

Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	Based Ca	d Community- re sheet shows the co	Inflat	e Care Level ion Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium.			•	,	
	_ X				,000 =
Rate for Plan Chose	en Fac	ility Monthly Benef		ount	Your Premium
D	lan 1	Monthly Plan 2	Kates	Plan 3	Plan 4
ľ	IAII I	1 1411 4		i iaii s	Base Plan With
		Base Plan Wit	th		Home, Comm-Based
		Home, Comm-Ba		Base Plan Wit	
		and Immediate Fa		Compound	Member Care
Insurance		Member Car	e	Inflation	Compound Inflation
	ase Plan	Option		Option	Option
	5.50 5.50	8.20 8.20		94.50 95.80	131.20 132.60
32	5.50	8.30		97.00	134.00
	5.60 5.70	8.40 8.70		98.10 99.40	135.30 136.70
35	6.00	8.90		100.60	138.20
	6.20 6.30	9.20 9.50		102.20 103.70	140.10
	6.70	9.90		105.70	141.90 143.90
	7.00	10.40		106.80	145.70
	7.30 7.50	10.70 11.10		108.40 109.90	147.70 149.50
42	7.90	11.80		111.60	151.40
	8.20 8.60	12.10 12.70		113.00 114.70	153.30 155.20
45	9.10	13.40		116.20	157.00
	9.50 9.90	14.00 14.60		117.10 118.10	158.90 160.80
48 1	0.40	15.60		119.00	162.50
	0.80 1.40	16.40		120.00	164.40
51 1	2.20	17.30 18.50		120.90 122.00	166.30 168.20
52 1	2.80	19.50		123.00	170.10
53 1 54 1	3.70 4.30	20.80 21.90		123.80 124.80	171.90 173.80
55 1	5.20	23.20		125.80	175.60
56 1 57 1	6.10 7.50	24.70 26.60		132.20 138.70	183.60 191.80
58 1	8.50	28.30		145.10	199.80
59 1	9.90	30.30		151.90	208.30



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period	\$1,000 \$500 3 Years 50% \$36,000 90 Days	Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Home Care Level	Home and Community- Based Care		
	This rate sheet shows the	cost per \$1,000 of covera	ge
Calculate your Premium:			
	_ X		1,000 =
Rate for Plan Choses	<u> </u>		Your Premium
		ly Rates	
PI	lan 1 Plan 2	Plan 3	Plan 4
	D DI W	7.41.	Base Plan With
	Base Plan W Home, Comm-		Home, Comm-Based th and Immediate Family
	and Immediate 1		Member Care
Insurance	Member Ca		Compound Inflation
	se Plan Option	Option	Option
60 21	1.60 32.50	158.50	216.60
	35.10 5.80 38.30	165.40 172.30	225.30 233.90
63 28	3.10 41.40	179.00	242.40
64 30	0.90 45.00	186.10	251.30
65 35 66 38	5.00 50.10	192.50	259.20
67 43	3.80 54.60 3.10 59.70	207.60 226.60	276.10 298.30
	7.60 65.00	243.80	317.40
69 52	2.80 71.00	265.20	341.20
	3.40 77.50	285.10	363.90
	1.90 84.80 L.90 92.90	311.90 338.90	393.60 423.90
$\dot{73}$ $\dot{79}$	0.90 102.00	367.60	456.30
	3.10 111.30	398.10	490.40
	5.20 132.80	470.50	574.50
	5.60 144.40 7.90 156.90	510.50 548.50	618.00 659.00
78 140	0.30 170.70	593.80	707.40
79 153	3.80 185.40	638.40	755.90
80 168	3.90 201.70	691.10	812.40
81 186	3.90 201.70 5.20 220.20	750.20	875.00
81 186 82 206 83 227	3.90 201.70		



