



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

UNT496

United National Life Insurance Company
Home Health Care
Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Determine rates for Spouse's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Step 2. Find your \$3,500 Caregiver Rate \$ _____

Find your \$3,500 Caregiver Rate \$ _____

Step 3. Add Base + Caregiver Rate \$ _____

Add Base + Caregiver Rate \$ _____

Step 4. Choose optional benefits
Applicant 1

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount: (Choose one)

<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Benefit Period:

<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
----------------------------------	-----------------------------------

Modal Premium \$ _____

Choose optional benefits
Applicant 2

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount: (Choose one)

<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Benefit Period:

<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
----------------------------------	-----------------------------------

Modal Premium \$ _____

ROP Rider not available in GA and TX.

Step 5. SUBTOTAL Base and Riders, All Applicants (Add total of steps 3-4 for both applicants) \$ _____

Step 6. Return of Premium** (If chosen, then multiply Step 5 by the ROP factor)
Following Return of Premium calculation, subtract \$0.75 for ages 61-64, \$1.00 for ages 65-69, \$1.34 for ages 70-75 from monthly premium amount for premium total. _____

Step 7. Mode Factor*** (Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333). _____ . _____ Mode Factor

Step 8. Total Modal Premium*** – (Multiply Step 6 by Step 7)

\$ _____

**Disregard if Return of Premium Option is not chosen

*** If monthly rates are used, stop at Step 5 or Step 6.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$21.09	\$40.51	\$61.43
65-70	\$24.54	\$47.41	\$72.51
71-75	\$32.85	\$64.03	\$99.43
76-80	\$43.48	\$85.30	\$136.15
81-85	\$57.26	\$112.85	\$183.88

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider*-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

*Not available in all states.

Return of Premium Rate Factor**

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

Ambulance Rider

Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

**Not available in all states.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$253.03	\$486.06	\$737.15
65-70	\$294.45	\$568.90	\$870.07
71-75	\$394.15	\$768.30	\$1,193.13
76-80	\$521.80	\$1,023.60	\$1,633.78
81-85	\$687.12	\$1,354.24	\$2,206.60

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80	\$270.00
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider*-Annual Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

*Not available in all states.

Ambulance Rider

Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Return of Premium Rate Factor**

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

**Not available in all states.

Mode Factors

Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:
United National Life Insurance Company of America (UNL)

UADH4-17

UNT497
CO & SD

United National Life Insurance Company
Home Health Care
Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Determine rates for Spouse's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Step 2. Find your \$3,500 Caregiver Rate \$ _____

Find your \$3,500 Caregiver Rate \$ _____

Step 3. Add Base + Caregiver Rate \$ _____

Add Base + Caregiver Rate \$ _____

Step 4. Choose optional benefits
Applicant 1

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount: (Choose one)

<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Benefit Period:

<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

☐ \$5,000 ☐ \$10,000

Modal Premium \$ _____

Choose optional benefits
Applicant 2

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount: (Choose one)

<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Benefit Period:

<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

☐ \$5,000 ☐ \$10,000

Modal Premium \$ _____

Step 5. SUBTOTAL Base and Riders, All Applicants (Add total of steps 3-4 for both applicants) \$ _____

Step 6. Return of Premium** (If chosen, then multiply Step 5 by the ROP factor)
Following Return of Premium calculation, subtract \$0.75 for ages 61-64, \$1.00 for ages 65-69, \$1.34 for ages 70-75 from monthly premium amount for premium total. _____

Step 7. Mode Factor*** (Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333). _____ . _____ Mode Factor

Step 8. Total Modal Premium*** – (Multiply Step 6 by Step 7)

\$ _____

**Disregard if Return of Premium Option is not chosen

*** If monthly rates are used, stop at Step 5 or Step 6.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$19.41	\$37.16	\$56.28
65-70	\$22.57	\$43.46	\$66.40
71-75	\$30.16	\$58.65	\$91.01
76-80	\$39.89	\$78.11	\$124.58
81-85	\$52.48	\$103.30	\$168.23

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$4.93	\$6.87	\$9.87	\$13.75	\$14.80	\$20.62
65 - 70	\$5.17	\$7.45	\$10.33	\$14.90	\$15.50	\$22.35
71 - 75	\$6.15	\$8.97	\$12.30	\$17.93	\$18.45	\$26.90
76 - 80	\$7.84	\$11.51	\$15.68	\$23.02	\$23.52	\$34.52
81 - 85	\$9.35	\$13.90	\$18.70	\$27.80	\$28.05	\$41.70

