

Base Plan Facility Monthly Benefit Home Monthly Benefit	\$1,000 \$1,000		Options Home Care Level	Total	
Facility Benefit Duration	3 Years				
Home Benefit	100%				
Lifetime Maximum	\$36,000				
Elimination Period	30 Days				
Home Care Level	Professional				
Inflation Protection	Compound Und	capped			
	This auto shoot	al aug 4l a aa	24 m 24 \$1 000 af a 24 a		
Calculate your Premium:		snows the co	st per \$1,000 of cover	age	
Caiculate your Fremlum.			_	Φ1 000	
	_ X			\$1,000 =	
Rate for Plan Chose	n Facility M	onthly Benef	ît Amount		Your Premium
		Monthly	Rates		
		Plan 1	Plan 2	2	
			Base Plan	With	
]	Insurance		Total Hon	ie Care	
	Age	Base Plar			
	18-30	23.70	38.80)	
	31	24.10	39.30)	
	32	24.70	40.50)	
	33 34 35	25.20 26.30	41.30 42.70)	
	35	26.60	43.40		
	36	27.60	44.70)	
	37	28.30	45.50		
	38	29.10	47.20		
	39 40	30.30	48.50		
	41	30.80 31.60	49.40 50.50		
	42	32.50	52.00		
	43	33.60	53.80		
	44	34.40	55.40		
	45	36.30	57.40		
	46 47	36.80 37.60	58.80 60.80		
	48	38.60	63.00)	
	49	39.50	65.40		
	50	40.30	67.00)	
	51	41.90	69.80		
	52 53	43.10 43.90	72.80 74.70)	
	54	45.10	74.70		
	55	46.40	78.70)	
	55 56	48.40	82.30)	
	57	50.50	86.10		
	58 59	52.50 54.10	89.60 93.10		
	29	54.IU	93.10		



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit	\$1,000 \$1,000 3 Years 100%		Options Home Care Level	Total
Lifetime Maximum Elimination Period	\$36,000 30 Days			
Home Care Level	Professional			
Inflation Protection	Compound Uncap	oped		
	This water sheet sh	ang tha ca	st nau \$1 000 of oour	199
Calculate your Premium:	i nis rate sneet sn	ows the co	st per \$1,000 of covera	ge
Caremine your 1 remium.	X		÷ \$	1,000 =
Rate for Plan Chose		thly Benef		Your Premium
	,	Monthly		
		Plan 1	Plan 2	
	mannanaa		Base Plan V	
1	nsurance Age	Base Plan	Total Home Option	
	60	56.70	97.30	
	60 61	56.70 60.20	97.30 102.80	
	60 61 62 63	56.70 60.20 64.80 68.50	97.30 102.80 109.60 115.50	
	60 61 62 63 64	56.70 60.20 64.80 68.50 73.20	97.30 102.80 109.60 115.50 122.80	
	60 61 62 63 64 65 66	56.70 60.20 64.80 68.50 73.20 80.60 86.80	97.30 102.80 109.60 115.50 122.80 132.80 140.30	
	60 61 62 63 64 65 66 67 68	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20	
	60 61 62 63 64 65 66 67 68 69	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20	
	60 61 62 63 64 65 66 67 68 69 70	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30	
	60 61 62 63 64 65 66 67 68 69 70 71	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20 139.40	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30 205.90	
	60 61 62 63 64 65 66 67 68 69 70 71 72 73	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20 139.40 150.90 162.60	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30 205.90 220.30	
	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20 139.40 150.90 162.60 192.40 207.90	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30 205.90 220.30 234.80 273.80	
	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20 139.40 150.90 162.60 192.40 207.90 223.30	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30 205.90 220.30 234.80 273.80 292.00 309.40	
	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	56.70 60.20 64.80 68.50 73.20 80.60 86.80 94.40 101.70 110.10 117.90 129.20 139.40 150.90 162.60 192.40 207.90	97.30 102.80 109.60 115.50 122.80 132.80 140.30 150.20 159.20 169.70 179.60 193.30 205.90 220.30 234.80 273.80	



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<u>Base Plan</u>			<u>Options</u>	
Facility Monthly Benefit	\$1,000		Home Care Level	Total
Home Monthly Benefit	\$1,000			
Facility Benefit Duration	6 Years			
Home Benefit	100%			
Lifetime Maximum	\$72,000			
Elimination Period	*			
	30 Days			
Home Care Level	Professional	_		
Inflation Protection	Compound Unc	apped		
	This rate sheet s	shows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	X		÷ \$	1 000 -
D (C D1 C1		41 D ($1,000 = \frac{1}{V}$
Rate for Plan Chose	n Facility Mo	onthly Benef		Your Premium
		Monthly		
		Plan 1	Plan 2	
			Base Plan V	Vith
l	nsurance		Total Home	e Care
	Age	Base Plar		
	18-30	31.70	52.60	
	31	32.40	53.60	
	32	33.20	55.20	
	33 34	34.70 35.10	56.80 57.60	
	35	36.30	59.60	
	36 37	36.80	60.50	
	37	38.30	62.40	
	38	39.20	64.10	
	39 4 0	40.10 41.60	65.60 67.40	
	41	42.30	69.40	
	42	44.10	71.70	
	43	45.40	73.70	
	44 45	46.30 48.20	75.20 78.10	
	46	49.60	80.90	
	47	50.30	83.20	
	48	51.50	86.00	
	49	52.80 53.90	89.10 91.80	
	50 51	55.70	95.90	
	51 52	57.50	99.20	
	53	58.80	103.00	
	54	60.60	106.20	
	55 56	62.10 64.60	108.70 113.70	
	57 57	67.10	118.60	
	58	69.70	124.10	
	59	72.50	129.60	



