

# UNDERWRITING GUIDE & RATE BOOK

EquiCare<sup>®</sup>  
790



**A Short-Stay Nursing Home Insurance Plan**

 **Equitable & You**  
*... Committed To Caring*

3 Triad Center, Salt Lake City, Utah 84180-1200  
[www.EquiLine.com](http://www.EquiLine.com)

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## THE EQUICARE® (790) UNDERWRITING GUIDE

To Equitable's Family of Agents:

We know you want applications approved and issued as soon as possible! The Underwriting Division is committed to this goal! We will work with you through every step of the Underwriting process.

Please review this Underwriting Guide carefully. It has been designed to help you understand the Underwriting process for the EquiCare® 790 product.

## GENERAL INFORMATION

### Issue Age:

Available to applicants ages 50 through 84. The age is the person's age on the day the application was signed. We do not change the age if the applicant has a birthday before a policy is issued.

### Application Date:

The application date is the date the application was signed. Backdated applications will NOT be accepted.

### Effective Date:

The policy effective date is the date the application is approved. You may request effective dates up to 60 days after the application date. No backdating is allowed. The effective date can never be prior to the application date.

### Application Receipt

Regular applications must be received in the Home Office within 14 days of the date the application was signed.

### Joint Discount

Applicants living in the same household are eligible for a 10% joint discount. An EquiCare 790 policy must be issued to both applicants to qualify.

## COMPLETING THE APPLICATION

### COMPLETING THE APPLICATION

#### ALWAYS

- Ask each question exactly as written (don't paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Have the applicant initial and date any correction or mistake.

#### NEVER:

- Use "white out" or similar substances for corrections or mistakes.
- Tell or suggest to the applicant how he or she should answer a question.
- Ask a general question (e.g. "Are you in good health?"), and then mark all of the medical questions on the application as "no".
- Allow someone other than the applicant to answer the application questions.
- Answer questions with ditto marks ("") or dashes (-).
- Answer questions with "N/A" (not applicable).
- Use abbreviations unless you are sure they are correct.

## PREMIUM PAYMENT

### Calculating Premium:

Use the Premium Calculator Software or Premium Calculation Worksheet to calculate premium. (The modal factor for Monthly Bank Draft is 0.09, Quarterly modal factor is .265, Semi-Annual modal factor is .52.)

### Initial Premium:

- We do not accept C.O.D. Business
- Checks are to be made out to Equitable Life & Casualty Insurance Company.
- Remember to include the \$20 application fee.

### Drafting the Initial Premium:

Rather than submitting premium with the application, an agent can request to draft the initial monthly premium in the Premium Payment section of the application. When this is selected, unless indicated otherwise, the first premium will be drafted when the policy is issued. **Note: the first premium is drafted when the policy is issued, regardless if the requested effective date is beyond the issue date.**

### Bank Draft:

For monthly Bank Draft, the "Select Draft Date" must be within 10 days of the effective date. The actual date we draw payment from the applicant's account will either be the date chosen or a few days following that date. It will never be before the date chosen.

Remember to include a voided check or a bank deposit slip with the application packet when the insured selects the bank draft option.

### Renewal Premium:

Renewal premium is by either Bank Draft (checking or savings account) or direct billing. The standard option for Bank Draft is monthly, but may also be paid quarterly, semi-annually or annually. Direct Billing can be paid quarterly, semi-annually, or annually.

## REPLACEMENT

If this policy is replacing any other accident and sickness insurance policy, record the policy number and company name on the application, and complete and include a Replacement Notice with the application.

## SUBMITTING THE APPLICATION

There are two ways an application can be submitted: **Express Application or, Regular Application**

### Express Application Process

To submit an application using the **Express Application Process**:

Prior to Calling for an interview:

- Using **form 790 MQ** (or your state version), pre-qualify the applicant.
- Have the applicant read and sign the **replacement form** (when applicable).
- Have the applicant review The Notice of Information Practices and Privacy policy, Guide to Health Insurance for People on Medicare (if the applicant is age 65 or older) and the Important Notice (form MDN 790).

The telephone interviewer will ask you for the following information:

1. Is this an Express or Regular application? (your answer should be "Express")
2. Your name and agent number.
3. Is there a splitting agent involved? If yes:
  - a. Splitting agent's name, agent number and percentage
4. Client's first, middle and last name
5. Benefits Selection
  - a. Daily amount
  - b. Benefit period
  - c. Waiting period

The policy must be paid by bank draft so be sure the applicant knows whether it is a checking or savings account. **DO NOT COLLECT PREMIUM OR A VOIDED CHECK.** Premiums will be deducted automatically for the first AND subsequent months. The initial premium will be drafted when the policy is issued. Subsequent premiums will be drafted on the day requested.

