



Short-Term Home Health Care Insurance

Agent Rates

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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.