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum	\$1,000 \$1,000 6 Years 100% \$72,000		Options Home Care Level	Total
Elimination Period Home Care Level	30 Days Professional			
Inflation Protection	Compound Unc	apped		
	This rate sheet s	shows the co	st per \$1,000 of covera	190
Calculate your Premium:	This full sheet s	SILVIVS HIE CU	si per wijood oj coverd	350
, j =	X		÷ \$	1,000 =
Rate for Plan Chose		onthly Benef		Your Premium
	<u>, </u>	Monthly		
		Plan 1	Plan 2	
			Base Plan V	
I	nsurance		Total Homo	
	Age	Base Plan		
	60 61	74.90 80.20	134.90 144.10	
	62	85.50	153.80	
	63 64	90.20 96.00	161.60 171.90	
	65	105.70	187.20	
	66	113.60	198.80	
	67 68	123.70 133.00	213.70 226.70	
	69	143.10	241.60	
	70	153.80	257.20	
	71 72	167.50 181.60	276.90 296.50	
	73	196.20	318.40	
	74	212.00	340.30	
	75 76	249.50 269.90	397.10 425.00	
	77	290.00	452.70	
	78	312.40	482.30	
	79 80	335.10 361.90	514.70 551.00	
		202.00	252.00	



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Base Plan			<u>Options</u>		
Facility Monthly Benefit	\$1,000		Home Care Level	Total	
			Home Care Level	10001	
Home Monthly Benefit	\$1,000				
Facility Benefit Duration	Unlimited				
Home Benefit	100%				
Lifetime Maximum	Unlimited				
Elimination Period	30 Days				
Home Care Level	Professional				
Inflation Protection	Compound U	ncapped			
	This rate she	et shows the co	st per \$1,000 of covera	ge	
Calculate your Premium:					
•	X		÷ \$1	= 000,1	
				1,000 –	
Rate for Plan Chose	n Facility	Monthly Benef	it Amount		Your Premium
		Monthly	Rates		
		Plan 1	Plan 2		
			Base Plan V	Vith	
1	nsurance		Total Home		
1		Dage Dlam		Carc	
	Age	Base Plan	L		
	18-30	43.70	75.20 76.80		
	31 32	44.50 46.20	76.80 79.10		
	33	47.10	80.30		
	34	47.90	82.20		
	34 35	49.30	84.30		
	36	50.30	85.80		
	37	52.20	88.60		
	38	53.30	90.60		
	39	54.70	92.70		
	40	56.00	95.20 98.30		
	41 42	58.00 59.50	100.90		
	43	61.10	103.60		
	44	63.40	107.20		
	45	65.60	110.90		
	46	66.70	113.60		
	47	67.60	117.10		
	48	69.80	122.30		
	49	71.10	125.90		
	50 51	73.10 74.90	130.90 135.60		
	52	76.70	140.50		
	53	79.20	146.40		
	54	80.80	151.10		
	55 56	83.00	154.20		
	56	85.60	160.80		
	57	88.80	168.50		
	58 59	92.40	176.90		
	59	95.50	184.40		



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period	\$1,000 \$1,000 Unlimited 100% Unlimited 30 Days		Options Home Care Level	Total
Home Care Level	Professional			
Inflation Protection	Compound Unc	apped		
	This rate sheet s	shows the co	st per \$1,000 of covera	ge
Calculate your Premium:				
	X		÷ \$1	1,000 =
Rate for Plan Chosen	n Facility Mo	onthly Benef	it Amount	Your Premium
		Monthly	Rates	
		Plan 1	Plan 2	
			Base Plan V	
I	nsurance	Total Home Care		
	Age	Base Plan		
	60 61	98.70 105.00	193.00 205.90	
	62	111.40	219.70	
	63	117.80	233.00	
	64 65	124.30 136.40	247.20 269.70	
	66	147.50	288.30	
	67	159.70	308.80	
	68 69	171.70 185.00	328.50 350.90	
	70	198.70	373.80	
	71	215.70	402.00	
	72	233.40	429.70	
	73 74	251.20 270.70	460.80 491.30	
	75	317.80	571.60	
	76	344.20	613.20	
	77 78	369.40 396.80	652.20 694.70	
	79	425.70	741.40	
	80	458.90	792.50	