 Year Benefit Period | | | 4 Year Benefit Period | | | Lifetime Benefit Period | | |
|-----------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|-------------------------|-------|-------|
| | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO |
| 18-22 | 5 | 9 | 12 | 8 | 14 | 18 | 11 | 20 | 24 | 11 | 20 | 25 | 14 | 28 | 34 |
| 23 | 5 | 9 | 12 | 8 | 14 | 18 | 11 | 20 | 24 | 11 | 20 | 25 | 14 | 29 | 36 |
| 24 | 5 | 10 | 13 | 8 | 15 | 19 | 11 | 21 | 25 | 12 | 21 | 26 | 15 | 30 | 38 |
| 25 | 6 | 10 | 13 | 9 | 16 | 19 | 12 | 22 | 26 | 12 | 21 | 27 | 16 | 32 | 39 |
| 26 | 6 | 11 | 14 | 9 | 17 | 20 | 12 | 24 | 28 | 12 | 22 | 28 | 16 | 33 | 41 |
| 27 | 7 | 12 | 14 | 9 | 18 | 21 | 13 | 25 | 29 | 13 | 24 | 30 | 17 | 34 | 42 |
| 28 | 7 | 12 | 15 | 10 | 19 | 22 | 13 | 26 | 30 | 13 | 25 | 32 | 18 | 36 | 45 |
| 29 | 7 | 12 | 16 | 10 | 20 | 23 | 14 | 27 | 32 | 14 | 26 | 33 | 19 | 38 | 47 |
| 30 | 7 | 13 | 17 | 11 | 21 | 24 | 14 | 28 | 33 | 14 | 28 | 34 | 20 | 39 | 50 |
| 31 | 8 | 14 | 18 | 12 | 22 | 26 | 15 | 29 | 35 | 15 | 29 | 36 | 21 | 41 | 51 |
| 32 | 8 | 14 | 19 | 12 | 23 | 27 | 15 | 30 | 36 | 16 | 30 | 37 | 22 | 42 | 54 |
| 33 | 8 | 15 | 20 | 13 | 24 | 29 | 16 | 31 | 37 | 17 | 32 | 39 | 23 | 45 | 57 |
| 34 | 9 | 16 | 21 | 13 | 25 | 30 | 17 | 32 | 38 | 18 | 33 | 42 | 24 | 46 | 58 |
| 35 | 9 | 16 | 22 | 14 | 26 | 32 | 17 | 33 | 39 | 19 | 35 | 44 | 24 | 47 | 60 |
| 36 | 11 | 17 | 23 | 15 | 27 | 33 | 17 | 33 | 40 | 20 | 36 | 45 | 25 | 48 | 61 |
| 37 | 11 | 18 | 23 | 15 | 28 | 35 | 18 | 34 | 41 | 21 | 37 | 46 | 25 | 49 | 62 |
| 38 | 11 | 18 | 24 | 16 | 29 | 36 | 18 | 34 | 41 | 21 | 38 | 47 | 26 | 50 | 63 |
| 39 | 11 | 18 | 24 | 16 | 29 | 36 | 18 | 34 | 41 | 21 | 38 | 47 | 26 | 50 | 63 |
| 40 | 11 | 20 | 25 | 17 | 31 | 37 | 20 | 36 | 43 | 22 | 40 | 48 | 28 | 54 | 65 |
| 41 | 12 | 21 | 25 | 18 | 32 | 38 | 20 | 36 | 43 | 23 | 41 | 49 | 28 | 55 | 66 |
| 42 | 12 | 21 | 26 | 18 | 32 | 39 | 20 | 37 | 44 | 23 | 42 | 50 | 29 | 56 | 67 |
| 43 | 12 | 21 | 26 | 18 | 32 | 39 | 21 | 37 | 45 | 24 | 42 | 51 | 29 | 56 | 69 |
| 44 | 12 | 22 | 27 | 18 | 32 | 40 | 21 | 37 | 46 | 24 | 43 | 53 | 30 | 56 | 70 |
| 45 | 12 | 22 | 27 | 18 | 32 | 41 | 21 | 37 | 47 | 25 | 44 | 55 | 30 | 57 | 71 |
| 46 | 12 | 22 | 28 | 18 | 32 | 41 | 21 | 37 | 48 | 25 | 44 | 57 | 31 | 57 | 73 |
| 47 | 12 | 22 | 28 | 19 | 32 | 42 | 22 | 38 | 49 | 26 | 45 | 58 | 32 | 58 | 74 |
| 48 | 12 | 22 | 28 | 19 | 32 | 42 | 22 | 38 | 49 | 26 | 45 | 59 | 32 | 58 | 75 |
| 49 | 13 | 22 | 28 | 19 | 33 | 43 | 22 | 38 | 50 | 26 | 46 | 59 | 33 | 59 | 76 |
