

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	<b>Shortened Benef</b>	it Period		
		hows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	X		÷ \$1	1,000 =
Rate for Plan Chose	n Facility Mo	nthly Benef		Your Premium
_		Monthly		
		Plan 1	Plan 2	
			Base Plan V	Vith
]	nsurance		Compound Ir	ıflation
	Age	Base Plar		
	18-30	7.60 7.60	28.30 28.40	
	31 32	7.60	28.40	
	33	7.90	29.90	
	34 35 36	8.20 8.40	31.00 31.70	
	36	8.70	32.50	
	37	9.10	33.30	
	38 39	9.60	34.50	
	40	9.80 9.90	35.20 35.50	
	41	10.90	37.60	
	42	11.00	38.00	
	43 44	11.30 12.00	39.10 40.30	
	45	12.40	41.40	
	46	12.90	42.40	
	47 48	13.40 14.10	43.30 43.90	
	49	14.30	45.00	
	50	15.30	46.40	
	51 52	16.10 17.00	47.80 49.30	
	53	17.60	49.70	
	54	18.20	51.40	
	55 56	19.70 20.50	53.30 55.00	
	57	21.80	57.70	
	58	23.30	59.50	
	59	24.50	61.70	



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period	\$1,000 \$1,000 3 Years 100% \$36,000 90 Days	<u>Optio</u> Inflat	ons tion Protection	Compound Uncapped	
Home Care Level Non Forfeiture	Professional Shortened Benefit Pe	eriod			
	This rate sheet show.	s the cost per	\$1.000 of covera	ge	
Calculate your Premium:	Time time sincer sincer,	, the cost per	φ1,000 oj cove.u.	5°	
	_ X			1,000 =	
Rate for Plan Chose			ount	Your Premium	
		<u>Ionthly Rates</u> Ilan 1	Dlam 2		
	r	Tan 1	Plan 2 Base Plan With		
Insurance			Compound Inflation		
	9	se Plan	Option		
	61 28	6.10 8.20	64.50 68.70		
	62 30	0.60 3.00	72.80 77.00		
	64 3	6.00	82.30		
		0.40 4.30	90.60 97.40		
	67 48	3.80 3.70	104.90 113.00		
	69 5	9.40	122.80		
	71 7:	5.40 1.90	131.30 142.40		
	72 7	9.60 7.10	154.80 165.50		
	74 9.	5.90	178.90		
	76 12	4.20 5.10	209.20 226.30		
	77 13	5.80 8.40	241.20 259.90		
	79 163	2.70	279.60		
	80 17	3.20	301.70		



Base Plan			<u>Options</u>	
Facility Monthly Benefit	\$1,000		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	<b>Professional</b>			
Non Forfeiture	Shortened Benef	it Dariad		
Non Foriellure	Shortened Dener	it reriou		
	This rate sheet s	hows the co	st per \$1,000 of covera	ge
Calculate your Premium:			•	
	_ X			1,000 =
Rate for Plan Chosen	n Facility Mo	nthly Benef	it Amount	Your Premium
		Monthly	Rates	
		Plan 1	Plan 2	
			Base Plan V	Vith
I	nsurance		Compound Ir	ıflation
	Age	<b>Base Plar</b>	Option	
	Age 18-30	10.30	37.80	
	31 32	10.50 10.60	38.80 39.40	
	33	10.70	40.40	
	33 34	11.10	41.50	
	35	11.70	43.20	
	36 37	11.80 12.20	43.90 44.90	
	38	12.20	46.00	
	39	13.20	47.30	
	40	13.60	48.60	
	41	14.00	49.40	
	42 43	14.80 15.20	51.00 52.10	
	44	16.30	54.20	
	45	17.00	55.90	
	46	17.50	56.50	
	47	18.50 19.30	58.00	
	48 49	19.30	59.20 60.30	
	50	20.20	61.30	
	51	21.70	63.80	
	52	22.80	65.70	
	53 54	23.50 25.00	66.60 68.90	
	5 <u>4</u> 55	26.30	70.70	
	55 56	27.40	73.10	
	57	29.10	75.90	
ĺ	58 59	30.90 33.10	79.00 82.10	



