



# 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\***

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
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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
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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