

***Critical Cash***<sup>TM</sup>  
*Your Plan, Your Cash, Your Choice*

**AGENT RATE AND  
UNDERWRITING GUIDE**

AL, AK, DE, DC, ID, IL, IA, MS,  
MO, MT, NE, NV, NM, OK, OR,  
TN, WV, WI, WY

*FOR AGENT USE ONLY*

**UNDERWRITTEN BY:**  
Guarantee Trust Life Insurance Company

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
1275 Milwaukee Avenue, Glenview, IL 60025  
www.gtlic.com | 800.323.6907

**(REV. 9/17) (50) 15D652**

## Plan A - Comprehensive (Annual Rates)

### 6 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	8.32	Dependent benefit is \$500 →									
18 - 29	19.98	29.97	39.96	49.95	59.94	69.93	75.92	85.41	94.90	104.39	113.88
30 - 39	29.98	44.97	59.96	74.95	89.94	104.93	113.92	128.16	142.40	156.64	170.88
40 - 49	62.16	93.24	124.32	155.40	186.48	217.56	236.24	265.77	295.30	324.83	354.36
50 - 54	102.12	153.18	204.24	255.30	306.36	357.42	388.08	436.59	485.10	533.61	582.12
55 - 59	138.76	208.14	277.52	346.90	416.28	485.66	527.28	593.19	659.10	725.01	790.92
60 - 64	182.04	273.06	364.08	455.10	546.12	637.14	691.76	778.23	864.70	951.17	1,037.64
65 - 69	229.78	344.67	459.56	574.45	689.34	804.23	873.20	982.35	1,091.50	1,200.65	1,309.80
70 - 74	275.28	412.92	550.56	688.20	825.84	963.48	1,046.08	1,176.84	1,307.60	1,438.36	1,569.12
75 - 79	314.14	471.21	628.28	785.35	942.42	1,099.49	1,193.76	1,342.98	1,492.20	1,641.42	1,790.64
80 - 84	333.00	499.50	666.00	832.50	999.00	1,165.50	1,265.44	1,423.62	1,581.80	1,739.98	1,898.16

### 6 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	123.37	132.86	142.35	151.84	161.33	170.82	180.31	189.80	199.29	208.78	
30 - 39	185.12	199.36	213.60	227.84	242.08	256.32	270.56	284.80	299.04	313.28	
40 - 49	383.89	413.42	442.95	472.48	502.01	531.54	561.07	590.60	620.13	649.66	
50 - 54	630.63	679.14	727.65	776.16	824.67	873.18	921.69	970.20	1,018.71	1,067.22	
55 - 59	856.83	922.74	988.65	1,054.56	1,120.47	1,186.38	1,252.29	1,318.20	1,384.11	1,450.02	
60 - 64	1,124.11	1,210.58	1,297.05	1,383.52	1,469.99	1,556.46	1,642.93	1,729.40	1,815.87	1,902.34	
65 - 69	1,418.95	1,528.10	1,637.25	1,746.40	1,855.55	1,964.70	2,073.85	2,183.00	2,292.15	2,401.30	
70 - 74	1,699.88	1,830.64	1,961.40	2,092.16	2,222.92	2,353.68	2,484.44	2,615.20	2,745.96	2,876.72	
75 - 79	1,939.86	2,089.08	2,238.30	2,387.52	2,536.74	2,685.96	2,835.18	2,984.40	3,133.62	3,282.84	
80 - 84	2,056.34	2,214.52	2,372.70	2,530.88	2,689.06	2,847.24	3,005.42	3,163.60	3,321.78	3,479.96	

### 6 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.28	Dependent benefit is \$500 →									
18 - 29	0.28	0.42	0.56	0.70	0.84	0.98	1.12	1.26	1.40	1.54	1.68
30 - 39	0.34	0.51	0.68	0.85	1.02	1.19	1.36	1.53	1.70	1.87	2.04
40 - 49	0.68	1.02	1.36	1.70	2.04	2.38	2.72	3.06	3.40	3.74	4.08
50 - 54	1.98	2.97	3.96	4.95	5.94	6.93	7.92	8.91	9.90	10.89	11.88
55 - 59	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00
60 - 64	7.28	10.92	14.56	18.20	21.84	25.48	29.12	32.76	36.40	40.04	43.68
65 - 69	13.70	20.55	27.40	34.25	41.10	47.95	54.80	61.65	68.50	75.35	82.20
70 - 74	23.54	35.31	47.08	58.85	70.62	82.39	94.16	105.93	117.70	129.47	141.24
75 - 79	38.50	57.75	77.00	96.25	115.50	134.75	154.00	173.25	192.50	211.75	231.00
80 - 84	58.20	87.30	116.40	145.50	174.60	203.70	232.80	261.90	291.00	320.10	349.20

