

Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	This rate	Comm-Based	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: X					
Rate for Plan Chose	en Fac	ility Monthly Benef		Your Premium	
		Monthly			
P	lan 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		Compound Inflation	
	ase Plan	Option	Option	Option	
	2.70 2.70	4.10 4.10	14.70 15.10	20.30 20.80	
32	2.70	4.20	15.30	21.30	
	2.80 2.90	4.30 4.40	15.70 16.00	21.80 22.20	
	3.00	4.50	16.60	22.20	
36	3.10	4.70	17.00	23.40	
	3.30 3.40	4.90 5.10	17.40 17.90	23.90 24.60	
39	3.60	5.30	18.70	25.50	
40	3.70	5.40 5.70	19.30	26.30	
	3.80 4.10	6.10	19.90 20.50	27.10 27.80	
43	4.20	6.20	20.90	28.50	
44 45	4.40 4.60	6.50 6.80	21.70 22.40	29.60 30.40	
46	4.90	7.20	23.00	31.30	
47	5.10	7.50	23.60	32.30	
48 49	5.30 5.60	8.00 8.50	24.30 25.10	33.40 34.80	
50	5.90	8.90	25.60	35.60	
	6.30 6.60	9.50 10.00	26.50 27.60	37.00 38.70	
53	7.00	10.70	28.30	39.80	
54	7.40	11.30	29.10	41.20	
	7.80 8.30	11.90 12.70	30.90 32.10	43.00 44.90	
57	9.00	13.70	33.60	47.00	
	9.50 0.20	14.50 15.60	35.00 36.70	48.90 51.40	
35 1	0.20	13.00	30.70	31.30	



Base Plan Facility Monthly Bene Home Monthly Bene Facility Benefit Dura Home Benefit Lifetime Maximum Elimination Period Home Care Level	### \$500 3 Years 50% \$36,000 90 Days Home &	c Comm-Based	Options Home Care Level Inflation Protection st per \$1,000 of coverage	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Prem			φ.4	000
Rate for Plan C	Thosen Fa	cility Monthly Benefi		$,000 = \underline{\qquad}$ Your Premium
Nate for France	chosen ra	Monthly		Tour Trennum
	Plan 1	Plan 2	Plan 3	Plan 4
				Base Plan With
		Base Plan Wit		Home, Comm-Based
		Home, Comm-Ba		v
T		and Immediate Fa		Member Care
Insurance Age	Base Plan	Member Care Option	Option	Compound Inflation Option
60	11.10	16.70	38.60	53.90
61	12.00	18.00	41.30	57.30
62	13.20 14.40	19.70	44.50	61.50
63 64	15.90	21.30 23.20	47.30 51.00	65.00 69.60
65	18.10	25.20	56.60	76.20
66	20.00	28.10	61.10	81.30
67	22.20	30.70	66.50	87.70
68 69	24.60 27.30	33.60 36.60	71.80 78.10	93.40 100.50
70	30.10	39.90	83.90	100.50
71	33.50	43.70	91.80	115.80
72	37.10	47.90	99.80	124.80
73 74	41.10 45.40	52.50 57.40	108.20 117.20	134.30 144.40
75	54.70	68.40	138.70	169.40
76	60.10	74.40	150.10	181.90
77	65.90	80.80	161.60	194.10
78	72.30	88.00	174.90	208.40
79 80	79.30 87.10	95.60 104.00	188.00 203.50	222.60 239.20
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Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level		Infla Based	ons tion Protection \$1,000 of coverage	Home, Community-Based and Immediate Family Member Care Compound Uncapped		
Calculate your Premium: $X $						
Rate for Plan Chose						
	Ž	Monthly Rates				
Pl	lan 1	Plan 2	Plan 3	Plan 4		
Insurance	Home, and Im Me	e Plan With Comm-Based mediate Family ember Care	Base Plan With Compound Inflation	Member Care Compound Inflation		
0		Option 5.60	Option 19.40	Option 27.30		