| 50 | 13 | 22 | 29 | 19 | 33 | 43 | 23 | 39 | 50 | 27 | 46 | 60 | 34 | 60 | 77 |
| 51 | 13 | 22 | 29 | 20 | 33 | 43 | 24 | 40 | 51 | 27 | 47 | 60 | 35 | 61 | 79 |
| 52 | 14 | 23 | 29 | 21 | 34 | 44 | 25 | 42 | 54 | 28 | 47 | 61 | 37 | 64 | 82 |
| 53 | 15 | 24 | 31 | 22 | 36 | 46 | 27 | 44 | 57 | 30 | 49 | 63 | 39 | 67 | 86 |
| 54 | 16 | 25 | 33 | 23 | 37 | 49 | 29 | 46 | 60 | 32 | 50 | 66 | 41 | 71 | 91 |
| 55 | 17 | 26 | 35 | 25 | 39 | 52 | 31 | 48 | 63 | 34 | 52 | 69 | 44 | 75 | 97 |
| 56 | 18 | 28 | 37 | 27 | 41 | 55 | 33 | 50 | 67 | 36 | 54 | 73 | 47 | 79 | 102 |
| 57 | 20 | 30 | 40 | 29 | 44 | 59 | 36 | 54 | 72 | 39 | 58 | 77 | 50 | 84 | 109 |
| 58 | 21 | 32 | 42 | 31 | 48 | 63 | 38 | 57 | 76 | 41 | 62 | 82 | 53 | 89 | 116 |
| 59 | 22 | 34 | 45 | 33 | 51 | 67 | 39 | 60 | 80 | 43 | 65 | 86 | 55 | 94 | 121 |
| 60 | 23 | 36 | 47 | 35 | 54 | 70 | 41 | 63 | 83 | 44 | 69 | 90 | 58 | 98 | 126 |
| 61 | 24 | 38 | 49 | 36 | 57 | 74 | 42 | 66 | 85 | 46 | 72 | 93 | 60 | 101 | 130 |
| 62 | 26 | 40 | 52 | 39 | 61 | 78 | 45 | 70 | 90 | 49 | 77 | 99 | 64 | 107 | 137 |
| 63 | 28 | 43 | 55 | 42 | 65 | 83 | 48 | 74 | 95 | 53 | 82 | 105 | 68 | 113 | 144 |
| 64 | 30 | 46 | 59 | 45 | 69 | 88 | 51 | 79 | 100 | 57 | 88 | 112 | 73 | 119 | 151 |
| 65 | 32 | 50 | 63 | 48 | 74 | 94 | 54 | 84 | 106 | 61 | 94 | 119 | 79 | 126 | 159 |
| 66 | 34 | 53 | 66 | 51 | 79 | 99 | 58 | 88 | 112 | 65 | 100 | 126 | 85 | 133 | 167 |
| 67 | 37 | 56 | 71 | 56 | 84 | 106 | 63 | 95 | 120 | 71 | 108 | 136 | 92 | 143 | 178 |
| 68 | 41 | 61 | 77 | 61 | 91 | 114 | 70 | 104 | 130 | 79 | 118 | 148 | 102 | 157 | 195 |
| 69 | 45 | 66 | 82 | 67 | 98 | 123 | 77 | 113 | 141 | 87 | 128 | 160 | 111 | 171 | 212 |
| 70 | 49 | 71 | 88 | 73 | 106 | 131 | 84 | 122 | 152 | 96 | 139 | 173 | 122 | 187 | 231 |
| 71 | 53 | 76 | 94 | 79 | 114 | 141 | 93 | 133 | 165 | 106 | 151 | 187 | 134 | 204 | 250 |
| 72 | 58 | 83 | 101 | 87 | 123 | 151 | 103 | 146 | 180 | 117 | 166 | 204 | 149 | 225 | 271 |
| 73 | 64 | 90 | 109 | 96 | 134 | 163 | 115 | 161 | 196 | 130 | 183 | 222 | 166 | 248 | 293 |
| 74 | 70 | 98 | 117 | 105 | 146 | 175 | 127 | 178 | 213 | 144 | 202 | 241 | 184 | 273 | 316 |
| 75 | 77 | 107 | 126 | 115 | 160 | 188 | 141 | 196 | 231 | 160 | 222 | 262 | 204 | 301 | 340 |
| 76 | 85 | 117 | 136 | 127 | 174 | 203 | 157 | 216 | 252 | 178 | 245 | 286 | 227 | 331 | 367 |
| 77 | 94 | 128 | 148 | 141 | 191 | 221 | 175 | 238 | 274 | 199 | 270 | 311 | 252 | 363 | 396 |