Please be sure your client has the following information readily available:

- Social Security number
- If this policy will replace an existing accident and sickness policy (if “yes”, be sure the applicant has signed the replacement form.)
- Bank name, routing number and account number; draft date (between the 3rd and 28th of the month)
- Name and address for the Alternate Payor

Call **1-866-551-1781** for a **Point-of-Sale Interview**. Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Friday (9:00 a.m. to 9:00 p.m. EST / 8:00 a.m. to 8:00 p.m. CST / 6:00 a.m. to 6:00 p.m. PST).

If your appointment is outside these hours, call to leave the following information:

- Your name and agent number. If there is a splitting agent, the splitting agent’s name, agent number and the split percentage.
- Applicant’s name
- Applicant’s telephone number
- The best time to call the applicant
- Indicate what product will be applied for (EquiCare® 790)

**DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

### Regular Application Process

To submit an application:

- Using **form 790 MQ** (or your state version), pre-qualify the applicant.
- Complete the application **except** the medical questions, including the Health Information Authorization {HHA (04)}
- Complete the replacement form if replacing other coverage.
- Call **1-866-551-1781** for a Point-of-Sale Interview. You must call to have the Medical questions verified by one of our interviewers. Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Friday (9:00 a.m. to 9:00 p.m. EST / 8:00 a.m. to 8:00 p.m. CST / 6:00 a.m. to 6:00 p.m. PST).

If your appointment is outside these hours, call to leave the following information:

- Your name and agent number
- Applicant’s name
- Applicant’s telephone number
- The best time to call the applicant
- Indicate the what plan will be applied for

**DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

Once the interview is complete, submit the required forms and premium to the Home Office for processing.

### MEDICAL TERMS ON THE APPLICATION

**Amputation due to disease:** removal of a digit (e.g. finger or toe) or limb because of a chronic disease process such as diabetes; does not include amputation due to trauma or accident

**Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s disease):** progressive muscle and spinal cord degeneration

**Atrial fibrillation:** rapid, irregular heartbeat

**Balance disorder:** characterized by imbalance, unsteady gait, instability, chronic dizziness or vertigo

**Cirrhosis of the liver:** chronic, degenerative disease of the liver that replaces healthy tissue with scarring

**Congestive heart failure:** inability of the heart to pump sufficient blood to the body resulting in fluid buildup and swelling

**Defibrillator:** electronic device used to terminate dangerous heart arrhythmias

**Heart surgery:** includes bypass, angioplasty, stent placement, heart valve surgery or defibrillator implant.

**Hydrocephalus:** an abnormal amount of fluid around the brain

**Internal Cancer:** Cancer affecting any internal organs, including leukemia, lymphoma and/or bone. Does not include minor skin cancers like basal cell carcinoma.

**Motorized personal transport:** includes items such as electric wheelchair, scooter, stair lift and other assistive devices that aid in mobility or transferring.

**Multiple sclerosis:** chronic nervous system disorder causing weakness, numbness, visual disturbance and incontinence

**Muscular dystrophy:** disease characterized by progressive muscle wasting

**Myasthenia gravis:** motor disorder characterized by marked muscular fatigue

**Parkinson's disease:** progressive neurological disorder characterized by tremor, muscle rigidity and weakness

**Psychosis:** a serious mental disorder (such as schizophrenia) characterized by defective or lost contact with reality often with hallucinations or delusions

**Systemic Lupus:** a chronic autoimmune disease affecting multiple organs in the body.

**BUILD TABLE**

Applications will be declined for all applicants whose weight is below the Minimum weight or above the Maximum Weight.

Height	Minimum Weight	Maximum Weight	Height	Minimum Weight	Maximum Weight	Height	Minimum Weight	Maximum Weight
4' 11"	90	222	5' 5"	108	270	5' 11"	128	322
5' 0"	92	230	5' 6"	111	279	6' 0"	130	332
5' 1"	95	238	5' 7"	115	287	6' 1"	135	341
5' 2"	98	246	5' 8"	119	296	6' 2"	140	350
5' 3"	101	254	5' 9"	121	305	6' 3"	140	360
5' 4"	105	262	5' 10"	125	313	6' 4"	150	370

**MEDICAL CONDITIONS GUIDE**

The Medical Conditions guide gives a general indication of whether a particular medical condition is insurable for the EquiCare® 790 product. The Action column gives the probable underwriting action for each medical condition.