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57	3.80 3.90 3.90 4.10 4.30 4.40 4.60 4.80 4.90 5.10 5.40 5.60 6.30 6.30 6.30 6.30 6.30 17.20 17.50 17.80 17.80 18.80 19.80 19.80 11.00 11.00 11.90	5.70 5.80 5.90 6.20 6.40 6.60 7.20 7.40 7.70 8.50 8.50 8.90 9.80	20.00 20.40 21.20 21.60 22.70 23.60 24.30 24.90 25.90 26.20 27.30 28.00 29.70 30.70 31.30 32.40 33.90 35.10 36.20 37.40 38.80 40.60 42.10 43.90	28.10 28.70 29.60 30.20 30.90 31.60 32.70 33.70 34.40 35.70 36.30 37.70 38.70 39.90 41.00 42.50 43.70 45.40 46.80 48.20 50.10 51.80 54.00 56.00 58.10 60.50 63.40 66.50		



Base Plan Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 90 Days Home & Comm-Ba	Options Home Care Inflation Prosection	1	Home, Community-Based and Immediate Family Member Care Compound Uncapped		
This rate sheet shows the cost per \$1,000 of coverage						
Calculate your Premium:		νε της του ρει φ1,000	oj coverage	,		
	X		÷ \$1,0	000 =		
Rate for Plan Chose		ly Benefit Amount	÷ \$1,0	Your Premium		
Trate for Fran Chose		Monthly Rates		1 our 1 remum		
P			lan 3	Plan 4		
				Base Plan With		
		Plan With		Home, Comm-Based		
	· · · · · · · · · · · · · · · · · · ·		Plan With	and Immediate Family		
_		•	mpound	Member Care		
Insurance			nflation	Compound Inflation		
0			Option 0.10	Option 72.80		
00 14	1.50 22	.90 3	3.90	72.80		
1 61 19	5 80	80 5		78 10		
62 1	7.30 27	.10 5	7.70	78.10 83.50		
62 17 63 18	7.30 27 8.90 29	.10 5 .40 6	7.70 1.30	83.50 88.40		
62 17 63 18 64 20	7.30 27 8.90 29 0.70 31	.10 5 .40 6 .90 6	7.70 1.30 6.00	83.50 88.40 94.70		
62 17 63 18 64 20 65 23	7.30 27 8.90 29 0.70 31 3.50 35	.10 5 .40 6 .90 6	7.70 1.30 6.00 3.10	83.50 88.40 94.70 103.80		
62 17 63 18 64 20 65 23 66 26	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39	.10 5 .40 6 .90 6 .70 7	7.70 1.30 6.00 3.10 9.00	83.50 88.40 94.70 103.80 111.30		
62 17 63 18 64 20 65 23 66 26 67 28 68 33	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8	7.70 1.30 6.00 3.10 9.00 6.00 2.70	83.50 88.40 94.70 103.80 111.30 120.00 128.10		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10 .30 10	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38 71 43	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10 .30 10 .70 11	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.90	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38 71 43 72 47 73 52	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66 2.70 72 8.10 79	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10 .30 10 .70 11 .40 12 .80 13	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.80 7.90 8.00 9.70	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20 184.10 198.20		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38 71 43 72 47 73 52 74 58	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66 2.70 72 8.10 79	.10 5 .40 6 .90 6 .70 7 .60 8 .30 9 .60 10 .30 10 .70 11 .40 12 .80 13 .50 14 .00 17	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.80 7.90 8.00 9.70 6.30	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20 184.10 198.20 232.10		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38 71 43 72 47 73 52 74 58 75 69 76	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66 2.70 72 8.10 79 9.90 95 6.70 103	.10 5 .40 6 .90 6 .70 7 .60 8 .30 9 .60 10 .30 10 .70 11 .40 12 .80 13 .50 14 .00 17 .20 19	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.80 7.90 8.00 9.70 6.30	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20 