| 78 | 106 | 141 | 161 | 158 | 211 | 241 | 197 | 262 | 300 | 223 | 298 | 340 | 281 | 397 | 428 |
| 79 | 119 | 156 | 175 | 178 | 233 | 264 | 221 | 289 | 327 | 251 | 328 | 371 | 313 | 435 | 464 |
| 80 | 134 | 172 | 193 | 200 | 257 | 288 | 247 | 318 | 357 | 281 | 360 | 404 | | | |
| 81 | 149 | 188 | 210 | 223 | 281 | 314 | 275 | 347 | 387 | 311 | 393 | 439 | | | |
| 82 | 164 | 204 | 226 | 245 | 305 | 339 | 302 | 376 | 417 | 342 | 426 | 473 | | | |
| 83 | 180 | 220 | 243 | 269 | 330 | 364 | 330 | 405 | 447 | 374 | 459 | 507 | | | |
| 84 | 196 | 237 | 261 | 293 | 355 | 391 | 360 | 436 | 479 | 408 | 494 | 543 | | | |
| 85 | 208 | 252 | 276 | 310 | 371 | 409 | | | | | | | | | |
| 86 | 220 | 268 | 289 | 327 | 397 | 427 | | | | | | | | | |
| 87 | 231 | 281 | 300 | 346 | 421 | 446 | | | | | | | | | |
| 88 | 245 | 289 | 309 | 366 | 438 | 460 | | | | | | | | | |
| 89 | 267 | 313 | 331 | 400 | 474 | 491 | | | | | | | | | |
| 90 | 292 | 338 | 348 | 436 | 512 | 520 | | | | | | | | | |
| 91 | 315 | 362 | 367 | 471 | 549 | 556 | | | | | | | | | |
| 92 | 334 | 382 | 387 | 500 | 579 | 586 | | | | | | | | | |
| 93 | 350 | 398 | 402 | 524 | 601 | 608 | | | | | | | | | |
| 94 | 364 | 410 | 414 | 545 | 620 | 626 | | | | | | | | | |
| 95 | 376 | 421 | 424 | 563 | 636 | 641 | | | | | | | | | |
| 96 | 387 | 431 | 434 | 578 | 649 | 654 | | | | | | | | | |
| 97 | 397 | 440 | 443 | 590 | 660 | 666 | | | | | | | | | |
| 98 | 407 | 446 | 448 | 599 | 673 | 677 | | | | | | | | | |
| 99 | 416 | 452 | 454 | 602 | 682 | 686 | | | | | | | | | |

Premiums remain level at issue age rates.
 An applicant is considered preferred if husband-wife apply together
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Life Investors Ins. Co. of America
 Policy Form: GP001 796
 Certificate Form: GC001 796
Home & Community Care Benefit - 60 Day Elimination
 Standard Premium Rates
 Annual Rates are per \$10 of Maximum Daily Benefit

| Issue Ages | 1 Year Benefit Period | | | 2 Year Benefit Period | | | 3 Year Benefit Period | | | 4 Year Benefit Period | | | Lifetime Benefit Period | | |
|------------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|-------------------------|-------|-------|
| | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO | No BIO | S BIO | C BIO |
| 18-22 | 4 | 8 | 9 | 7 | 12 | 16 | 9 | 17 | 22 | 9 | 17 | 24 | 13 | 25 | 32 |
| 23 | 4 | 8 | 9 | 7 | 12 | 16 | 9 | 17 | 23 | 9 | 17 | 24 | 13 | 26 | 32 |
| 24 | 4 | 8 | 9 | 7 | 13 | 16 | 9 | 17 | 24 | 10 | 18 | 25 | 13 | 27 | 34 |
