

	l			,
Base Plan			<u>Options</u>	
Facility Monthly Ben	efit \$1,000		Home Care Level	Home, Community-Based
			Tionic Care Level	=
Home Monthly Benef				and Immediate Family
Facility Benefit Dura				Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	\$36,000			
Elimination Period	90 Days			
Home Care Level	_	d Community-		
Trome care bever	Based Ca	•		
			st per \$1,000 of coverage	2
Calculate your Prem		e sheet shows the co	si per \$1,000 oj coverage	
Cuicuiuc your 11em			. ტ 1 /	200 –
Dot- f Dl C	X East	::1:tr. Mant1-1 D 0		$V_{\text{over}} = \frac{1}{V_{\text{over}} P_{\text{receives}}}$
Rate for Plan C	nosen Fac	eility Monthly Benef		Your Premium
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	th	Home, Comm-Based
		Home, Comm-Ba	ased Base Plan With	and Immediate Family
		and Immediate Fa		Member Care
Inguyanas		Member Car	v i	
Insurance	D DI			Compound Inflation
Age	Base Plan	Option	Option	Option
18-30 31	3.40 3.40	5.80	9.70 9.80	15.50 15.70
32	3.40	5.80 5.90	10.00	16.10
33	3.50	6.00	10.20	16.40
34	3.60	6.20	10.60	16.80
35	3.70	6.30	10.80	17.20
36	3.80	6.50	11.20	17.70
37	3.90	6.70	11.40	18.00
38 39	4.10 4.30	7.00 7.30	11.80 12.20	18.60 19.10
40	4.40	7.50	12.40	19.50
41	4.60	7.80	12.80	20.10
42	4.80	8.20	13.20	20.70
43	5.00	8.50	13.60	21.30
44	5.20	8.90	14.00	22.00
45 46	5.50 5.70	9.30 9.80	14.50 14.80	22.60 23.30
47	5.90	10.20	15.10	24.00
48	6.20	10.90	15.50	24.80
49	6.40	11.40	15.90	25.70
50	6.70	12.00	16.20	26.40
51	7.20	12.80	16.80	27.50
52 53	7.40 7.80	13.50 14.30	17.20 17.70	28.40 29.40
54	8.10	14.90	18.00	30.30
55	8.60	15.80	18.70	31.10
56	9.00	16.70	19.30	32.30
57	9.70	17.90	20.10	33.80
58	10.20	18.90	20.90	35.10
59	10.80	20.10	21.60	36.50



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit	\$1,000		Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Lifetime Maximum	\$36,000			
Elimination Period	90 Days			
Home Care Level		d Community-		
	Based Ca		44.000	
		sheet shows the co	st per \$1,000 of coveraş	ge
Calculate your Premiun	n:			
	X			,000 =
Rate for Plan Cho	sen Fac	ility Monthly Benefi	it Amount	Your Premium
		Monthly	Rates	
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	h	Home, Comm-Based
		Home, Comm-Ba	ised Base Plan Wit	h and Immediate Family
and Immediate Fa			Member Care	
Insurance		Member Care	e Inflation	Compound Inflation
	Base Plan	Option	Option	Option
	11.50 12.40	21.40 22.80	22.50 23.90	38.10 40.20
	13.50	24.70	25.60	42.80
63	14.50	26.50	26.90	45.00
64	15.80	28.50	28.90	47.70
65 66	17.70	31.30 33.60	31.60 34.10	51.60 54.60
67	19.40 21.50	36.40	37.00	58.40
68	23.60	39.20	39.70	61.70
	26.10	42.40	43.00	65.80
70 71	28.70	45.80	46.00	69.70
	31.80 35.10	49.70 53.90	50.20 54.50	74.70 79.80
73		58.60	58.90	85.40
	38.80	50.00		
74	38.80 42.60	63.50	63.50	91.10
74 75	42.60 51.20	63.50 75.10	63.50 75.00	106.10
74 75 76	42.60 51.20 56.00	63.50 75.10 81.00	63.50 75.00 81.00	106.10 113.30
74 75 76 77	42.60 51.20 56.00 61.20	63.50 75.10 81.00 87.30	63.50 75.00 81.00 86.90	106.10 113.30 120.00
74 75 76 77 78 79	42.60 51.20 56.00	63.50 75.10 81.00	63.50 75.00 81.00	106.10 113.30



