

Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level  Calculate your Premium:		Options Home Care Level Inflation Protection cost per \$1,000 of covera	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Rate for Plan Chose	x Facility Monthly Be		1,000 = Your Premium
Naic for Flair Chose	<u> </u>	hly Rates	1 our Fichham
P	lan 1 Plan 2	Plan 3	Plan 4
Insurance	Base Plan V Home, Comm and Immediate Member O	Based Base Plan Wi Family Compound	Base Plan With Home, Comm-Based th and Immediate Family Member Care Compound Inflation
	se Plan Option	Option	Option
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 10 47 48 49 50 51 52 53 54 55 56 57	6.20       10.60         6.20       10.70         6.30       10.80         6.40       11.20         6.70       11.40         6.90       11.80         7.00       12.20         7.40       12.70         7.80       13.30         8.00       13.60         8.30       14.10         8.80       15.00         9.50       16.20         0.00       16.90         0.40       17.80         1.20       19.60         1.20       19.60         1.20       21.70         2.90       23.10         3.40       24.30         4.70       27.00         5.50       28.50         6.30       30.20         7.50       32.30         3.40       34.10	100.60 101.60 102.60 103.70 104.70 106.30 107.80 109.40 110.80 112.40 113.90 115.50 117.00 118.50 120.00 120.20 120.20 120.20 120.40 120.50 120.70 120.70 121.20 121.40 121.50 121.60 121.80 126.60 131.40 136.10	160.20 161.50 162.80 164.10 165.50 167.70 169.70 171.80 173.80 175.90 178.00 180.00 182.10 184.10 186.20 187.80 189.50 191.00 192.70 194.30 196.00 197.70 199.20 200.90 202.50 209.80 217.30 224.70



Base Plan Facility Monthly Benefit Home Monthly Benefit Durati Home Benefit Lifetime Maximum Elimination Period Home Care Level	t \$1,000 3 Years 100% \$36,000 90 Days	1d Community-	Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped	
	Based C				
This rate sheet shows the cost per \$1,000 of coverage					
Calculate your Premi	Calculate your Premium:				
	X		÷ \$1	,000 =	
Rate for Plan Ch	iosen Fac	cility Monthly Benef	it Amount	Your Premium	
		Monthly			
	Plan 1	Plan 2	Plan 3	Plan 4	
				<b>Base Plan With</b>	
		Base Plan Wit		Home, Comm-Based	
		Home, Comm-Ba		·	
_		and Immediate Fa		Member Care	
Insurance	D DI	Member Car		Compound Inflation	
Age 60	Base Plan 20.90	Option 38.60	Option 146.10	Option 240.20	
61	22.40	41.20	151.30	240.20	
62	24.40	44.60	156.40	256.20	
63 64	26.20 28.50	47.70	161.40	264.00	
65	31.90	51.40 56.30	166.70 171.40	272.30 279.50	
66	35.10	60.70	184.00	294.90	
67	38.80	65.70	200.20	316.20	
68	42.50	70.70	214.50	333.60	
69 70	47.00 51.70	76.40 82.60	232.50 249.10	355.70 376.80	
70	57.20	89.50	271.60	403.90	
72	63.20	97.10	294.40	431.90	
73	69.90	105.60	318.40	462.10	
74 75	76.60 92.30	114.30 135.30	343.30 405.30	492.80 573.70	
	92.30 100.80	145.80	438.50	612.50	
77	110.20	157.10	469.50	648.40	
78	120.70	169.80	507.10	691.00	
	131.80 144.30	183.00 197.50	544.40 587.50	734.70 783.90	
	144.JU	191.50	307.30	703.90	



Base Plan			Options	
Facility Monthly Benefi	t <b>\$1,000</b>		Home Care Level	Home, Community-Based
Home Monthly Benefit	\$1,000			and Immediate Family
Facility Benefit Duration	n 6 Years			Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	\$72,000			решения отторующий
Elimination Period	90 Days			
Home Care Level	•	nd Community-		
Tiome care Level	Based C	<u> </u>		
			st per \$1,000 of covera	σρ
Calculate your Premium:				
Cutcutute your 1 rentum			· •	1 000
D + C D1 C1	X _	'1', M 41 D 6	<del></del>	$1,000 = \frac{1}{1000}$
Rate for Plan Cho	sen Fa	cility Monthly Benef		Your Premium
	nı 4	<u>Monthly</u>		DI 4
	Plan 1	Plan 2	Plan 3	Plan 4
			_	Base Plan With