Equitable Life & Casualty reserves the right to decline any application it deems unacceptable for coverage. Underwriting decisions are reserved solely for the Home Office Underwriters. The Company reserves the right to consider each application on its own merits.

Call the TeleUnderwriting Hotline number, **1-866-551-1781**, if you are unable to find a condition in this section.

Condition	Action	Condition	Action
AIDS .....	Decline	Atrial Fibrillation .....	Decline
Alzheimer's Disease .....	Decline	Bypass Surgery - Cardiac (heart)	
Amputation		• Pending surgery or surgery in past 12 months .....	Decline
• Traumatic .....	Standard	• Surgery more than 12 months ago .....	Standard
• Due to disease .....	Decline	Cancer	
Amyotrophic Lateral Sclerosis (ALS) .....	Decline	• Surgery or last treatment received in past 2 years . . . .	Decline
Angioplasty or Stent Placement		• Surgery or last treatment more than 2 years ago. . . .	Standard
• Pending surgery or surgery in past 12 months .....	Decline	Cane, Quad .....	Decline
• Surgery more than 12 months ago .....	Standard		

**MEDICAL CONDITIONS GUIDE (continued)**

<b>Condition</b>	<b>Action</b>	<b>Condition</b>	<b>Action</b>
Cerebrovascular Accident (CVA, Stroke)		Multiple Sclerosis	Decline
• CVA within past two years	Decline	Muscular Dystrophy	Decline
• CVA more than 2 years ago	Standard	Myasthenia Gravis	Decline
Cirrhosis of the Liver	Decline	Myocardial Infarction - see Heart Attack	
Congestive Heart Failure	Decline	Neuropathy - See Diabetes	
Defibrillator	Decline	Obesity - see Build Table	
Dementia	Decline	Organ Transplant	Decline
Diabetes		Osteoporosis	
• Under control, no diabetic complications	Standard	• With related fractures	Decline
• With diabetic complications	Decline	Oxygen Usage	Decline
Fracture		Parkinson's disease	Decline
• Traumatic, no history of osteoporosis	Standard	Pending Surgery	Decline
• Fracture related to osteoporosis	Decline	Peripheral Neuropathy - see Neuropathy	
Heart Attack		Psychotic Disorders/Psychosis	Decline
• Within the past 2 years	Decline	Retinopathy – see Diabetes	
• Over 2 years ago	Standard	Schizophrenia	Decline
Heart Valve Surgery		Stent Placement	
• Pending surgery or surgery in past 12 months	Decline	• Within past 12 months	Decline
• Surgery more than 12 months ago	Standard	• More than 12 months ago	Standard
HIV Positive	Decline	Stroke - see Cerebrovascular Accident (CVA)	
Home Health Care		Systemic Lupus	Decline
• Received in the past 2 years	Decline	Transient Ischemic Attack	
• Received more than 2 years ago	Standard	• Within 2 years	Decline
Hydrocephalus	Decline	• More than 2 years ago	Standard
Kidney Failure	Decline	Underweight – see Height/Weight chart	
Leukemia – see Cancer		Walker use	Decline
Lupus, Systemic	Decline	Wheelchair use	Decline
Lymphoma – see Cancer			
Melanoma – see Cancer			
Memory Loss	Decline		

## PRESCRIPTION DRUG GUIDE

If your applicant is taking one of the medications for the specific “Customary Use” or condition noted, do not submit the application. Applicants treated with these medications, for the noted condition, are automatically declined.

If you cannot find a medication on this list, call the **TeleUnderwriting Hotline at 1-866-551-1781**.