| 25 | 5 | 8 | 10 | 7 | 14 | 17 | 10 | 18 | 25 | 10 | 19 | 26 | 14 | 28 | 36 |
| 26 | 5 | 9 | 10 | 8 | 15 | 17 | 10 | 18 | 26 | 11 | 20 | 27 | 14 | 29 | 37 |
| 27 | 5 | 9 | 11 | 8 | 16 | 18 | 11 | 19 | 27 | 11 | 21 | 28 | 15 | 30 | 38 |
| 28 | 5 | 9 | 12 | 8 | 16 | 18 | 11 | 20 | 28 | 12 | 22 | 29 | 16 | 31 | 39 |
| 29 | 6 | 9 | 12 | 8 | 17 | 19 | 12 | 21 | 29 | 12 | 22 | 30 | 17 | 32 | 41 |
| 30 | 6 | 10 | 13 | 9 | 17 | 19 | 12 | 22 | 30 | 12 | 23 | 32 | 18 | 33 | 42 |
| 31 | 6 | 10 | 14 | 9 | 18 | 20 | 12 | 23 | 31 | 13 | 24 | 33 | 19 | 34 | 45 |
| 32 | 6 | 11 | 15 | 9 | 18 | 21 | 13 | 24 | 32 | 13 | 25 | 34 | 20 | 36 | 47 |
| 33 | 7 | 11 | 16 | 10 | 19 | 22 | 13 | 24 | 33 | 14 | 26 | 35 | 20 | 37 | 49 |
| 34 | 7 | 12 | 16 | 10 | 20 | 24 | 13 | 25 | 34 | 14 | 27 | 37 | 21 | 38 | 51 |
| 35 | 7 | 12 | 17 | 11 | 21 | 25 | 13 | 25 | 35 | 14 | 28 | 38 | 21 | 39 | 52 |
| 36 | 8 | 13 | 17 | 11 | 21 | 27 | 14 | 26 | 35 | 15 | 28 | 38 | 22 | 40 | 53 |
| 37 | 8 | 13 | 18 | 12 | 22 | 28 | 14 | 26 | 36 | 15 | 29 | 39 | 22 | 41 | 54 |
| 38 | 8 | 14 | 18 | 12 | 22 | 29 | 14 | 26 | 36 | 16 | 29 | 39 | 22 | 42 | 54 |
| 39 | 8 | 14 | 18 | 12 | 22 | 30 | 14 | 26 | 36 | 16 | 29 | 39 | 22 | 42 | 54 |
| 40 | 8 | 16 | 20 | 13 | 25 | 31 | 16 | 29 | 37 | 17 | 32 | 40 | 24 | 46 | 58 |
| 41 | 9 | 16 | 20 | 14 | 26 | 32 | 16 | 30 | 37 | 17 | 33 | 41 | 25 | 48 | 59 |
| 42 | 9 | 17 | 20 | 14 | 27 | 32 | 17 | 31 | 38 | 18 | 34 | 41 | 25 | 49 | 61 |
| 43 | 9 | 17 | 21 | 14 | 27 | 33 | 17 | 32 | 39 | 18 | 35 | 42 | 26 | 50 | 63 |
| 44 | 9 | 17 | 21 | 15 | 28 | 33 | 17 | 33 | 39 | 19 | 36 | 43 | 26 | 51 | 65 |
| 45 | 9 | 18 | 21 | 15 | 28 | 34 | 18 | 33 | 40 | 19 | 36 | 44 | 26 | 52 | 67 |
| 46 | 9 | 18 | 21 | 15 | 28 | 34 | 18 | 34 | 41 | 20 | 37 | 45 | 27 | 53 | 69 |
| 47 | 10 | 18 | 22 | 16 | 29 | 35 | 18 | 34 | 42 | 20 | 37 | 46 | 28 | 54 | 71 |
| 48 | 10 | 18 | 23 | 16 | 29 | 36 | 19 | 34 | 43 | 20 | 38 | 47 | 28 | 54 | 71 |
| 49 | 10 | 18 | 24 | 16 | 29 | 38 | 19 | 35 | 44 | 21 | 38 | 47 | 29 | 54 | 72 |
| 50 | 11 | 19 | 25 | 17 | 30 | 39 | 19 | 35 | 45 | 21 | 38 | 49 | 30 | 55 | 73 |
| 51 | 11 | 19 | 26 | 18 | 30 | 41 | 20 | 35 | 47 | 21 | 38 | 50 | 31 | 56 | 74 |
| 52 | 12 | 20 | 27 | 19 | 32 | 43 | 21 | 36 | 49 | 22 | 38 | 52 | 32 | 58 | 75 |
| 53 | 12 | 21 | 28 | 20 | 33 | 45 | 23 | 38 | 51 | 24 | 40 | 54 | 34 | 60 | 78 |
| 54 | 13 | 22 | 29 | 21 | 35 | 46 | 24 | 40 | 54 | 26 | 42 | 56 | 36 | 63 | 82 |
| 55 | 14 | 23 | 30 | 22 | 36 | 48 | 26 | 43 | 56 | 28 | 45 | 59 | 38 | 67 | 86 |