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Base Plan Escilita Manthly Banasit	61 000		Options Inflation Protection	Commound Uncommod
Facility Monthly Benefit	\$1,000		initation 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	<b>Shortened Benef</b>	it Period		
	This rate sheet s	hows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	X		÷ \$	1,000 =
Rate for Plan Chose		nthly Benef		Your Premium
Trace for Francisco	ii Tuemey 1,10	Monthly		Tour Trommum
		Plan 1	Plan 2	
			Base Plan V	Vith
Insurance		Compound Inflation		
	Age	<b>Base Plan</b>	<del>-</del>	
	60	34.80	85.30	
	61	37.60	90.30	
	62	70 60	95.90	
	6.3	40.60		
	63 64	44.50	102.10	
	64 65	44.50 48.10 53.40	102.10 108.60 119.00	
	64 65 66	44.50 48.10 53.40 58.40	102.10 108.60 119.00 127.10	
	64 65 66 67	44.50 48.10 53.40 58.40 64.70	102.10 108.60 119.00 127.10 138.10	
	64 65 66 67 68	44.50 48.10 53.40 58.40 64.70 71.20	102.10 108.60 119.00 127.10 138.10 148.70	
	64 65 66 67 68 69	44.50 48.10 53.40 58.40 64.70 71.20 78.50	102.10 108.60 119.00 127.10 138.10 148.70 160.40	
	64 65 66 67 68 69 70	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50	
	64 65 66 67 68 69 70 71	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20	
	64 65 66 67 68 69 70 71 72	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20	
	64 65 66 67 68 69 70 71 72 73	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10 125.30	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20 232.50	
	64 65 66 67 68 69 70 71 72 73 74	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10 125.30 148.90	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20 232.50 271.00	
	64 65 66 67 68 69 70 71 72 73	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10 125.30 148.90 163.20	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20 232.50 271.00 293.10	
	64 65 66 67 68 69 70 71 72 73 74 75 76 77	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10 125.30 148.90 163.20 177.10 193.50	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20 232.50 271.00 293.10 312.20 336.50	
	64 65 66 67 68 69 70 71 72 73 74 75 76	44.50 48.10 53.40 58.40 64.70 71.20 78.50 86.00 94.50 104.20 114.10 125.30 148.90 163.20 177.10	102.10 108.60 119.00 127.10 138.10 148.70 160.40 171.50 185.80 201.20 215.20 232.50 271.00 293.10 312.20	



Base Plan			Ontions	
	<b>61 000</b>		<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	<b>Professional</b>			
		<b>6</b> 4 D • 1		
Non Forfeiture	Shortened Bene	ent Period		
	This rate sheet	shows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	X		÷ \$1	1,000 =
Data fan Dlan Chasa				Your Premium
Rate for Plan Chose	n Facility M	onthly Benef		y our Premium
		Monthly		
		Plan 1	Plan 2	
			Base Plan V	Vith
I	nsurance		Compound In	ıflation
	Age	<b>Base Plan</b>	<del>-</del>	
	Age 18-30	14.70	52.30	
	31	14.70	53.30	
	32	15.00	54.70	
	33 34	15.10 15.30	55.20	
	35	15.80	56.50 58.20	
	36	16.60	59.80	
	37	17.00	61.30	
	38	17.70	62.90	
	39 40	18.30 18.90	64.30 65.90	
	41	19.80	68.00	
	42	20.30	69.10	
	43	21.30	71.20	
	44	22.20	73.40	
	45 46	23.30 24.10	75.10 76.90	
	47	25.20	78.30	
	48	26.40	80.40	
	49	27.10	81.70	
	50	28.60	83.80	
	51 52	29.50 31.50	85.80 88.50	
	53	32.40	89.70	
	54	33.80	92.20	
	55 56	35.20	94.00	
	56	37.30	97.10	
	57 58	39.70 41.70	101.30 104.40	
	59	44.20	108.90	



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days	Options Inflation	n Protection	Compound Uncapped			
Home Care Level	<b>Professional</b>						
Non Forfeiture	Shortened Benefit I	Period					
	This yata shaat shaa	us the east new \$1	000 of aguara	100			
Calculate your Premium:	This rate sheet shows the cost per \$1,000 of coverage						
	X		÷ \$	1,000 =			
Rate for Plan Chose		ly Benefit Amoun		Your Premium			
	· ·	Monthly Rates					
		Plan 1	Plan 2				
			Base Plan V				
]	Insurance		Compound Inflation				
	9	Sase Plan 46.80	Option 112.20				
		50.60	112.20				
	62	54.20	125.70				
	63	58.60	133.20				
	64 65	62.80 70.00	139.80 153.70				
	66 '	76.60	165.10				
	67	34.50	178.40				
	68 9 69 10	92.80 02.10	191.30 206.60				
		12.40	222.10				
	71 1:	23.10	239.20				
	72 1:	35.20	258.00				
		<b>47</b> .00 61.50	275.30 297.30				
		91.60	346.10				
	76 20	09.80	374.80				
	77 22	27.20	398.40				
		47.80 70.90	428.40 459.50				
		95.80	495.30				