### Medication Customary Use

Medication	A	Customary Use
Abilify		.Psychosis
Accupril		.Congestive heart failure
Accuretic		.Congestive heart failure
Acetazolamide		.Congestive heart failure
Actimmune		.Organ transplant
Akineton		.Parkinson’s
Aldactone		.Congestive heart failure
Aldactazide		.Congestive heart failure
Altace		.Congestive heart failure
Amantadine		.Parkinson’s
Amiloride		.Congestive heart failure
Amiodarone		.Atrial fibrillation
Apresoline		.Congestive heart failure
Aricept		.Alzheimer’s/Dementia
Artane		.Parkinson’s
Atacand		.Congestive heart failure
Atenolol		.Congestive heart failure
Atripia		.HIV/AIDS
Avonex		.Multiple sclerosis
Azasan		.Organ transplant
Azathioprine		.Organ transplant
<b>B</b>		
Baclofen		.Multiple sclerosis
Becaplermin		.Skin ulcer
Bendroflumethiazide		.Congestive heart failure
Benzotropine Mesylate		.Parkinson’s
Betaseron		.Organ transplant
Biperiden		.Parkinson’s
Bisoprolol		.Congestive heart failure
Bromocriptine		.Parkinson’s
Bumetanide		.Congestive heart failure
Bumex		.Congestive heart failure
<b>C</b>		
Capoten		.Congestive heart failure
Captopril		.Congestive heart failure
Carbidopa		.Parkinson’s
Carvedilol		.Congestive heart failure
Casodex		.Cancer
CellCept		.Organ transplant
Chlorothiazide		.Congestive heart failure
Chlorpromazine		.Psychosis
Clozapine		.Psychosis
Clozaril		.Psychosis
Cogentin		.Parkinson’s
Cognex		.Alzheimer’s/Dementia
Combivir		.HIV/AIDS
Compazine		.Psychosis
Compro		.Psychosis
Comtan		.Parkinson’s

### Medication Customary Use

Copaxone		.Multiple sclerosis
Cordarone		.Atrial fibrillation
Coreg		.Congestive heart failure
Covera		.Atrial fibrillation
Crixivan		.HIV/AIDS
Cyclosporine		.Organ transplant
Cymbalta		.Diabetic neuropathy
<b>D</b>		
Demadex		.Congestive heart failure
Diamox		.Congestive heart failure
Digitek		.Congestive heart failure/ Atrial fibrillation
Digoxin		.Congestive heart failure/ Atrial fibrillation
Diovan		.Congestive heart failure
Dopar		.Parkinson’s
Duloxetine		.Diabetic neuropathy
<b>E</b>		
Eldepryl		.Parkinson’s
Emtriva		.HIV/AIDS
Enalapril		.Congestive heart failure
Enalaprilat		.Congestive heart failure
Enduron		.Congestive heart failure
Entacapone		.Parkinson’s
Epivir		.HIV/AIDS
Epogen		.Kidney failure
Epzicom		.HIV/AIDS
Esidrix		.Congestive heart failure
Exelon		.Alzheimer’s/Dementia
<b>F</b>		
Faslodex		.Cancer
Fluphenazine		.Psychosis
Fortovase		.HIV/AIDS
Foscavir		.HIV/AIDS
Fosinopril		.Congestive heart failure
Furosemide		.Congestive heart failure
<b>G</b>		
Galantamine		.Alzheimer’s/Dementia
Gengraf		.Organ transplant
Geodon		.Psychosis
<b>H</b>		
Haldol		.Psychosis
Hexalen		.Cancer
Hivid		.HIV/AIDS
Hydergine		.Alzheimer’s/Dementia
Hydralazine		.Congestive heart failure
Hydrea		.Cancer
Hydrochlorothiazide		.Congestive heart failure
HydroDIURIL		.Congestive heart failure
Hydropres		.Congestive heart failure

**PRESCRIPTION DRUG GUIDE (continued)**

<b>Medication</b>	<b>Customary Use</b>
Hydroxyurea	.Cancer
Hylenex	.Organ transplant
<b>I</b>	
Imuran	.Organ transplant
Indapamide	.Congestive heart failure
Inderal	.Congestive heart failure
Interferon	.Organ transplant
Invirase	.HIV/AIDS
<b>K</b>	
Kemadrin	.Parkinson's
<b>L</b>	
Lanoxicaps	.Atrial fibrillation/ Congestive heart failure
Lanoxin	.Atrial fibrillation/ Congestive heart failure
Larodopa	.Parkinson's disease
L-Dopa	.Parkinson's disease
Leukeran	.Cancer
Levodopa	.Parkinson's
Lexxel	.Congestive heart failure
Lioresal	.Multiple sclerosis
Lisinopril	.Congestive heart failure
Loxapine	.Psychosis
Loxitane	.Psychosis
Lupron	.Cancer
Lyrica	.Diabetic neuropathy
<b>M</b>	
Megace	.Cancer
Mellaril	.Psychosis
Memantine	.Alzheimer's/Dementia
Mestinon	.Myasthenia gravis
Methyclothiazide	.Congestive heart failure
Microzide	.Congestive heart failure
Midamor	.Congestive heart failure
Mirapex	.Parkinson's
Moban	.Psychosis
Moduretic	.Congestive heart failure
Molindone	.Psychosis
Myfortic	.Organ transplant
Myotrophin	.ALS/Lou Gehrig's disease
<b>N</b>	
Namenda	.Alzheimer's/Dementia
Navane	.Psychosis
Neoral	.Organ transplant
Neostigmine	.Myasthenia gravis
Norvasc	.Congestive heart failure
Norvir	.HIV/AIDS
<b>O</b>	
Olanzapine	.Psychosis
Orap	.Psychosis
<b>P</b>	
Paridol	.Parkinson's
Parlodol	.Parkinson's
Pergolide	.Parkinson's
Permax	.Parkinson's
Perphenazine	.Psychosis
Plaquenil	.Systemic lupus