184.10 198.20 232.10 249.70		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 35 70 38 71 43 72 47 73 52 74 58 75 69 76 76	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66 2.70 72 8.10 79 9.90 95 6.70 103	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10 .30 10 .70 11 .40 12 .80 13 .50 14 .00 17 .20 19	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.80 7.90 8.00 9.70 6.30	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20 184.10 198.20 232.10 249.70 267.10		
62 17 63 18 64 20 65 23 66 26 67 28 68 33 69 39 70 38 71 43 72 47 73 52 74 58 75 69 76 76 77 84	7.30 27 8.90 29 0.70 31 3.50 35 6.00 39 8.80 42 1.70 46 5.10 50 8.80 55 3.10 60 7.70 66 2.70 72 8.10 79 9.90 95 6.70 103	.10 5 .40 6 .90 6 .70 7 .00 7 .60 8 .30 9 .60 10 .30 10 .70 11 .40 12 .80 13 .50 14 .00 17 .20 19 .30 20 .10 22	7.70 1.30 6.00 3.10 9.00 6.00 2.70 0.20 7.80 7.80 7.90 8.00 9.70 6.30	83.50 88.40 94.70 103.80 111.30 120.00 128.10 137.40 146.80 159.10 171.20 184.10 198.20 232.10 249.70		



Base Plan Facility Monthly Benef Home Monthly Benef Facility Benefit Durat Home Benefit Lifetime Maximum Elimination Period Home Care Level	sion \$500 Unlimite 50% Unlimite 90 Days Home &	ed Comm-Based	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:						
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$						
Rate for Plan C	hosen Fac	cility Monthly Benef <i>Monthly</i>		Your Premium		
	Plan 1	Plan 2	Plan 3	Plan 4		
	11411 1	1 1411 2	Tian 5	Base Plan With		
		Base Plan Wit	h	Home, Comm-Based		
		Home, Comm-Ba		•		
_		and Immediate Fa		Member Care		
Insurance	D DI	Member Car		Compound Inflation		
Age 18-30	Base Plan 7.50	Option 11.90	Option 30.10	Option 43.70		
31	7.50	12.00	30.70	44.50		
32	7.80	12.30	31.50	45.60		
33 34	7.90 8.10	12.50 12.80	32.30 33.00	46.70 47.60		
35	8.30	13.10	33.50	48.60		
36 37	8.60 9.00	13.50 14.10	34.60 35.50	49.80 51.20		
38	9.30	14.50	36.60	52.60		
39	9.60	15.00 15.70	37.60	54.00		
40 41	10.00 10.60	16.40	38.70 4 0.00	55.60 57.20		
42	10.90	17.00	40.90	58.70		
43 44	11.40 12.00	17.80 18.60	42.10 43.40	60.40 62.30		
45	12.60	19.60	44.70	64.00		
46 47	13.20 13.70	20.70 21.70	46.20 47.20	66.50 68.40		
48	14.50	23.10	48.90	71.40		
49	15.10 15.90	24.20 25.70	49.80	73.50		
50 51	16.60	25.70 27.10	51.20 52.80	76.00 78.90		
52	17.60	28.80	54.60	81.90		
53 54	18.60 19.50	30.60 32.40	56.60 58.00	85.50 88.20		
55	20.50	34.20	59.70	90.40		
56 57	21.80 23.30	36.60 39.10	62.20 65.00	94.60 99.30		
58	24.80	41.80	67.60	103.90		
59	26.50	44.80	70.80	109.00		



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 & Comm	Inflat	e Care Level	Home, Community-Based and Immediate Family Member Care Compound Uncapped
Calculate your Premium:				
D (D) CI	_ X	(1.1. D. C. A.		,000 =
Rate for Plan Chose	n Facility Mo	onthly Benefit Amo Monthly Rates	ount	Your Premium
PI	an 1	Plan 2	Plan 3	Plan 4
11	am 1	1 Idii 2	1 ian 5	Base Plan With
	Ba	se Plan With		Home, Comm-Based
	Hom	e, Comm-Based	Base Plan Witl	h and Immediate Family
		nmediate Family	Compound	Member Care
Insurance		Iember Care	Inflation	Compound Inflation
	se Plan	Option	Option	Option
	3.30 0.90	48.00 52.20	73.60 78.50	114.10 122.00