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level Calculate your Premium	\$500 6 Years 50% \$72,000 90 Days Home an Based Ca	nd Community- are e sheet shows the co	Options Home Care Level Inflation Protect st per \$1,000 of the	a N	Home, Community-Based and Immediate Family Member Care Compound Uncapped
D + C D1 C1	X	'1', M ,11 D .0	÷	\$1,0	$000 = \frac{\Lambda}{\Lambda}$
Rate for Plan Chos	en Fac	ility Monthly Benef			Your Premium
ı	Plan 1	Monthly Plan 2	<i>Kates</i> Plan 3	2	Plan 4
Insurance	rian i	Base Plan Wit Home, Comm-Ba and Immediate Fa Member Car	ch ased Base Pla mily Comp	an With ound	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation
	ase Plan	Option	Opt		Option
18-30	7.10	10.90	124.8	30	175.20
31	7.20	11.00	126.6	50	177.40
32 33	7.30 7.60	11.20 11.50	128.5 130.3	00 80	179.80 182.10
34	7.80	11.80	132.2	20	184.40
35	8.00	12.10	134.0	00	186.70
36	8.30	12.50	135.9	90	189.10
37 38	8.60 9.00	12.90 13.50	137.8 139.8	30 30	191.60 194.10
39	9.30	14.00	141.7	70	196.60
40	9.60	14.50	143.6	50	199.00
	.0.00	15.10 15.80	145.4		201.30 203.80
	.0.50 .1.00	16.60	147.4 149.4	10	203.80
44 1	1.60	17.40	151.3	30	208.90
45 1	.2.30	18.30	153.2	20	211.20
46 1 47 1	.2.80 .3.40	19.20 20.30	154.4 155.7		213.80 216.50
	4.10	21.30	156.9		218.90
49 1	4.50	22.30	158.1	LO	221.60
	5.40	23.70	159.4		224.20 226.80
	.6.00 .7.10	24.90 26.60	160.6 161.9		226.80
53 1	.8.00	28.20	163.0	00	231.90
54 1	9.00	29.90	164.3		234.50
	0.30 1.50	31.90 33.80	165.5 173.4		237.10 248.20
	2.90	36.20	181.5		259.30
58 2	4.60	38.70	189.7	70	270.90
59 2	6.30	41.50	198.0)0	282.50



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level			Options Home Care Level Inflation Protection st per \$1,000 of covera	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:			. •	1.000
Rate for Plan Chose	X en Facility N	Monthly Benefi		$1,000 = \underline{\qquad}$ Your Premium
Rate for Fran Chose	in racinty is	Monthly		1 our 1 reminant
P	lan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit		Home, Comm-Based
		ne, Comm-Ba		·
T		Immediate Fa		Member Care
Insurance		Member Care		Compound Inflation
	ase Plan 8.10	Option 44.30	Option 206.30	Option 294.00
	0.80	48.30	214.80	305.90
62 33	3.70	52.60	223.40	317.80
	6.70	57.00	231.90	329.80
64 40 65 4!	0.30 5.50	62.10 69.20	240.80 248.50	342.10 353.00
	0.40	75.60	268.50	378.10
67 5!	5.90	82.60	292.30	407.70
	1.60	90.00	314.60	434.60
	8.10 5.30	98.20	339.90 365.50	466.20 498.10
	3.70	107.40 117.80	399.60	539.70
72 92	2.60	128.90	434.20	581.40
73 102	2.20	141.10	468.50	624.90
	3.00	154.40	507.90	672.30
	5.60 8.90	184.20 200.40	598.90 648.90	788.30 847.90
77 163	3.30	217.90	698.10	906.20
78 179	9.00	237.10	754.00	972.00
79 190	6.00	257.80	810.30	1040.50
	4.90 6.20	280.40 305.90	876.00 948.90	1118.10 1204.30
	1.20	336.40	1035.70	1309.00
83 288	8.20	369.50	1126.00	1419.00
84 310	6.70	404.40	1219.40	1533.00