| 56 | 15 | 24 | 31 | 24 | 38 | 49 | 28 | 46 | 59 | 30 | 48 | 61 | 40 | 71 | 90 |
| 57 | 16 | 26 | 33 | 26 | 41 | 52 | 31 | 49 | 62 | 32 | 51 | 65 | 43 | 75 | 95 |
| 58 | 17 | 27 | 34 | 27 | 44 | 55 | 33 | 52 | 65 | 34 | 54 | 68 | 45 | 78 | 99 |
| 59 | 18 | 29 | 36 | 29 | 46 | 57 | 35 | 55 | 68 | 36 | 57 | 71 | 48 | 80 | 103 |
| 60 | 19 | 30 | 37 | 30 | 48 | 59 | 36 | 58 | 71 | 38 | 60 | 73 | 49 | 82 | 105 |
| 61 | 20 | 32 | 38 | 32 | 50 | 61 | 38 | 60 | 73 | 39 | 62 | 76 | 51 | 85 | 108 |
| 62 | 21 | 33 | 41 | 34 | 53 | 65 | 40 | 63 | 77 | 42 | 66 | 80 | 55 | 89 | 114 |
| 63 | 23 | 35 | 43 | 36 | 56 | 69 | 43 | 67 | 83 | 45 | 70 | 87 | 59 | 95 | 121 |
| 64 | 24 | 37 | 46 | 38 | 59 | 74 | 45 | 71 | 88 | 48 | 75 | 94 | 63 | 102 | 130 |
| 65 | 25 | 39 | 50 | 41 | 63 | 79 | 48 | 75 | 95 | 52 | 81 | 102 | 68 | 110 | 139 |
| 66 | 27 | 42 | 53 | 43 | 66 | 84 | 52 | 79 | 101 | 56 | 86 | 110 | 72 | 117 | 148 |
| 67 | 29 | 44 | 56 | 47 | 71 | 90 | 56 | 86 | 108 | 61 | 93 | 118 | 79 | 126 | 158 |
| 68 | 32 | 48 | 61 | 51 | 77 | 96 | 62 | 94 | 118 | 68 | 102 | 128 | 87 | 137 | 170 |
| 69 | 35 | 52 | 64 | 56 | 83 | 103 | 69 | 103 | 127 | 74 | 111 | 137 | 95 | 147 | 181 |
| 70 | 38 | 56 | 68 | 60 | 89 | 109 | 76 | 113 | 137 | 82 | 121 | 147 | 104 | 158 | 193 |
| 71 | 41 | 60 | 73 | 66 | 96 | 116 | 84 | 123 | 148 | 90 | 131 | 158 | 114 | 171 | 206 |
| 72 | 46 | 66 | 78 | 73 | 105 | 124 | 94 | 135 | 161 | 99 | 143 | 170 | 127 | 187 | 221 |
| 73 | 50 | 71 | 83 | 80 | 113 | 133 | 105 | 149 | 175 | 110 | 156 | 183 | 141 | 206 | 240 |
| 74 | 55 | 77 | 89 | 88 | 122 | 142 | 118 | 163 | 189 | 122 | 169 | 196 | 156 | 227 | 262 |
| 75 | 61 | 83 | 95 | 97 | 132 | 152 | 132 | 179 | 205 | 135 | 183 | 211 | 173 | 250 | 285 |
| 76 | 67 | 90 | 103 | 108 | 144 | 164 | 146 | 195 | 223 | 150 | 200 | 229 | 192 | 275 | 309 |
| 77 | 75 | 99 | 112 | 119 | 158 | 179 | 161 | 214 | 242 | 167 | 222 | 251 | 214 | 302 | 336 |
| 78 | 83 | 111 | 124 | 132 | 176 | 198 | 176 | 235 | 264 | 187 | 249 | 280 | 238 | 331 | 364 |
| 79 | 92 | 124 | 138 | 146 | 197 | 221 | 191 | 258 | 288 | 209 | 282 | 315 | 265 | 355 | 394 |
| 80 | 101 | 138 | 153 | 162 | 220 | 245 | | | | | | | | | |
| 81 | 112 | 152 | 169 | 178 | 243 | 269 | | | | | | | | | |
| 82 | 122 | 166 | 183 | 195 | 265 | 292 | | | | | | | | | |
| 83 | 133 | 179 | 197 | 212 | 286 | 315 | | | | | | | | | |
| 84 | 145 | 193 | 212 | 230 | 308 | 338 | | | | | | | | | |
| 85 | | | | | | | | | | | | | | | |
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