		Base Plan Wit		Home, Comm-Based
		Home, Comm-Ba		•
		and Immediate Fa		Member Care
Insurance		Member Car	e Inflation	Compound Inflation
	Base Plan	Option	Option	Option
18-30	8.10	14.30	132.50	214.00
31 32	8.20 8.30	14.40 14.60	134.20 136.10	216.50 219.10
33	8.60	14.90	137.80	221.60
34	8.80	15.40	139.60	224.10
35	9.10	15.70	141.30	226.60
36 37	9.30 9.70	16.20 16.70	143.10 145.10	229.30 232.20
	10.10	17.40	147.10	235.00
39	10.50	18.00	149.00	237.90
40	10.80	18.80	150.90	240.50
41	11.20	19.50	152.70	243.20
	11.70 12.30	20.30 21.30	154.70 156.60	246.10 248.90
	13.00	22.30	158.60	251.80
45	13.70	23.40	160.50	254.40
46	14.20	24.60	160.70	256.90
	14.80	25.90	161.00	259.40
	15.40	27.20 28.40	161.10 161.40	261.70
	15.80 16.60	30.20	161.40	264.10 266.60
51	17.20	31.60	162.00	269.10
52	18.20	33.60	162.20	271.60
53	19.00	35.50	162.40	273.90
54	20.00	37.50	162.70	276.40
	21.10 22.20	39.80 42.20	162.90 168.80	278.80 289.80
	23.40	44.90	174.90	300.90
58	24.80	<b>4</b> 7.70	181.10	312.40
59	26.30	50.90	187.30	324.10



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 6 Years 100% \$72,000 90 Days Home and Co Based Care	•	Options Home Care Level Inflation Protection  st per \$1,000 of coverage	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:				
	X			,000 =
Rate for Plan Chos	sen Facility	Monthly Benefi		Your Premium
	Dlam 1	Monthly Plan 2		Dlam 4
-	Plan 1	Plan 2	Plan 3	Plan 4 Base Plan With
		Base Plan Wit	h	Home, Comm-Based
	H	ome, Comm-Ba		
		l Immediate Fa		Member Care
Insurance		Member Care	e Inflation	Compound Inflation
	Base Plan	Option	Option	Option
60	27.80 30.00	54.00	193.50 200.10	335.60 347.50
			200.10	
61 62		58.40 63.10	206.60	
62 63	32.60 35.10	63.10 67.90	206.60 213.00	359.50 371.60
62 63 64	32.60 35.10 38.00	63.10 67.90 73.30	213.00 219.70	359.50 371.60 383.80
62 63 64 65	32.60 35.10 38.00 42.30	63.10 67.90 73.30 80.70	213.00 219.70 225.50	359.50 371.60 383.80 394.60
62 63 64 65 66	32.60 35.10 38.00 42.30 46.70	63.10 67.90 73.30 80.70 87.50	213.00 219.70 225.50 242.70	359.50 371.60 383.80 394.60 420.10
62 63 64 65 66 67 68	32.60 35.10 38.00 42.30 46.70 51.50 56.40	63.10 67.90 73.30 80.70 87.50 94.70 102.30	213.00 219.70 225.50 242.70 263.40 282.70	359.50 371.60 383.80 394.60
62 63 64 65 66 67 68 69	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80	213.00 219.70 225.50 242.70 263.40 282.70 304.70	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20
62 63 64 65 66 67 68 69	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30
62 63 64 65 66 67 68 69 70	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80
62 63 64 65 66 67 68 69 70 71	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30
62 63 64 65 66 67 68 69 70 71 72 8	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70 83.40 91.80	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90 142.20 154.80 168.30	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00 385.60 415.90 449.60	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80 624.00 669.00 715.80
62 63 64 65 66 67 68 69 70 71 72 73 74 10	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70 83.40 91.80 01.20	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90 142.20 154.80 168.30 199.70	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00 385.60 415.90 449.60 528.90	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80 624.00 669.00 715.80 835.40
62 63 64 65 66 67 68 69 70 71 72 8 73 74 10 75 12	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70 83.40 91.80 01.20 21.10	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90 142.20 154.80 168.30 199.70 215.80	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00 385.60 415.90 449.60 528.90 571.40	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80 624.00 669.00 715.80 835.40 893.60