	3.50	52.20		
		20.80		130.70
63 36	6.60	56.80 61.70	84.00 89.40	130.70 138.90
63 36 64 39	5.60 9.70	61.70 67.00	84.00 89.40 95.20	130.70 138.90 148.10
63 36 64 39 65 44	5.60 9.70 1.90	61.70 67.00 74.80	84.00 89.40 95.20 105.30	130.70 138.90 148.10 162.70
63 36 64 39 65 44 66 49	5.60 9.70 1.90 9.70	61.70 67.00 74.80 81.70	84.00 89.40 95.20 105.30 114.00	130.70 138.90 148.10 162.70 174.60
63 36 64 39 65 44 66 49 67 54	5.60 9.70 1.90 9.70 1.90	61.70 67.00 74.80 81.70 89.10	84.00 89.40 95.20 105.30 114.00 123.50	130.70 138.90 148.10 162.70 174.60 187.80 200.50
63 36 64 39 65 44 66 49 67 54 68 60 69 66	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1	61.70 67.00 74.80 81.70 89.10 97.30 06.10	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70	130.70 138.90 148.10 162.70 174.60 187.80 200.50
63 36 64 39 65 44 66 49 67 54 68 60 69 66	5.60 9.70 4.90 9.70 4.90 0.70 5.90 13.90	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1.80	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73 71 81	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1.80 1.80 1.00	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73 71 81 72 90 73 99 74 109	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1.80 1.80 1.40 1.40 1.40 1.40	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40 51.00 64.50	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80 197.00 212.80	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40 287.20 307.80
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73 71 81 72 90 73 99 74 109	5.60 9.70 4.90 9.70 4.90 0.70 5.90 1.80 1.80 1.40 1.40 1.30	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40 51.00 64.50 95.80	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80 197.00 212.80 250.50	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40 287.20 307.80 359.80
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73 71 81 72 90 73 99 74 109 75 131	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1.80 1.80 1.40 1.40 1.30 1.30 1.20	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40 51.00 64.50 95.80	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80 197.00 212.80 250.50 271.50	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40 287.20 307.80 359.80 387.30
63 36 64 39 65 44 66 49 67 54 68 60 69 66 70 73 71 81 72 90 73 99 74 109 75 131 76 144	5.60 9.70 1.90 9.70 1.90 0.70 5.90 1.80 1.80 1.40 1.40 1.30 1.30 1.20 1.90 1.20 1.90 1.20 1.90	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40 51.00 64.50 95.80 13.00	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80 197.00 212.80 250.50 271.50 291.90	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40 287.20 307.80 359.80 387.30 413.60
63 36 64 39 65 44 66 49 67 54 68 60 70 73 71 81 72 90 73 99 74 109 75 131 76 144 77 157	5.60 9.70 4.90 9.70 4.90 0.70 5.90 1.80 1.80 1.40 1.30 1.30 1.30 1.20 1.90 1.20 1.90 1.20 1.90 1.20 1.90 1.90	61.70 67.00 74.80 81.70 89.10 97.30 06.10 15.80 26.70 38.40 51.00 64.50 95.80	84.00 89.40 95.20 105.30 114.00 123.50 133.10 143.70 154.90 168.50 182.80 197.00 212.80 250.50 271.50	130.70 138.90 148.10 162.70 174.60 187.80 200.50 215.20 230.30 248.70 267.40 287.20 307.80 359.80 387.30