<b>Medication</b>	<b>Customary Use</b>
Plavix	.CVA (stroke)/TIA
Pregabalin	.Diabetic neuropathy
Prinivil	.Congestive heart failure
Procainamide	.Atrial fibrillation
Procanbid	.Atrial fibrillation
Prochlorperazine	.Psychosis
Procyclidine	.Parkinson's
Prograf	.Organ transplant
Prolixin	.Psychosis
Pronestyl	.Atrial fibrillation
Propafenone	.Atrial fibrillation
Propranolol	.Atrial fibrillation
Prostigmin	.Myasthenia gravis
Purinethol	.Leukemia
<b>Q</b>	
Quinidex	.Atrial fibrillation
Quinidine	.Atrial fibrillation
<b>R</b>	
Razadyne	.Alzheimer's/Dementia
Rebif	.Organ transplant
Regranex	.Skin ulcer
Reminyl	.Alzheimer's/Dementia
Renese	.Kidney failure
Requip	.Parkinson's
Retrovir	.HIV/AIDS
Rilutek	.ALS/Lou Gehrig's disease
Riluzole	.ALS/Lou Gehrig's disease
Risperdal	.Psychosis
Ritonavir	.HIV/AIDS
Rituxan	.Cancer
Roferon	.Organ transplant
Ropinireole	.Parkinson's
<b>S</b>	
Saluron	.Congestive heart failure
Sandimmune	.Organ transplant
Saquinavir	.HIV/AIDS
Selegiline	.Parkinson's
Serentil	.Psychosis
Seroquel	.Psychosis
Simulect	.Organ transplant
Sinemet	.Parkinson's
Sotalol	.Atrial fibrillation
Spironolactone	.Congestive heart failure
Symmetrel	.Parkinson's
<b>T</b>	
Tasmar	.Parkinson's
Tenofovir	.HIV/AIDS
Tensilon	.Myasthenia gravis
Teveten	.Congestive heart failure
Thalitone	.Cirrhosis
Thalomid	.Organ transplant
Thorazine	.Psychosis
Thymoglobulin	.Organ transplant
Tikosyn	.Atrial Fibrillation
Timolide	.Congestive heart failure
Torse mide	.Congestive heart failure
Trilafon	.Psychosis

**PRESCRIPTION DRUG GUIDE (continued)**

<b>Medication</b>	<b>Customary Use</b>
Trizivir .....	HIV/AIDS
<b>U</b>	
Uniretic .....	Congestive heart failure
<b>V</b>	
Valcyte .....	HIV/AIDS
Valsartan .....	Congestive heart failure
Vasotec .....	Congestive heart failure
Veldona .....	Organ transplant
Verapamil .....	Atrial fibrillation
Verelan .....	Atrial fibrillation
Vesprin .....	Psychosis
Viadur .....	Cancer
Videx .....	HIV/AIDS
Viracept .....	HIV/AIDS
Viramune .....	HIV/AIDS
Vitrase .....	Organ transplant

<b>Medication</b>	<b>Customary Use</b>
<b>W</b>	
Wellferon .....	HIV/AIDS
Wydase .....	Organ transplant
<b>Z</b>	
Zaroxolyn .....	Congestive heart failure
Zebeta .....	Congestive heart failure
Zenapax .....	Organ transplant
Zerit .....	HIV/AIDS
Ziac .....	Congestive heart failure
Ziagen .....	HIV/AIDS
Zoladex .....	Cancer
Zyprexa .....	Psychosis

## RATES

To the initial premium, add a one time \$20 application fee.

