

Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit	\$1,000 \$1,000 3 Years 100%		Options Inflation Protection	Compound Uncapped			
Lifetime Maximum	\$36,000						
Elimination Period	90 Days						
Home Care Level	Professional						
Non Forfeiture	Shortened Bea	nefit Period					
This rate sheet shows the cost per \$1,000 of coverage							
Calculate your Premium:							
	X		÷ \$1	1,000 =			
Rate for Plan Chose	n Facility	Monthly Benef		Your Premium			
	<u> </u>	Monthly					
		Plan 1	Plan 2				
			Base Plan V	Vith			
]	Insurance		Compound In	nflation			
	Age	Base Plar	<u>=</u>				
	18-30	6.90	28.30				
	31 32	6.90	28.40				
	3∠ 33	6.90 7.10	28.70 29.90				
	33 34 35	7.40	31.00				
	35	7.50	31.70				
	36 37	7.90	32.50 33.30				
	37	8.10 8.60	34.50				
	39	8.80	35.20				
	40	8.90	35.50				
	41	9.60	37.60				
	42	9.80	38.00				
	43 44	10.10 10.80	39.10 40.30				
	45	11.20	41.40				
	46	11.50	42.40				
	47	12.00	43.30				
	48	12.50	43.90				
	49	12.80	45.00				
	50 51	13.70 14.50	46.40 47.80				
	52	15.20	49.30				
	52 53	15.80	49.70				
	54	16.30	51.40				
	55 56	17.60	53.30				
	56 57	18.30 19.50	55.00 57.70				
	58	20.80	59.50				
	59	21.80	61.70				



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level Non Forfeiture	\$1,000 \$1,000 3 Years 100% \$36,000 90 Days Professional Shortened Benef	it Period	Options Inflation Protection	Compound Uncapped
	This rate sheet si	hows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	_ X			1,000 =
Rate for Plan Chose	n Facility Mo			Your Premium
		<i>Monthly</i> Plan 1	Plan 2	
		1 1411 1	Base Plan V	Vith
I	nsurance		Compound Ir	
	Age	Base Plan	Option	
	60 61	23.30 25.10	64.50 68.70	
	62	27.30	72.80	
	63			
	64	29.50	77.00	
	6 4 65	32.30 36.10	82.30 90.60	
	64 65 66	32.30 36.10 39.70	82.30 90.60 97.40	
	64 65 66 67 68	32.30 36.10 39.70 43.80 48.00	82.30 90.60	
	64 65 66 67 68 69	32.30 36.10 39.70 43.80 48.00 53.20	82.30 90.60 97.40 104.90 113.00 122.80	
	64 65 66 67 68 69 70	32.30 36.10 39.70 43.80 48.00	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40	
	64 65 66 67 68 69 70 71	32.30 36.10 39.70 43.80 48.00 53.20 58.50 64.40 71.20	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40 154.80	
	64 65 66 67 68 69 70 71 72	32.30 36.10 39.70 43.80 48.00 53.20 58.50 64.40 71.20 78.00	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40 154.80 165.50	
	64 65 66 67 68 69 70 71 72 73 74	32.30 36.10 39.70 43.80 48.00 53.20 58.50 64.40 71.20 78.00 85.90 102.30	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40 154.80 165.50 178.90 209.20	
	64 65 66 67 68 69 70 71 72 73 74 75	32.30 36.10 39.70 43.80 48.00 53.20 58.50 64.40 71.20 78.00 85.90 102.30 111.90	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40 154.80 165.50 178.90 209.20 226.30	
	64 65 66 67 68 69 70 71 72 73 74	32.30 36.10 39.70 43.80 48.00 53.20 58.50 64.40 71.20 78.00 85.90 102.30	82.30 90.60 97.40 104.90 113.00 122.80 131.30 142.40 154.80 165.50 178.90 209.20	



Base Plan Facility Monthly Benefit	\$1,000		Options Inflation Protection	Compound Uncapped		
Home Monthly Benefit	\$1,000					
Facility Benefit Duration	6 Years					
Home Benefit	100%					
Lifetime Maximum	\$72,000					
Elimination Period	90 Days					
Home Care Level	Professional					
Non Forfeiture	Shortened Bo	enefit Period				
This rate sheet shows the cost per \$1,000 of coverage						
Calculate your Premium:						
	_ X		÷ \$1	1,000 =		
Rate for Plan Chose	n Facility	Monthly Benefit	it Amount	Your Premium		
		Monthly				
		Plan 1	Plan 2			
			Base Plan V	Vith		
l I	nsurance		Compound Ir	ıflation		
	Age	Base Plan	-			
	18-30	9.20	37.80			
	31 32	9.30 9.50	38.80			
	3∠ 33	9.50	39.40 40.40			
	33 34	10.00	41.50			
	35	10.50	43.20			
	36 37	10.60 11.00	43.90 44.90			
	38	11.50	46.00			
	39	11.90	47.30			
	40	12.20	48.60			
	41 42	12.50 13.20	49.40 51.00			
	43	13.60	52.10			
	44	14.60	54.20			
	45 46	15.30 15.70	55.90 56.50			
	47	16.50	58.00			
	48	17.20	59.20			
	49	17.50	60.30			
	50 51	18.20 19.40	61.30 63.80			
	52	20.40	65.70			
	53	21.00	66.60			
	54	22.30	68.90			
	55 56	23.50 24.50	70.70 73.10			
	57	26.00	75.90			
	58	27.70	79.00			
	59	29.60	82.10			