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level Calculate your Premium:		Infl unity-	tions me Care Level lation Protection r \$1,000 of coverage	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Cuicuitic your 17cmium.	X		÷ \$1	,000 =
Rate for Plan Chose		nthly Benefit An		Your Premium
		Monthly Rate		
P	lan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		e Plan With		Home, Comm-Based
		Comm-Based	Base Plan Witl	•
Ingunana.		mediate Family	-	Member Care
Insurance		ember Care Option	Inflation Option	Compound Inflation Option
9	4.40	7.80	13.00	20.90
31	4.50	7.90	13.30	21.40
32 33	4.60 4.70	8.10 8.20	13.60 14.00	21.90 22.40
34	4.80	8.40	14.30	23.00
	5.00	8.70	14.70	23.60
36 37	5.10 5.40	8.90 9.20	15.00 15.40	24.10 24.70
38	5.60	9.70	15.90	25.50
		.0.00 .0.40	16.30 16.80	26.10 26.70
41	6.20 1	.0.80	17.20	27.50
42	6.50 1	1.30	17.80	28.40
		1.80	18.30 18.90	29.10 30.00
45	7.50 1	.2.90	19.50	31.00
	7.90 1 8.20 1	.3.60 .4.30	20.00 20.40	32.00 33.00
48		5.10	20.90	34.10
49		.5.80	21.40	35.20
		.6.60 .7.50	21.80 22.40	36.30 37.60
52 1	0.10 1	.8.60	23.10	39.00
53 1	0.60 1	.9.70	23.70	40.50
	1.10 2		24.30	41.80
54 1: 55 1:	1.70 2	0.80 2.10	24.30 25.00	41.80 42.80
54 1: 55 1: 56 1:	1.70 2 2.30 2	0.80 2.10 3.40	25.00 25.80	42.80 44.50
54 1: 55 1: 56 1: 57 1: 58 1:	1.70 2 2.30 2 3.00 2 3.70 2	0.80 2.10	25.00	42.80



Days Dlaw			Ontions	
Base Plan			Options Harris Carra Large	H C
Facility Monthly Be	,		Home Care Level	Home, Community-Based
Home Monthly Bend				and Immediate Family
Facility Benefit Dura		}		Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000			
Elimination Period	90 Days	S		
Home Care Level		and Community-		
	Based (· ·		
			st per \$1,000 of covera	gρ
Calculate your Pren		sie sieet sitems the ear	στροί φ1,000 oj corciu,	5-
	X		÷ \$1	,000 =
Rate for Plan		acility Monthly Benefi		Your Premium
Kate for Plan	Chosen Fa			roui Premium
		Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit	h	Home, Comm-Based
		Home, Comm-Ba	sed Base Plan Wit	h and Immediate Family
		and Immediate Fa	mily Compound	Member Care
_			· ·	
I Insurance		Member Care	e intlation	Compound Inflation
Insurance Age	Base Plan	Member Care Option	e Inflation Option	Compound Inflation Option
Age 60	15.40		Option 29.90	Option 53.00
Age 60 61	15.40 16.70	Option 30.00 32.40	Option 29.90 31.80	Option 53.00 56.30
Age 60 61 62	15.40 16.70 18.00	Option 30.00 32.40 35.00	Option 29.90 31.80 33.90	Option 53.00 56.30 60.00
Age 60 61 62 63	15.40 16.70 18.00 19.50	Option 30.00 32.40 35.00 37.70	Option 29.90 31.80 33.90 35.70	Option 53.00 56.30 60.00 63.20
Age 60 61 62 63 64	15.40 16.70 18.00 19.50 21.10	Option 30.00 32.40 35.00 37.70 40.70	Option 29.90 31.80 33.90 35.70 38.10	Option 53.00 56.30 60.00 63.20 67.20
Age 60 61 62 63 64 65 66	15.40 16.70 18.00 19.50 21.10 23.50	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50	Option 29.90 31.80 33.90 35.70 38.10 41.70	Option 53.00 56.30 60.00 63.20
Age 60 61 62 63 64 65 66	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20
Age 60 61 62 63 64 65 66	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20
Age 60 61 62 63 64 65 66 67 68	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10
Age 60 61 62 63 64 65 66 67 68 69	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10
Age 60 61 62 63 64 65 66 67 68 69 70	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80
Age 60 61 62 63 64 65 66 67 68 69 70 71	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00 56.10 67.20	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00 93.40 110.90	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90 83.20	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80 132.40
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00 56.10 67.20 73.60	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00 93.40 110.90 119.80	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90 83.20 97.80 105.80	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80 132.40 154.50 165.30
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00 56.10 67.20 73.60 80.50	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00 93.40 110.90 119.80 129.60	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90 83.20 97.80 105.80 113.50	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80 132.40 154.50 165.30 175.90
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00 56.10 67.20 73.60 80.50 87.90	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00 93.40 110.90 119.80 129.60 140.20	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90 83.20 97.80 105.80 113.50 122.20	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80 132.40 154.50 165.30 175.90 187.50
Age 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	15.40 16.70 18.00 19.50 21.10 23.50 25.90 28.50 31.30 34.50 37.90 42.00 46.30 51.00 56.10 67.20 73.60 80.50	Option 30.00 32.40 35.00 37.70 40.70 44.80 48.50 52.60 56.80 61.50 66.70 72.60 78.90 86.00 93.40 110.90 119.80 129.60	Option 29.90 31.80 33.90 35.70 38.10 41.70 44.90 48.70 52.20 56.30 60.40 65.80 71.30 76.90 83.20 97.80 105.80 113.50	Option 53.00 56.30 60.00 63.20 67.20 72.90 77.70 83.20 88.20 94.10 100.10 107.80 115.40 123.80 132.40 154.50 165.30 175.90