Premiums per \$10 in Benefits * 0 day Elimination Period * Benefit Period in Days												
Age	100 Days		150 Days		200 Days		250 Days		300 Days		350 Days	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	1.14	13.60	1.37	16.40	1.54	18.40	1.82	21.80	1.97	23.60	2.15	25.80
51	1.19	14.20	1.44	17.20	1.62	19.40	1.93	23.10	2.10	25.10	2.30	27.50
52	1.24	14.80	1.51	18.10	1.71	20.50	2.05	24.60	2.24	26.80	2.45	29.40
53	1.30	15.50	1.60	19.10	1.81	21.70	2.18	26.10	2.39	28.60	2.62	31.40
54	1.35	16.20	1.68	20.10	1.92	23.00	2.32	27.80	2.54	30.40	2.80	33.50
55	1.42	17.00	1.77	21.20	2.03	24.30	2.46	29.50	2.70	32.30	2.98	35.70
56	1.47	17.60	1.84	22.00	2.11	25.30	2.57	30.80	2.82	33.80	3.12	37.40
57	1.52	18.20	1.91	22.90	2.20	26.40	2.69	32.20	2.95	35.40	3.27	39.20
58	1.57	18.80	1.98	23.70	2.30	27.50	2.80	33.60	3.09	37.00	3.42	41.00
59	1.62	19.40	2.05	24.60	2.38	28.50	2.92	35.00	3.22	38.60	3.57	42.80
60	1.73	20.70	2.21	26.50	2.58	30.90	3.19	38.20	3.51	42.10	3.91	46.90
61	1.79	21.40	2.30	27.60	2.69	32.20	3.33	39.90	3.67	44.00	4.09	49.00
62	1.85	22.20	2.40	28.70	2.80	33.60	3.48	41.70	3.85	46.10	4.28	51.30
63	1.92	23.00	2.50	29.90	2.93	35.10	3.64	43.60	4.03	48.30	4.49	53.80
64	2.00	23.90	2.60	31.20	3.06	36.70	3.81	45.70	4.22	50.60	4.71	56.50
65	2.08	24.90	2.73	32.70	3.20	38.40	4.00	48.00	4.44	53.20	4.95	59.40
66	2.17	26.00	2.86	34.30	3.37	40.40	4.22	50.60	4.68	56.10	5.23	62.70
67	2.28	27.30	3.01	36.10	3.55	42.60	4.45	53.40	4.95	59.30	5.53	66.30
68	2.39	28.60	3.17	38.00	3.75	45.00	4.72	56.60	5.25	62.90	5.86	70.30
69	2.52	30.20	3.36	40.30	3.99	47.80	5.01	60.10	5.58	66.90	6.25	74.90
70	2.78	33.30	3.72	44.60	4.41	52.90	5.59	67.00	6.25	75.00	6.95	83.30
71	2.95	35.40	3.97	47.60	4.73	56.70	6.00	71.90	6.71	80.50	7.45	89.40
72	3.17	38.00	4.25	51.00	5.05	60.50	6.42	77.00	7.25	87.00	8.05	96.60
73	3.50	42.00	4.78	57.30	5.72	68.60	7.28	87.30	8.11	97.30	9.13	109.50
74	3.91	46.90	5.34	64.00	6.40	76.70	8.13	97.50	9.07	108.80	10.20	122.40
75	4.33	51.90	5.90	70.80	7.07	84.80	8.99	107.80	10.02	120.20	11.27	135.20

For applicants who qualify for the joint discount, multiply the above rates by .9.

For quarterly premiums, multiply the annual premium above by .265; for semi-annual, multiply by .52.

## RATES

### Ages 76 or over limited to a maximum daily benefit of \$200 per day

To the initial premium, add a one time \$20 application fee.