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 6 Years 100% \$72,000 90 Days Professional		Options Inflation Protection	on Compo	ound Uncapped
Non Forfeiture	Shortened Benefi	t Period			
	This rate sheet sh	nows the co	st per \$1,000 of co	verage	
Calculate your Premium:			.	8	
	_ X		÷	\$1,000 =	
Rate for Plan Chose	n Facility Mor				Your Premium
		<i>Monthly</i> Plan 1	<i>Rates</i> Pla	n 2	
		1 1411 1	Base Pla		
I	nsurance		Compour	d Inflation	
	Age	Base Plan			
	60 61	31.20 33.80	85. 90.		
	62	36.40	95.	90	
	63 64	39.80 43.00	102. 108.		
	65 66	47.80 52.30	119.	00	
	67	57.90	127. 138.	10	
	68 69	63.70 70.20	148. 160.		
	פס				
	70	77.00	171.	50	
	70 71	77.00 84.70	171. 185.	50 80	
	70 71 72 73	77.00 84.70 93.20 102.00	171. 185. 201. 215.	50 80 20 20	
	70 71 72 73 74	77.00 84.70 93.20 102.00 112.20	171. 185. 201. 215. 232.	50 80 20 20 50	
	70 71 72 73 74 75 76	77.00 84.70 93.20 102.00 112.20 133.30 146.10	171. 185. 201. 215. 232. 271. 293.	50 80 20 20 50 00	
	70 71 72 73 74 75 76	77.00 84.70 93.20 102.00 112.20 133.30 146.10 158.50	171. 185. 201. 215. 232. 271. 293.	50 80 20 20 50 00 10	
	70 71 72 73 74 75 76	77.00 84.70 93.20 102.00 112.20 133.30 146.10	171. 185. 201. 215. 232. 271. 293.	50 80 20 20 50 00 10 20 50	



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum	\$1,000 \$1,000 Unlimited 100% Unlimited		Options Inflation Protection	Compound Uncapped			
Elimination Period	90 Days						
Home Care Level	Professional						
Non Forfeiture	Shortened Be	nefit Period					
This rate sheet shows the cost per \$1,000 of coverage							
Calculate your Premium:							
	X		÷ \$1	1,000 =			
Rate for Plan Chose		Monthly Benef		Your Premium			
22 2 3322 2 11000		Monthly					
		Plan 1	Plan 2				
			Base Plan V	Vith			
1	nsurance		Compound Ir				
_	Age	Base Plan	-				
	18-30	13.20	52.30				
	31	13.20	53.30				
	32 33	13.50 13.60	54.70 55.20				
	34	13.80	56.50				
	35	14.10	58.20				
	36 37	14.80 15.20	59.80 61.30				
	38	15.20	62.90				
	39	16.30	64.30				
	40	16.90	65.90				
	41	17.80	68.00				
	42 43	18.30 19.10	69.10 71.20				
	44	19.10	73.40				
	45	20.90	75.10				
	46	21.60	76.90				
	47 48	22.50	78.30 80.40				
	49	23.60 24.30	81.70				
	50	25.50	83.80				
	51	26.40	85.80				
	52 53	28.10 28.90	88.50 89.70				
	53 54	30.20	92.20				
	55 56	31.50	94.00				
	56	33.40	97.10				
	57 58	35.50 37.40	101.30 104.40				
	58 59	37.40	104.40				
		23.00	200.90				



Base Plan			<u>Options</u>		
Facility Monthly Benefit	\$1,000		Inflation Protection	Compound Uncapped	
Home Monthly Benefit	\$1,000				
Facility Benefit Duration	Unlimited				
Home Benefit	100%				
Lifetime Maximum	Unlimited				
Elimination Period	90 Days				
Home Care Level	Professional				
Non Forfeiture	Shortened Bene	fit Period			
		shows the co	st per \$1,000 of covera	ge	
Calculate your Premium:					
	_ X		÷ \$1	=	
Rate for Plan Chose	n Facility Mo	onthly Benef	it Amount	Your Premium	
		Monthly			
		Plan 1	Plan 2		
			Base Plan With		
I	nsurance		Compound Inflation		
	Age	Base Plan	1		
	60	41.90	112.20		
	61 62	45.30 48.60	119.20 125.70		
	63	52.40	133.20		
	64	56.20	120 00		
			139.80		
	65	62.60	153.70		
	66	62.60 68.60	153.70 165.10		
	66 67	62.60 68.60 75.60	153.70 165.10 178.40		
	66 67 68 69	62.60 68.60	153.70 165.10		
	66 67 68 69 70	62.60 68.60 75.60 83.10 91.40 100.60	153.70 165.10 178.40 191.30 206.60 222.10		
	66 67 68 69 70 71	62.60 68.60 75.60 83.10 91.40 100.60 110.20	153.70 165.10 178.40 191.30 206.60 222.10 239.20		
	66 67 68 69 70 71 72	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00		
	66 67 68 69 70 71 72 73	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00 131.70	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00 275.30		
	66 67 68 69 70 71 72	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00		
	66 67 68 69 70 71 72 73 74 75	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00 131.70 144.60 171.60 187.80	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00 275.30 297.30 346.10 374.80		
	66 67 68 69 70 71 72 73 74 75 76	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00 131.70 144.60 171.60 187.80 203.50	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00 275.30 297.30 346.10 374.80 398.40		
	66 67 68 69 70 71 72 73 74 75 76 77	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00 131.70 144.60 171.60 187.80 203.50 221.80	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00 275.30 297.30 346.10 374.80 398.40 428.40		
	66 67 68 69 70 71 72 73 74 75 76	62.60 68.60 75.60 83.10 91.40 100.60 110.20 121.00 131.70 144.60 171.60 187.80 203.50	153.70 165.10 178.40 191.30 206.60 222.10 239.20 258.00 275.30 297.30 346.10 374.80 398.40		