62 63 64 65 66 67 68 69 70 71 72 8 73 74 10 75 12 76 13	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70 83.40 91.80 01.20	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90 142.20 154.80 168.30 199.70	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00 385.60 415.90 449.60 528.90	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80 624.00 669.00 715.80 835.40
62 63 64 65 66 67 68 69 70 71 72 8 73 74 10 75 12 76 13 77 14	32.60 35.10 38.00 42.30 46.70 51.50 56.40 62.10 68.40 75.70 83.40 91.80 01.20 21.10 32.50 44.90	63.10 67.90 73.30 80.70 87.50 94.70 102.30 110.80 120.30 130.90 142.20 154.80 168.30 199.70 215.80 233.30	213.00 219.70 225.50 242.70 263.40 282.70 304.70 326.50 356.00 385.60 415.90 449.60 528.90 571.40 613.70	359.50 371.60 383.80 394.60 420.10 450.10 477.10 509.20 541.30 582.80 624.00 669.00 715.80 835.40 893.60 950.70



Base Plan			Options	
Facility Monthly Benefi	t \$1,000		Home Care Level	Home, Community-Based
Home Monthly Benefit	\$1,000			and Immediate Family
Facility Benefit Duration		ed		Member Care
Home Benefit	100%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimite	ed.		compound encapped
Elimination Period	90 Days	cu .		
Home Care Level		nd Community		
Home Care Level		nd Community-		
	Based C		24 m on \$1 000 of a on one	
Calculate warm Dueming		te sneet snows the co	st per \$1,000 of covera	ge
Calculate your Premiur	n:			
	X			1,000 =
Rate for Plan Cho	sen Fa	cility Monthly Benef	ît Amount	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 Wit	th and Immediate Family
		and Immediate Fa	mily Compound	Member Care
Insurance		Member Car	e Inflation	Compound Inflation
Age	Base Plan	Option	Option	Option
18-30	13.70	24.70	185.20	308.80
31	13.70	24.80	186.90	311.60
32 33	14.20 14.50	25.50 26.00	188.50 190.30	314.20 317.20
	14.70	26.50	191.90	319.90
35	15.00	27.10	193.60	322.60
36	15.50	27.80	196.10	326.40
	16.20	29.10 29.90	198.60	330.30
	16.70 17.20	30.90	201.20 203.70	334.20 338.00
	18.00	32.20	206.10	341.80
41	19.00	33.70	208.60	345.50
42	19.60	34.90	211.10	349.40
43 44	20.50 21.40	36.50 38.20	213.70 216.20	353.30 357.20
45	22.50	40.20	218.60	361.00
	23.50	42.20	218.60	364.50
47	24.20	44.20	218.40	367.90
	25.50	47.00	218.50	371.60
49	26.30	49.20	218.40	375.00
	27.50 28.60	52.20 54.90	218.30 218.30	378.60 382.10
	30.10	58.20	218.10	385.50
53	31.60	61.80	218.20	389.20
54	32.90	65.20	218.00	392.60
55 56	34.20 36.20	68.60 73.20	218.00	396.10 412.50
	36.20	78.00	225.00 232.30	412.50 429.40
	40.20	83.10	239.80	446.60
	42.50	88.60	247.40	464.10



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days Home and Commun Based Care	Options Home Care Lev Inflation Protec	and Immediate Family Member Care Compound Uncapped	
Calculate your Premium:				
	X ÷ \$1,000 =			
Rate for Plan Chosen		y Benefit Amount	Your Premium	
DI		Monthly Rates an 2 Plan	3 Plan 4	
l Li	an i Fi	an 2 Fian	Base Plan With	
	Base 1	Plan With	Home, Comm-Based	
		omm-Based Base Pla		
		diate Family Comp		
Insurance		ber Care Infla	<u> </u>	
		tion Opt		
	5.00 94 3.40 102			
	110			
63 56	5.20 119	40 278.5	535.40	
64 60	128		553.90	
65 67	1.20	30 293.4	10 570.20	
65 67 66 74	7.20 142 1.00 154	30 293.4 40 317.6	570.20 60 609.70	
65 67 66 74 67 81 68 89	7.20 142 1.00 154 1.20 167 0.40 181	30 293.4 40 317.6 20 342.3 40 367.2	10 570.20 50 609.70 80 652.30 20 692.10	
65 67 66 74 67 81 68 89 69 98	7.20 142 1.00 154 1.20 167 0.40 181 3.30 196	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9	570.20 60 609.70 80 652.30 20 692.10 90 740.20	
65 67 66 74 67 81 68 89 69 98 70 108	7.20 142 1.00 154 1.20 167 0.40 181 3.30 196 3.00 213	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9	570.20 60 609.70 80 652.30 20 692.10 90 740.20 90 789.30	