Ambulance Rider

Issue Age	Premium
61 - 69	\$2.83
70 - 80	\$4.42

Return of Premium Rate Factor

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

Critical Accident Rider-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61-64	\$2.34	\$4.67	\$1.70	\$3.41
65-69	\$3.09	\$6.17	\$2.18	\$4.36
70-74	\$4.24	\$8.47	\$2.93	\$5.86
75-79	\$5.90	\$11.80	\$4.20	\$8.39
80-84	\$8.23	\$16.47	\$6.30	\$12.59
85	\$10.77	\$21.53	\$8.95	\$17.89

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$232.93	\$445.86	\$675.30
65-70	\$270.78	\$521.56	\$796.78
71-75	\$361.92	\$703.84	\$1,092.10
76-80	\$478.63	\$937.26	\$1,494.98
81-85	\$629.79	\$1,239.58	\$2,018.75

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates						
Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$59.20	\$82.50	\$118.40	\$165.00	\$177.60	\$247.50
65 - 70	\$62.00	\$89.40	\$124.00	\$178.80	\$186.00	\$268.20
71 - 75	\$73.80	\$107.60	\$147.60	\$215.20	\$221.40	\$322.80
76 - 80	\$94.10	\$138.10	\$188.20	\$276.20	\$282.30	\$414.30
81 - 85	\$112.20	\$166.80	\$224.40	\$333.60	\$336.60	\$500.40

Ambulance Rider	
Issue Age	Premium
61 - 69	\$34.00
70 - 80	\$53.00

Mode Factors	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Critical Accident Rider-Annual Rates				
Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61-64	\$28.05	\$56.10	\$20.45	\$40.90
65-69	\$37.05	\$74.10	\$26.15	\$52.30
70-74	\$50.85	\$101.70	\$35.15	\$70.30
75-79	\$70.80	\$141.60	\$50.35	\$100.70
80-84	\$98.80	\$197.60	\$75.55	\$151.10
85	\$129.20	\$258.40	\$107.35	\$214.70

Return of Premium Rate Factor	
Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

UNT517
IDAHO

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age	Option A	Option B	Option C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$21.09	\$40.51	\$61.43
65 - 70	\$24.54	\$47.41	\$72.51
71 - 75	\$32.85	\$64.03	\$99.43
76 - 80	\$43.48	\$85.30	\$136.15
81 - 85	\$57.26	\$112.85	\$183.88

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$6.07	\$7.86	\$12.15	\$15.72	\$18.22	\$23.57
65 - 70	\$6.36	\$8.52	\$12.72	\$17.03	\$19.07	\$25.55
71 - 75	\$7.57	\$10.25	\$15.13	\$20.50	\$22.70	\$30.75
76 - 80	\$9.64	\$13.15	\$19.28	\$26.30	\$28.92	\$39.45
81 - 85	\$11.51	\$15.89	\$23.02	\$31.78	\$34.52	\$47.67

Critical Accident Rider-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

Ambulance Rider

Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

Return of Premium Rate Factor

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age	Option A	Option B	Option C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$253.03	\$486.06	\$737.15
65 - 70	\$294.45	\$568.90	\$870.07
71 - 75	\$394.15	\$768.30	\$1,193.13
76 - 80	\$521.80	\$1,023.60	\$1,633.78
81 - 85	\$687.12	\$1,354.24	\$2,206.60

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates							Critical Accident Rider-Annual Rates				
Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85		Issue Age	Female		Male	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY		\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$72.90	\$94.30	\$145.80	\$188.60	\$218.70	\$282.90	61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 70	\$76.30	\$102.20	\$152.60	\$204.40	\$228.90	\$306.60	65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
71 - 75	\$90.80	\$123.00	\$181.60	\$246.00	\$272.40	\$369.00	70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
76 - 80	\$115.70	\$157.80	\$231.40	\$315.60	\$347.10	\$473.40	75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
81 - 85	\$138.10	\$190.70	\$276.20	\$381.40	\$414.30	\$572.10	80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
							85	\$136.00	\$272.00	\$113.00	\$226.00

Ambulance Rider	
Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Return of Premium Rate Factor	
Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

Mode Factors	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

Cannot be distributed to the public or used in any consumer solicitation.