Premiums per \$10 in Benefits * 30 day Elimination Period * Benefit Period in Days												
Age	100 Days		150 Days		200 Days		250 Days		300 Days		350 Days	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	1.06	12.70	1.29	15.40	1.44	17.20	1.70	20.40	1.85	22.10	2.01	24.10
51	1.11	13.30	1.35	16.10	1.51	18.10	1.80	21.60	1.96	23.50	2.15	25.70
52	1.15	13.80	1.41	16.90	1.60	19.20	1.92	23.00	2.10	25.10	2.30	27.50
53	1.21	14.50	1.49	17.80	1.70	20.30	2.04	24.40	2.23	26.70	2.45	29.30
54	1.26	15.10	1.57	18.80	1.80	21.50	2.17	26.00	2.37	28.40	2.61	31.30
55	1.33	15.90	1.65	19.80	1.90	22.70	2.30	27.50	2.52	30.20	2.78	33.30
56	1.37	16.40	1.71	20.50	1.97	23.60	2.40	28.70	2.63	31.50	2.91	34.90
57	1.42	17.00	1.79	21.40	2.05	24.60	2.50	30.00	2.75	33.00	3.05	36.60
58	1.46	17.50	1.85	22.10	2.14	25.60	2.61	31.30	2.88	34.50	3.19	38.20
59	1.51	18.10	1.91	22.90	2.21	26.50	2.72	32.60	3.00	36.00	3.33	39.90
60	1.61	19.30	2.06	24.70	2.40	28.80	2.97	35.60	3.27	39.20	3.65	43.70
61	1.66	19.90	2.15	25.70	2.50	30.00	3.10	37.10	3.41	40.90	3.80	45.60
62	1.72	20.60	2.23	26.70	2.60	31.20	3.24	38.80	3.58	42.90	3.98	47.70
63	1.79	21.40	2.32	27.80	2.72	32.60	3.38	40.50	3.75	44.90	4.17	50.00
64	1.85	22.20	2.42	29.00	2.85	34.10	3.55	42.50	3.92	47.00	4.38	52.50
65	1.93	23.10	2.54	30.40	2.98	35.70	3.72	44.60	4.12	49.40	4.60	55.20
66	2.01	24.10	2.65	31.80	3.13	37.50	3.92	47.00	4.35	52.10	4.85	58.20
67	2.11	25.30	2.80	33.50	3.30	39.50	4.13	49.50	4.59	55.00	5.13	61.50
68	2.21	26.50	2.94	35.20	3.48	41.70	4.38	52.50	4.86	58.30	5.44	65.20
69	2.34	28.00	3.11	37.30	3.70	44.30	4.65	55.70	5.17	62.00	5.79	69.40
70	2.57	30.80	3.45	41.30	4.09	49.00	5.17	62.00	5.80	69.50	6.43	77.10
71	2.74	32.80	3.68	44.10	4.38	52.50	5.55	66.50	6.21	74.50	6.90	82.70
72	2.93	35.10	3.94	47.20	4.67	56.00	5.94	71.20	6.71	80.50	7.45	89.40
73	3.24	38.80	4.41	52.90	5.29	63.40	6.73	80.70	7.50	89.90	8.44	101.20
74	3.61	43.30	4.93	59.10	5.90	70.80	7.50	90.00	8.37	100.40	9.42	113.00
75	4.00	47.90	5.45	65.30	6.52	78.20	8.29	99.40	9.24	110.80	10.40	124.70
76	4.36	52.30	5.95	71.40	7.13	85.50	9.07	108.80	10.11	121.30	11.37	136.40
77	4.74	56.80	6.46	77.50	7.74	92.80	9.85	118.10	10.98	131.70	12.35	148.10
78	5.19	62.20	7.15	85.70	8.60	103.10	10.95	131.40	12.18	146.10	13.82	165.80
79	5.60	67.20	7.74	92.80	9.32	111.80	11.90	142.70	13.22	158.60	15.00	180.00
80	6.06	72.70	8.40	100.80	10.12	121.40	12.94	155.20	14.42	173.00	16.33	195.90
81	6.55	78.50	9.09	109.00	10.95	131.40	14.02	168.20	15.63	187.50	17.70	212.40
82	7.07	84.80	9.84	118.00	11.88	142.50	15.21	182.50	16.96	203.50	19.22	230.60
83	7.66	91.90	10.68	128.10	12.90	154.70	16.53	198.30	18.45	221.30	20.90	250.80
84	8.30	99.50	11.59	139.00	14.00	168.00	17.95	215.40	20.04	240.40	22.71	272.50

For applicants who qualify for the joint discount, multiply the above rates by .9

For quarterly premiums, multiply the annual premium above by .265; for semi-annual, multiply by .52.

## RATES

**Ages 76 or over limited to a maximum daily benefit of \$200 per day**

To the initial premium, add a one time \$20 application fee.