### 6 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	1.82	1.96	2.10	2.24	2.38	2.52	2.66	2.80	2.94	3.08	1.10
30 - 39	2.21	2.38	2.55	2.72	2.89	3.06	3.23	3.40	3.57	3.74	1.10
40 - 49	4.42	4.76	5.10	5.44	5.78	6.12	6.46	6.80	7.14	7.48	1.15
50 - 54	12.87	13.86	14.85	15.84	16.83	17.82	18.81	19.80	20.79	21.78	1.15
55 - 59	26.00	28.00	30.00	32.00	34.00	36.00	38.00	40.00	42.00	44.00	1.20
60 - 64	47.32	50.96	54.60	58.24	61.88	65.52	69.16	72.80	76.44	80.08	1.25
65 - 69	89.05	95.90	102.75	109.60	116.45	123.30	130.15	137.00	143.85	150.70	1.25
70 - 74	153.01	164.78	176.55	188.32	200.09	211.86	223.63	235.40	247.17	258.94	N/A
75 - 79	250.25	269.50	288.75	308.00	327.25	346.50	365.75	385.00	404.25	423.50	N/A
80 - 84	378.30	407.40	436.50	465.60	494.70	523.80	552.90	582.00	611.10	640.20	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan A - Comprehensive (Annual Rates)

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	15.00	Dependent benefit is \$500 →									
18 - 29	36.00	54.00	72.00	90.00	108.00	126.00	136.80	153.90	171.00	188.10	205.20
30 - 39	54.00	81.00	108.00	135.00	162.00	189.00	205.20	230.85	256.50	282.15	307.80
40 - 49	112.00	168.00	224.00	280.00	336.00	392.00	425.60	478.80	532.00	585.20	638.40
50 - 54	184.00	276.00	368.00	460.00	552.00	644.00	699.20	786.60	874.00	961.40	1,048.80
55 - 59	250.00	375.00	500.00	625.00	750.00	875.00	950.00	1,068.75	1,187.50	1,306.25	1,425.00
60 - 64	328.00	492.00	656.00	820.00	984.00	1,148.00	1,246.40	1,402.20	1,558.00	1,713.80	1,869.60
65 - 69	414.00	621.00	828.00	1,035.00	1,242.00	1,449.00	1,573.20	1,769.85	1,966.50	2,163.15	2,359.80
70 - 74	496.00	744.00	992.00	1,240.00	1,488.00	1,736.00	1,884.80	2,120.40	2,356.00	2,591.60	2,827.20
75 - 79	566.00	849.00	1,132.00	1,415.00	1,698.00	1,981.00	2,150.80	2,419.65	2,688.50	2,957.35	3,226.20
80 - 84	600.00	900.00	1,200.00	1,500.00	1,800.00	2,100.00	2,280.00	2,565.00	2,850.00	3,135.00	3,420.00

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	222.30	239.40	256.50	273.60	290.70	307.80	324.90	342.00	359.10	376.20	
30 - 39	333.45	359.10	384.75	410.40	436.05	461.70	487.35	513.00	538.65	564.30	
40 - 49	691.60	744.80	798.00	851.20	904.40	957.60	1,010.80	1,064.00	1,117.20	1,170.40	
50 - 54	1,136.20	1,223.60	1,311.00	1,398.40	1,485.80	1,573.20	1,660.60	1,748.00	1,835.40	1,922.80	
55 - 59	1,543.75	1,662.50	1,781.25	1,900.00	2,018.75	2,137.50	2,256.25	2,375.00	2,493.75	2,612.50	
60 - 64	2,025.40	2,181.20	2,337.00	2,492.80	2,648.60	2,804.40	2,960.20	3,116.00	3,271.80	3,427.60	
65 - 69	2,556.45	2,753.10	2,949.75	3,146.40	3,343.05	3,539.70	3,736.35	3,933.00	4,129.65	4,326.30	
70 - 74	3,062.80	3,298.40	3,534.00	3,769.60	4,005.20	4,240.80	4,476.40	4,712.00	4,947.60	5,183.20	
75 - 79	3,495.05	3,763.90	4,032.75	4,301.60	4,570.45	4,839.30	5,108.15	5,377.00	5,645.85	5,914.70	
80 - 84	3,705.00	3,990.00	4,275.00	4,560.00	4,845.00	5,130.00	5,415.00	5,700.00	5,985.00	6,270.00	