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

Kentucky (Rev. 9/20)

UNT344

SHORT-TERM HOME HEALTH CARE

BASE PLAN MONTHLY RATES

(Includes monthly \$1.67 policy fee)

Home Health Care Daily Benefit Options		
Attained Age	Option B	Option C
	\$300 Daily Max	\$450 Daily Max
61 - 64	\$7.33	\$11.54
65 - 70	\$10.05	\$16.28
71 - 75	\$17.57	\$29.38
76 - 80	\$35.67	\$60.93
81 - 85	\$59.79	\$102.96

BASE PLAN ANNUAL RATES

(Includes annual \$20.00 policy fee)

Home Health Care Daily Benefit Options		
Attained Age	Option B	Option C
	\$300 Daily Max	\$450 Daily Max
61 - 64	\$87.96	\$138.45
65 - 70	\$120.60	\$195.34
71 - 75	\$210.76	\$352.48
76 - 80	\$428.04	\$731.15
81 - 85	\$717.44	\$1,235.54

Return of Premium Rate Factor

Issue Ages	Death to Age 86
61 - 81	1.32

United National Life Insurance Company of America

Short-Term Home Health Care

Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

☐ Option B

☐ Option C

\$ _____

Determine rates for Spouse's age

Plan

☐ Option B

☐ Option C

\$ _____

Step 2. SUBTOTAL Base, All Applicants

\$ _____

Step 3. Return of Premium* (If chosen, then multiply Step 2 by 1.32)

\$ _____

Following Return of Premium calculation, subtract \$0.53 from monthly premium amount for premium total.

Step 4. Mode Factor** (Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333)

_____. ____
Mode Factor

Step 5. Total Modal Premium** (Multiply step 2 by step 4)

\$ _____

* Disregard if Return of Premium Option is not chosen.

** If monthly rates used, stop at step 2.



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

Mississippi
UNT506

United National Life Insurance Company

Home Health Care Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Determine rates for Spouse's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Step 2. Find your \$3,500 Caregiver Rate \$ _____

Find your \$3,500 Caregiver Rate \$ _____

Step 3. Add Base + Caregiver Rate \$ _____

Add Base + Caregiver Rate \$ _____

Step 4. Choose optional benefits Applicant 1

Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:
	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Daily Benefit Amount: (Choose one)		<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
			<input type="checkbox"/> \$300
Benefit Period:	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days
*(HIP option must follow base option.)	Modal Premium \$ _____		
Ambulance Rider (Maximum issue age is 80)	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		

Choose optional benefits Applicant 2

Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:
	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Daily Benefit Amount: (Choose one)		<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
			<input type="checkbox"/> \$300
Benefit Period:	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 3 Days
	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days	<input type="checkbox"/> 6 Days
*(HIP option must follow base option.)	Modal Premium \$ _____		
Ambulance Rider (Maximum issue age is 80)	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		

ROP Rider not available in GA and TX.

Step 5. **SUBTOTAL Base and Riders, All Applicants** (Add total of steps 3-4 for both applicants) \$ _____

Step 6. **Return of Premium**** (If chosen, then multiply Step 5 by the ROP factor)
 Following Return of Premium calculation, subtract \$0.23 for ages 61-64, \$0.30 for ages 65-69, \$0.40 for ages 70-75 from monthly premium amount for premium total. _____

Step 7. **Mode Factor***** (Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333). _____ . _____ Mode Factor

Step 8. **Total Modal Premium***** – (Multiply Step 6 by Step 7)

\$ _____

**Disregard if Return of Premium Option is not chosen

*** If monthly rates are used, stop at Step 5 or Step 6.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$0.50 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$21.09	\$40.51	\$61.43
65-70	\$24.54	\$47.41	\$72.51
71-75	\$32.85	\$64.03	\$99.43
76-80	\$43.48	\$85.30	\$136.15
81-85	\$57.26	\$112.85	\$183.88

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider*-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

*Not available in all states.

Return of Premium Rate Factor**

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

Ambulance Rider

Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

**Not available in all states.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$6.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$253.03	\$486.06	\$737.15
65-70	\$294.45	\$568.90	\$870.07
71-75	\$394.15	\$768.30	\$1,193.13
76-80	\$521.80	\$1,023.60	\$1,633.78
81-85	\$687.12	\$1,354.24	\$2,206.60

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80	\$270.00
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider*-Annual Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

*Not available in all states.

Ambulance Rider

Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Return of Premium Rate Factor**

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

**Not available in all states.

Mode Factors

Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:
United National Life Insurance Company of America (UNL)

UADH4-17

UNT498
North Carolina

United National Life Insurance Company

Home Health Care Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Determine rates for Spouse's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$ _____

Step 2. Find your \$3,500 Caregiver Rate \$ _____

Find your \$3,500 Caregiver Rate \$ _____

Step 3. Add Base + Caregiver Rate \$ _____

Add Base + Caregiver Rate \$ _____

Step 4. Choose optional benefits *Applicant 1*

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount:
(Choose one)

- Option A: ☐ \$100 Option B: ☐ \$100 Option C: ☐ \$100
☐ \$200 ☐ \$200
☐ \$300

Benefit Period:

- ☐ 3 Days ☐ 3 Days ☐ 3 Days
☐ 6 Days ☐ 6 Days ☐ 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider (Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

☐ \$5,000 ☐ \$10,000
 Modal Premium \$ _____

Choose optional benefits *Applicant 2*

Accident and Sickness Hospitalization Rider*

Daily Benefit Amount:
(Choose one)

- Option A: ☐ \$100 Option B: ☐ \$100 Option C: ☐ \$100
☐ \$200 ☐ \$200
☐ \$300

Benefit Period:

- ☐ 3 Days ☐ 3 Days ☐ 3 Days
☐ 6 Days ☐ 6 Days ☐ 6 Days

*(HIP option must follow base option.)

