

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

PROFESSIONAL HOME HEALTH CARE BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy effective date*)

Rider Premium (amount is shown on the policy schedule)

NOTICE

This rider is only available at the time you applied for your policy. If this rider is included as part of your coverage, you cannot later choose to cancel it or to remove it from your policy.

DEFINITIONS

The definitions shown in your policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definition applies to this rider.

Professional home health care means *home health care covered services* provided by a *nurse* or a skilled professional who has received specialized training or state licensure in the field of physical therapy, respiratory therapy, occupational therapy, speech therapy, audiology, nutrition, or chemotherapy administration.

PROFESSIONAL HOME HEALTH CARE BENEFITS

This rider pays benefits for the expense you incur for *covered services* for *professional home health care* in conjunction with your policy's HOME HEALTH CARE BENEFITS section. We will first pay for such expenses under this rider. Any excess expense incurred will be considered under your policy's *home health care* benefits.

If you receive *professional home health care* from a *home health care agency* or an *independent provider*, we will pay the expense you incur for *covered services*, up to the Professional Home Health Care Maximum Monthly Benefit shown on the policy schedule, for each *month* you receive such services. If the expense you incur for *professional home health care* exceeds the Professional Home Health Care Maximum Monthly Benefit, we will pay for such expense under the terms of your policy's *home health care* benefits up to the Home Health Care Maximum Monthly Benefit shown on the policy schedule. *Professional home health care* benefits begin after you have satisfied your policy's *elimination period*. *Covered services* for *professional home health care* consist of:

- (a) part-time or intermittent skilled services provided by a *nurse* (for a maximum of 365 days of service while your policy is in force);
- (b) physical therapist services;
- (c) respiratory therapist services;
- (d) occupational therapist services;

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- (e) speech therapist services;
- (f) audiologist services;
- (g) chemotherapy administration specialist services; and
- (h) nutritional specialist services.

Professional home health care benefits will end when you no longer meet your policy's ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements or the *policy limit* has been reduced to zero, whichever occurs first.

TERMINATION

This rider ends on the date your policy ends.

Mutual of Omaha Insurance Company

Corporate Secretary