65 67 66 74 67 81 68 89 69 98 70 108 71 119	1.20     142       1.00     154       1.20     167       1.30     196       1.00     213       1.00     231	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3	570.20 60 609.70 80 652.30 20 692.10 90 740.20 90 789.30 80 848.60	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143	7.20 142 1.00 154 1.20 167 0.40 181 3.30 196 3.00 213	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4	570.20 60 609.70 80 652.30 20 692.10 90 740.20 90 789.30 80 848.60 10 907.60	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143 74 157	1.20     142       1.00     154       1.20     167       1.40     181       1.30     196       1.00     213       1.90     251       1.40     273       1.40     295	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4 10 537.5 80 579.2	10       570.20         50       609.70         80       652.30         20       692.10         90       740.20         90       789.30         80       848.60         10       907.60         50       972.20         20       1036.90	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143 74 157	1.20     142       1.00     154       1.20     167       1.40     181       1.30     196       1.00     213       1.90     251       1.40     273       1.40     295       1.20     350	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4 10 537.5 80 579.2	10       570.20         50       609.70         80       652.30         20       692.10         90       740.20         90       789.30         80       848.60         10       907.60         50       972.20         20       1036.90         90       1207.10	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143 74 157 75 188 76 206	1.20     142       1.00     154       1.20     167       1.40     181       1.30     196       1.00     213       1.90     251       1.40     273       1.40     295       1.20     350       1.00     378	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4 10 537.5 80 579.2 20 680.0 80 735.2	10       570.20         50       609.70         80       652.30         20       692.10         90       740.20         90       789.30         80       848.60         40       907.60         50       972.20         20       1036.90         90       1207.10         20       1293.50	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143 74 157 75 188 76 206	1.20     142       1.00     154       1.20     167       1.40     181       1.30     196       1.00     213       1.90     251       1.40     273       1.40     295       1.20     350       1.00     378       1.90     409	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4 10 537.5 80 579.2 20 680.0 80 735.2 70 789.0	10       570.20         50       609.70         80       652.30         20       692.10         90       740.20         90       789.30         80       848.60         40       907.60         50       972.20         20       1036.90         90       1297.10         20       1293.50         90       1376.40	
65 67 66 74 67 81 68 89 69 98 70 108 71 119 72 130 73 143 74 157 75 188 76 206 77 224 78 245	1.20     142       1.00     154       1.20     167       1.40     181       1.30     196       1.00     213       1.90     251       1.40     273       1.40     295       1.20     350       1.00     378	30 293.4 40 317.6 20 342.3 40 367.2 50 395.9 10 425.9 80 462.3 60 499.4 10 537.5 80 579.2 20 680.0 80 735.2 70 789.0 10 847.5	10       570.20         50       609.70         80       652.30         20       692.10         90       740.20         90       789.30         80       848.60         10       907.60         20       1036.90         20       1207.10         20       1293.50         10       1376.40         10       1563.30	