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.50	Dependent benefit is \$500 →									
18 - 29	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00
30 - 39	0.60	0.90	1.20	1.50	1.80	2.10	2.40	2.70	3.00	3.30	3.60
40 - 49	1.24	1.86	2.48	3.10	3.72	4.34	4.96	5.58	6.20	6.82	7.44
50 - 54	3.54	5.31	7.08	8.85	10.62	12.39	14.16	15.93	17.70	19.47	21.24
55 - 59	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00	39.60	43.20
60 - 64	13.10	19.65	26.20	32.75	39.30	45.85	52.40	58.95	65.50	72.05	78.60
65 - 69	24.66	36.99	49.32	61.65	73.98	86.31	98.64	110.97	123.30	135.63	147.96
70 - 74	42.40	63.60	84.80	106.00	127.20	148.40	169.60	190.80	212.00	233.20	254.40
75 - 79	69.38	104.07	138.76	173.45	208.14	242.83	277.52	312.21	346.90	381.59	416.28
80 - 84	104.84	157.26	209.68	262.10	314.52	366.94	419.36	471.78	524.20	576.62	629.04

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00	5.25	5.50	1.10
30 - 39	3.90	4.20	4.50	4.80	5.10	5.40	5.70	6.00	6.30	6.60	1.10
40 - 49	8.06	8.68	9.30	9.92	10.54	11.16	11.78	12.40	13.02	13.64	1.15
50 - 54	23.01	24.78	26.55	28.32	30.09	31.86	33.63	35.40	37.17	38.94	1.15
55 - 59	46.80	50.40	54.00	57.60	61.20	64.80	68.40	72.00	75.60	79.20	1.20
60 - 64	85.15	91.70	98.25	104.80	111.35	117.90	124.45	131.00	137.55	144.10	1.25
65 - 69	160.29	172.62	184.95	197.28	209.61	221.94	234.27	246.60	258.93	271.26	1.25
70 - 74	275.60	296.80	318.00	339.20	360.40	381.60	402.80	424.00	445.20	466.40	N/A
75 - 79	450.97	485.66	520.35	555.04	589.73	624.42	659.11	693.80	728.49	763.18	N/A
80 - 84	681.46	733.88	786.30	838.72	891.14	943.56	995.98	1,048.40	1,100.82	1,153.24	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan A - Comprehensive (Annual Rates)

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	21.30	Dependent benefit is \$500 →									
18 - 29	51.12	76.68	102.24	127.80	153.36	178.92	194.24	218.52	242.80	267.08	291.36
30 - 39	76.68	115.02	153.36	191.70	230.04	268.38	291.36	327.78	364.20	400.62	437.04
40 - 49	159.04	238.56	318.08	397.60	477.12	556.64	604.32	679.86	755.40	830.94	906.48
50 - 54	261.28	391.92	522.56	653.20	783.84	914.48	992.88	1,116.99	1,241.10	1,365.21	1,489.32
55 - 59	355.00	532.50	710.00	887.50	1,065.00	1,242.50	1,349.04	1,517.67	1,686.30	1,854.93	2,023.56
60 - 64	465.76	698.64	931.52	1,164.40	1,397.28	1,630.16	1,769.92	1,991.16	2,212.40	2,433.64	2,654.88
65 - 69	587.88	881.82	1,175.76	1,469.70	1,763.64	2,057.58	2,233.92	2,513.16	2,792.40	3,071.64	3,350.88
70 - 74	704.32	1,056.48	1,408.64	1,760.80	2,112.96	2,465.12	2,676.40	3,010.95	3,345.50	3,680.05	4,014.60
75 - 79	803.72	1,205.58	1,607.44	2,009.30	2,411.16	2,813.02	3,054.16	3,435.93	3,817.70	4,199.47	4,581.24
80 - 84	852.00	1,278.00	1,704.00	2,130.00	2,556.00	2,982.00	3,237.60	3,642.30	4,047.00	4,451.70	4,856.40

