



**Rate Sheet**  
**JACKSON NATIONAL LIFE INSURANCE COMPANY**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	1.80	2.70	2.50	3.80
31	1.80	2.70	2.60	3.90
32	1.80	2.70	2.60	4.00
33	1.80	2.80	2.70	4.20
34	1.90	2.90	2.80	4.30
35	2.00	3.00	3.00	4.50
36	2.00	3.00	3.00	4.60
37	2.10	3.20	3.20	4.80
38	2.20	3.30	3.40	5.10
39	2.30	3.50	3.50	5.30
40	2.40	3.60	3.70	5.50
41	2.50	3.70	3.90	5.80
42	2.60	3.90	4.10	6.20
43	2.70	4.10	4.30	6.40
44	2.80	4.20	4.50	6.80
45	3.00	4.50	4.80	7.10
46	3.10	4.70	5.00	7.50
47	3.30	4.90	5.30	7.90
48	3.50	5.30	5.60	8.40
49	3.60	5.50	5.90	8.90
50	3.80	5.80	6.20	9.40
51	4.10	6.20	6.60	10.10
52	4.30	6.60	7.00	10.60
53	4.50	7.00	7.40	11.30
54	4.80	7.40	7.80	11.90
55	5.10	7.90	8.40	12.60
56	5.40	8.40	8.80	13.30
57	5.80	9.00	9.50	14.30
58	6.20	9.60	10.10	15.10
59	6.70	10.30	10.90	16.20



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**Calculate your Premium:**

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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	7.30	11.10	11.70	17.30
61	7.90	11.90	12.70	18.60
62	8.70	13.00	13.90	20.20
63	9.50	14.10	15.20	21.90
64	10.50	15.40	16.70	23.80
65	12.00	17.20	18.90	26.40
66	13.20	18.70	20.70	28.50
67	14.70	20.50	22.90	31.00
68	16.30	22.30	25.00	33.40
69	18.10	24.40	27.50	36.20
70	20.00	26.60	30.10	39.10
71	22.20	29.10	33.10	42.50
72	24.70	31.90	36.50	46.20
73	27.40	35.00	39.90	50.10
74	30.30	38.30	43.80	54.50
75	36.50	45.70	52.20	64.20
76	40.10	49.70	56.60	69.00
77	44.00	54.00	61.30	74.20
78	48.20	58.80	66.70	80.00
79	52.90	63.90	72.20	85.90
80	58.20	69.60	78.20	92.30



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	2.30	3.60	3.30	5.10
31	2.40	3.70	3.40	5.30
32	2.40	3.80	3.50	5.40
33	2.50	3.80	3.60	5.60
34	2.50	3.90	3.80	5.90
35	2.60	4.10	3.90	6.00
36	2.70	4.20	4.10	6.30
37	2.80	4.30	4.30	6.60
38	2.90	4.50	4.50	6.90
39	3.00	4.70	4.70	7.20
40	3.20	4.80	5.00	7.50
41	3.30	5.00	5.20	7.90
42	3.50	5.30	5.50	8.30
43	3.60	5.50	5.70	8.70
44	3.80	5.80	6.00	9.20
45	4.00	6.10	6.50	9.70
46	4.20	6.40	6.80	10.30
47	4.40	6.80	7.10	10.80
48	4.70	7.20	7.50	11.50
49	4.80	7.50	7.80	12.10
50	5.10	8.00	8.30	12.80
51	5.30	8.40	8.70	13.50
52	5.70	9.00	9.30	14.40
53	6.00	9.50	9.90	15.40
54	6.30	10.10	10.40	16.20
55	6.80	10.80	11.00	17.10
56	7.20	11.50	11.70	18.10
57	7.70	12.30	12.50	19.40
58	8.20	13.10	13.30	20.60
59	8.80	14.10	14.30	22.10



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**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	9.50	15.10	15.20	23.50
61	10.40	16.40	16.60	25.40
62	11.40	17.90	18.10	27.60
63	12.40	19.50	19.80	30.00
64	13.60	21.20	21.60	32.50
65	15.50	23.70	24.40	36.10
66	17.10	25.90	26.80	39.10
67	19.00	28.30	29.50	42.50
68	21.00	30.80	32.20	45.80
69	23.20	33.60	35.40	49.80
70	25.70	36.80	38.60	53.80
71	28.50	40.40	42.40	58.50
72	31.60	44.20	46.60	63.50
73	34.90	48.40	50.90	68.80
74	38.60	53.00	55.90	74.90
75	46.40	63.20	66.20	88.10
76	51.00	68.80	71.80	94.80
77	55.90	74.90	77.70	102.00
78	61.30	81.40	84.60	110.00
79	67.20	88.60	91.40	118.20
80	73.70	96.40	98.80	127.00



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
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	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	3.20	5.10	4.50	7.30
31	3.20	5.20	4.70	7.50
32	3.30	5.30	4.80	7.70
33	3.30	5.40	5.00	8.00
34	3.40	5.50	5.10	8.20
35	3.50	5.70	5.30	8.60
36	3.60	5.90	5.50	8.80
37	3.80	6.10	5.80	9.30
38	3.90	6.30	6.00	9.60
39	4.10	6.50	6.40	10.10
40	4.20	6.80	6.60	10.50
41	4.50	7.10	7.00	11.00
42	4.60	7.40	7.30	11.50
43	4.80	7.70	7.70	12.10
44	5.10	8.10	8.10	12.80
45	5.30	8.50	8.50	13.40
46	5.60	8.90	9.00	14.30
47	5.90	9.40	9.40	15.00
48	6.20	10.00	10.00	16.00
49	6.40	10.50	10.40	16.80
50	6.80	11.20	11.10	18.00
51	7.10	11.80	11.60	18.90
52	7.50	12.50	12.30	20.10
53	8.00	13.40	13.00	21.40
54	8.40	14.10	13.60	22.60
55	8.80	14.90	14.30	23.60
56	9.40	16.00	15.20	25.20
57	10.00	17.10	16.30	27.00
58	10.70	18.40	17.20	28.60
59	11.40	19.70	18.50	30.70



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	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	12.30	21.10	19.60	32.70
61	13.40	23.00	21.30	35.30
62	14.60	25.00	23.10	38.30
63	15.90	27.20	25.30	41.60
64	17.40	29.60	27.40	45.00
65	19.60	33.00	30.80	50.00
66	21.80	36.10	33.80	54.20
67	24.10	39.40	37.10	58.80
68	26.60	43.00	40.60	63.40
69	29.40	46.90	44.50	68.80
70	32.40	51.20	48.50	74.30
71	36.00	56.10	53.20	80.60
72	39.70	61.30	58.30	87.30
73	43.70	66.90	63.50	94.30
74	48.20	72.90	69.40	102.10
75	57.80	86.80	82.30	119.90
76	63.50	94.40	89.20	129.00
77	69.60	102.60	96.50	138.70
78	76.10	111.50	104.70	149.20
79	83.30	121.00	113.00	160.20
80	91.20	131.40	122.00	171.80