Base Plan			<u>Options</u>	
Facility Monthly Benefit	\$1,000		Home Care Level	Home, Community-Based
Home Monthly Benefit	\$1,000			and Immediate Family
Facility Benefit Duration		d		Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimited	ŀ		
Elimination Period	90 Days	-		
Home Care Level		d Community-		
Tionic care bever	Based Ca	-		
			st per \$1,000 of cover	age
Calculate your Premiun			, , , ,	
	X		÷	S1,000 =
Rate for Plan Chos		ility Monthly Benef		Your Premium
Rate for Fian Cho	sell rac	· ·		1 oui Fleimum
	DI 1	Monthly		DI - 4
	Plan 1	Plan 2	Plan 3	Plan 4
		D DI 11/1	1	Base Plan With
		Base Plan Wit		Home, Comm-Based
		Home, Comm-Ba		· ·
		and Immediate Fa		Member Care
Insurance		Member Car		Compound Inflation
8	Base Plan	Option	Option	Option
18-30	6.30	11.40 11.50	18.00	30.10
31 32	6.30 6.60	11.80	18.30 18.90	30.70 31.40
33	6.70	12.00	19.30	32.10
34	6.80	12.20	19.60	32.60
35	7.00	12.60	20.10	33.50
36 37	7.20 7.50	12.90 13.40	20.60 21.20	34.20 35.20
38	7.70	13.80	21.80	36.10
39	8.00	14.30	22.40	37.00
40	8.30	15.00	23.00	38.10
41	8.80	15.60	23.70	39.10
42 43	9.10 9.50	16.20 16.90	24.40 25.10	40.20 41.30
44	9.90	17.70	25.80	42.60
45	10.40	18.60	26.60	44.00
46	10.90	19.50	27.20	45.30
	11.30	20.50	27.70	46.70
	11.80 12.20	21.70 22.80	28.50 29.00	48.60 50.00
	12.80	24.20	29.70	51.80
51	13.30	25.40	30.50	53.70
52	13.90	26.90	31.20	55.60
	14.60	28.60	32.20	58.00
	15.20 15.80	30.20 31.80	32.80 33.40	59.80 60.70
	16.70	33.90	34.50	63.30
57	17.70	36.10	35.90	66.50
58	18.60	38.50	37.00	69.50
59	19.70	41.00	38.50	72.60



	l .			,
Base Plan			Options	
Facility Monthly Be	nefit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Bend				and Immediate Family
Facility Benefit Dur		he		Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimit	nd	initiation i fotoction	Compound Oncapped
Elimination Period		cu		
	90 Days	1.0		
Home Care Level		nd Community-		
	Based C		****	
		te sheet shows the cos	st per \$1,000 of covera	ge
Calculate your Pren	nium:			
	X		÷ \$1	1,000 =
Rate for Plan		cility Monthly Benefi		Your Premium
Trace for Figure	Chosen 1 u	Monthly I		1 our 1 remium
	Plan 1	Plan 2	Plan 3	Plan 4
	Pian i	Pian 2	Plan 3	
		D DI 1771		Base Plan With
		Base Plan Witl		Home, Comm-Based
		Home, Comm-Ba		•
		and Immediate Fa	mily Compound	Member Care
Insurance		Member Care	e Inflation	Compound Inflation
Age	Base Plan	Option	Option	Option
60	20.80	43.70	39.70	75.90
61	22.40	47.20	42.10	80.80
62 63	24.10 26.00	51.10 55.30	44.60 47.00	86.20 91.20
64	27.90	59.60	49.70	96.80
65	31.10	65.90	54.30	105.50
66	34.30	71.50	58.70	112.70
67	37.60	77.50	63.30	120.60
68	41.40	84.00	67.90	128.00
69 70	45.50	91.00 98.70	73.30 78.80	137.00 146.00
70	50.00 55.10	107.40	85.50	157.00
72	60.50	116.50	92.40	167.80
73	66.40	126.40	99.40	179.80
74	72.90	137.00	107.10	191.80
75	87.20	162.20	125.70	223.20
			126 00	220 20
76	95.30	175.40	136.00	239.30
76 77	95.30 104.20	189.70	145.90	254.50
76 77 78	95.30 104.20 113.50	189.70 205.10	145.90 156.70	254.50 271.10
76 77	95.30 104.20	189.70	145.90	254.50