Base Plan			Options	
Facility Monthly Ber	nefit \$1,000		Home Care Level	Home, Community-Based
Home Monthly Bene				and Immediate Family
Facility Benefit Dura		ed		Member Care
Home Benefit	50%		Inflation Protection	Compound Uncapped
Lifetime Maximum	Unlimite	-d		Compound Cheapped
Elimination Period	90 Days			
Home Care Level		nd Community-		
Tiome care hever	Based C	•		
			st per \$1,000 of covera	lge
Calculate your Pren		e siveet sive ins vive co	51 per \$1,000 oj covera	.80
			. •	1 000 —
D - 4 - 5 D1 (X	-:1:4 M41-1 D C		$1,000 = \frac{1}{\mathbf{V}_{\text{cons}} \mathbf{P}_{\text{cons}} \mathbf{P}_{\text{cons}}}$
Rate for Plan (chosen Fa	cility Monthly Benef		Your Premium
	DI 4	Monthly		
	Plan 1	Plan 2	Plan 3	Plan 4
		B		Base Plan With
		Base Plan Wit		Home, Comm-Based
		Home, Comm-Ba		•
		and Immediate Fa		Member Care
Insurance		Member Care	e Inflation	Compound Inflation
Age	Base Plan	Option	Option	Option
18-30	11.70	18.50	170.00	246.40
31 32	11.70 12.20	18.60 19.20	171.70 173.40	248.80 251.00
33	12.30	19.50	175.20	253.60
34	12.60	19.90	176.90	255.90
35	12.80	20.30	178.60	258.20
36 37	13.30 13.90	20.90 21.90	181.00 183.40	261.40 264.70
38	14.40	22.50	185.80	268.00
39	14.90	23.30	188.20	271.20
40	15.50	24.30	190.60	274.40
41	16.40	25.50	193.00	277.60
42 43	17.00 17.70	26.40 27.60	195.40 197.90	280.90 284.10
44	18.50	28.90	200.30	284.10
45	19.50	30.40	202.70	290.60
46	20.50	32.00	203.90	294.10
47	21.30	33.60	205.10	297.40
48 49	22.50 23.40	35.80 37.50	206.40 207.50	301.00 304.30
50	24.70	37.50	207.50	304.30
51	25.80	42.10	210.10	311.20
52	27.30	44.70	211.20	314.60
53	28.90	47.50	212.60	318.20
54 55	30.30 31.80	50.30	213.70 215.00	321.50
55 56	33.90	53.10 56.80	215.00 224.20	325.00 340.00
57	36.10	60.70	233.80	355.60
58	38.40	64.90	243.50	371.30
59	41.00	69.50	253.50	387.30



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Home and Community- Based Care	Options Home Care Level Inflation Protection	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:	This rate sheet shows the	cost per \$1,000 of covera	ge
Carculate your 1 remium.	X	÷ \$1	1,000 =
Rate for Plan Chose			Your Premium
	3 3	ly Rates	1 0 002 1 1 0 1111 0 1111
Pl	lan 1 Plan 2	Plan 3	Plan 4
	Base Plan V Home, Comm- and Immediate	Based Base Plan Wit	Base Plan With Home, Comm-Based th and Immediate Family Member Care
Insurance	Member C	are Inflation	Compound Inflation
8	se Plan Option 3.90 74.40	Option 263.20	Option 403.10
61 47 62 52 63 56 64 61 65 69 66 77 67 85 68 94 69 103 70 114 71 127 72 140 73 154 74 169 75 203 76 223 77 245 78 267 79 293 80 320 81 351 82 387	7.90 81.00 2.00 88.10 6.80 95.80 1.60 103.90 9.70 116.10 7.10 126.70 5.20 138.20 4.10 151.00 3.90 164.60 4.70 179.60 7.00 196.60 0.20 214.80 4.30 234.30 9.80 255.30 3.80 303.80 3.70 330.40 5.00 359.10 7.90 390.10 3.10 423.50 1.30 499.50 7.90 547.80 6.40 599.10	273.40 283.50 293.70 304.20 313.40 340.00 367.90 396.20 428.00 461.20 502.20 544.60 586.90 633.90 746.40 808.60 869.90 937.20 1005.40 1085.20 1174.10 1277.80 1384.70 1494.30	419.60 435.90 452.50 469.30 484.30 520.40 559.40 596.80 640.70 685.60 740.80 796.70 855.40 916.60 1072.00 1153.50 1232.70 1319.30 1410.10 1512.90 1626.70 1761.90 1903.10 2047.30