Modal Premium \$ _____

Ambulance Rider (Maximum issue age is 80)

☐ Modal Premium \$ _____

Critical Accident Rider

☐ \$5,000 ☐ \$10,000
 Modal Premium \$ _____

Step 5. **SUBTOTAL Base and Riders, All Applicants** (Add total of steps 3-4 for both applicants) \$ _____

Step 6. **Return of Premium**** (If chosen, then multiply Step 5 by the ROP factor)

Following Return of Premium calculation, subtract \$0.75 for ages 61-64, \$1.00 for ages 65-69, \$1.34 for ages 70-75 from monthly premium amount for premium total.

Step 7. **Mode Factor***** (Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333).

_____ . _____ Mode Factor

Step 8. **Total Modal Premium***** – (Multiply Step 6 by Step 7)

\$ _____

**Disregard if Return of Premium Option is not chosen

*** If monthly rates are used, stop at Step 5 or Step 6.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$21.09	\$40.51	\$61.43
65-70	\$26.46	\$51.24	\$78.44
71-75	\$34.84	\$68.01	\$105.67
76-80	\$45.73	\$89.80	\$143.38
81-85	\$59.47	\$117.27	\$191.13

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

Ambulance Rider

Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

Return of Premium Rate Factor

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$253.03	\$486.06	\$737.15
65-70	\$317.45	\$614.91	\$941.32
71-75	\$418.04	\$816.07	\$1,268.02
76-80	\$548.79	\$1,077.58	\$1,720.60
81-85	\$713.66	\$1,407.31	\$2,293.58

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80	\$270.00
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider-Annual Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

Ambulance Rider

Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Return of Premium Rate Factor

Issue Ages	
60-64	0.45
65-69	0.60
70-75	0.80

Mode Factors

Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

UNT523
PENNSYLVANIA

United National Life Insurance Company
Home Health Care
Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$_____

Determine rates for Spouse's age

Plan

- ☐ Option A
☐ Option B
☐ Option C \$_____

Step 2. Find your \$3,500 Caregiver Rate \$_____

Find your \$3,500 Caregiver Rate \$_____

Step 3. Add Base + Caregiver Rate \$_____

Add Base + Caregiver Rate \$_____

Step 4. **Choose optional benefits**
Applicant 1

Ambulance Rider

(Maximum issue age is 80)

☐ Modal Premium \$_____

Choose optional benefits
Applicant 2

Ambulance Rider

(Maximum issue age is 80)

☐ Modal Premium \$_____

Step 5. SUBTOTAL Base and Riders, All Applicants (Add total of steps 3-4 for both applicants) \$_____

Step 6. Mode Factor* (Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333). _____ . _____ Mode Factor

Step 7. Total Modal Premium* – (Multiply Step 5 by Step 6)

\$_____

* If monthly rates are used, stop at Step 5.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$21.09	\$40.51	\$61.43
65-70	\$24.54	\$47.41	\$72.51
71-75	\$32.85	\$64.03	\$99.43
76-80	\$43.48	\$85.30	\$136.15
81-85	\$57.26	\$112.85	\$183.88

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Monthly Rates			
Issue Age	Monthly	Issue Age	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: MONTHLY RIDER RATES (IF CHOSEN)

Ambulance Rider	
Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age*	Option A \$150 Daily Max	Option B \$300 Daily Max	Option C \$450 Daily Max
61-64	\$253.03	\$486.06	\$737.15
65-70	\$294.45	\$568.90	\$870.07
71-75	\$394.15	\$768.30	\$1,193.13
76-80	\$521.80	\$1,023.60	\$1,633.78
81-85	\$687.12	\$1,354.24	\$2,206.60

*Base Plan Rates are Attained Age and Increase to the next age band your client ages into.

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATES

Caregiver Rates are Issue Age and do NOT increase as your client ages.

Caregiver Annual Rates			
Issue Age	Annual	Issue Age	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

STEP 4: ANNUAL RIDER RATES (IF CHOSEN)

Ambulance Rider	
Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Mode Factors	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000