<b>Premiums per \$10 in Benefits * 90 day Elimination Period * Benefit Period in Days</b>												
Age	100 Days		150 Days		200 Days		250 Days		300 Days		350 Days	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	0.94	11.20	1.13	13.50	1.27	15.20	1.50	18.00	1.62	19.40	1.78	21.30
51	0.98	11.70	1.18	14.10	1.33	15.90	1.59	19.00	1.72	20.60	1.89	22.60
52	1.01	12.10	1.24	14.80	1.40	16.80	1.69	20.20	1.84	22.00	2.01	24.10
53	1.06	12.70	1.30	15.60	1.49	17.80	1.78	21.30	1.95	23.40	2.15	25.70
54	1.10	13.20	1.37	16.40	1.57	18.80	1.90	22.70	2.07	24.80	2.28	27.30
55	1.15	13.80	1.45	17.30	1.65	19.80	2.00	24.00	2.20	26.30	2.43	29.10
56	1.20	14.30	1.50	17.90	1.71	20.50	2.09	25.00	2.29	27.40	2.54	30.40
57	1.23	14.70	1.55	18.50	1.79	21.40	2.18	26.10	2.40	28.70	2.65	31.80
58	1.27	15.20	1.60	19.10	1.85	22.20	2.26	27.10	2.50	29.90	2.76	33.10
59	1.30	15.60	1.65	19.80	1.92	23.00	2.35	28.20	2.60	31.10	2.88	34.50
60	1.39	16.60	1.78	21.30	2.07	24.80	2.56	30.70	2.82	33.80	3.15	37.70
61	1.44	17.20	1.85	22.10	2.15	25.80	2.67	32.00	2.95	35.30	3.28	39.30
62	1.49	17.80	1.92	23.00	2.25	26.90	2.79	33.40	3.08	36.90	3.42	41.00
63	1.54	18.40	2.00	23.90	2.34	28.00	2.90	34.80	3.21	38.50	3.58	42.90
64	1.59	19.00	2.07	24.80	2.44	29.20	3.04	36.40	3.36	40.30	3.75	45.00
65	1.65	19.80	2.17	26.00	2.55	30.50	3.18	38.10	3.52	42.20	3.94	47.20
66	1.72	20.60	2.27	27.20	2.67	32.00	3.35	40.10	3.70	44.40	4.15	49.70
67	1.80	21.60	2.38	28.50	2.81	33.70	3.52	42.20	3.90	46.80	4.37	52.40
68	1.88	22.50	2.50	29.90	2.96	35.50	3.72	44.60	4.14	49.60	4.62	55.40
69	1.98	23.70	2.65	31.70	3.14	37.60	3.94	47.20	4.39	52.60	4.91	58.90
70	2.18	26.10	2.92	35.00	3.46	41.50	4.38	52.50	4.90	58.80	5.45	65.30
71	2.31	27.70	3.10	37.20	3.70	44.30	4.69	56.20	5.25	63.00	5.83	69.90
72	2.47	29.60	3.32	39.80	3.94	47.20	5.01	60.10	5.66	67.90	6.28	75.30
73	2.72	32.60	3.71	44.50	4.45	53.30	5.65	67.80	6.30	75.60	7.10	85.10
74	3.03	36.30	4.13	49.50	4.95	59.40	6.30	75.50	7.02	84.20	7.90	94.70
75	3.34	40.00	4.55	54.60	5.45	65.40	6.93	83.10	7.73	92.70	8.69	104.20
76	3.64	43.60	4.96	59.50	5.95	71.30	7.56	90.70	8.43	101.10	9.48	113.70
77	3.94	47.20	5.37	64.40	6.44	77.20	8.19	98.20	9.13	109.50	10.27	123.20
78	4.30	51.60	5.93	71.10	7.13	85.50	9.09	109.00	10.10	121.20	11.46	137.50
79	4.64	55.60	6.40	76.70	7.70	92.40	9.83	117.90	10.94	131.20	12.40	148.80
80	5.00	60.00	6.93	83.10	8.35	100.10	10.66	127.90	11.90	142.70	13.46	161.50
81	5.38	64.50	7.47	89.60	9.01	108.10	11.53	138.30	12.85	154.10	14.55	174.60
82	5.80	69.50	8.07	96.80	9.74	116.80	12.47	149.60	13.90	166.80	15.75	189.00
83	6.26	75.10	8.73	104.70	10.55	126.50	13.51	162.10	15.07	180.80	17.09	205.00
84	6.76	81.10	9.44	113.20	11.41	136.90	14.63	175.50	16.33	195.90	18.51	222.10

For applicants who qualify for the joint discount, multiply the above rates by .9

For quarterly premiums, multiply the annual premium above by .265; for semi-annual, multiply by .52.