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	315.64	339.92	364.20	388.48	412.76	437.04	461.32	485.60	509.88	534.16	
30 - 39	473.46	509.88	546.30	582.72	619.14	655.56	691.98	728.40	764.82	801.24	
40 - 49	982.02	1,057.56	1,133.10	1,208.64	1,284.18	1,359.72	1,435.26	1,510.80	1,586.34	1,661.88	
50 - 54	1,613.43	1,737.54	1,861.65	1,985.76	2,109.87	2,233.98	2,358.09	2,482.20	2,606.31	2,730.42	
55 - 59	2,192.19	2,360.82	2,529.45	2,698.08	2,866.71	3,035.34	3,203.97	3,372.60	3,541.23	3,709.86	
60 - 64	2,876.12	3,097.36	3,318.60	3,539.84	3,761.08	3,982.32	4,203.56	4,424.80	4,646.04	4,867.28	
65 - 69	3,630.12	3,909.36	4,188.60	4,467.84	4,747.08	5,026.32	5,305.56	5,584.80	5,864.04	6,143.28	
70 - 74	4,349.15	4,683.70	5,018.25	5,352.80	5,687.35	6,021.90	6,356.45	6,691.00	7,025.55	7,360.10	
75 - 79	4,963.01	5,344.78	5,726.55	6,108.32	6,490.09	6,871.86	7,253.63	7,635.40	8,017.17	8,398.94	
80 - 84	5,261.10	5,665.80	6,070.50	6,475.20	6,879.90	7,284.60	7,689.30	8,094.00	8,498.70	8,903.40	

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.70	Dependent benefit is \$500 →									
18 - 29	0.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20
30 - 39	0.86	1.29	1.72	2.15	2.58	3.01	3.44	3.87	4.30	4.73	5.16
40 - 49	1.76	2.64	3.52	4.40	5.28	6.16	7.04	7.92	8.80	9.68	10.56
50 - 54	5.04	7.56	10.08	12.60	15.12	17.64	20.16	22.68	25.20	27.72	30.24
55 - 59	10.24	15.36	20.48	25.60	30.72	35.84	40.96	46.08	51.20	56.32	61.44
60 - 64	18.60	27.90	37.20	46.50	55.80	65.10	74.40	83.70	93.00	102.30	111.60
65 - 69	35.02	52.53	70.04	87.55	105.06	122.57	140.08	157.59	175.10	192.61	210.12
70 - 74	60.20	90.30	120.40	150.50	180.60	210.70	240.80	270.90	301.00	331.10	361.20
75 - 79	98.52	147.78	197.04	246.30	295.56	344.82	394.08	443.34	492.60	541.86	591.12
80 - 84	148.88	223.32	297.76	372.20	446.64	521.08	595.52	669.96	744.40	818.84	893.28

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	4.55	4.90	5.25	5.60	5.95	6.30	6.65	7.00	7.35	7.70	1.10
30 - 39	5.59	6.02	6.45	6.88	7.31	7.74	8.17	8.60	9.03	9.46	1.10
40 - 49	11.44	12.32	13.20	14.08	14.96	15.84	16.72	17.60	18.48	19.36	1.15
50 - 54	32.76	35.28	37.80	40.32	42.84	45.36	47.88	50.40	52.92	55.44	1.15
55 - 59	66.56	71.68	76.80	81.92	87.04	92.16	97.28	102.40	107.52	112.64	1.20
60 - 64	120.90	130.20	139.50	148.80	158.10	167.40	176.70	186.00	195.30	204.60	1.25
65 - 69	227.63	245.14	262.65	280.16	297.67	315.18	332.69	350.20	367.71	385.22	1.25
70 - 74	391.30	421.40	451.50	481.60	511.70	541.80	571.90	602.00	632.10	662.20	N/A
75 - 79	640.38	689.64	738.90	788.16	837.42	886.68	935.94	985.20	1,034.46	1,083.72	N/A
80 - 84	967.72	1,042.16	1,116.60	1,191.04	1,265.48	1,339.92	1,414.36	1,488.80	1,563.24	1,637.68	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan A - Comprehensive (Annual Rates)

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	27.22	Dependent benefit is \$500 →									
18 - 29	65.34	98.01	130.68	163.35	196.02	228.69	248.32	279.36	310.40	341.44	372.48
30 - 39	98.02	147.03	196.04	245.05	294.06	343.07	372.48	419.04	465.60	512.16	558.72
40 - 49	203.28	304.92	406.56	508.20	609.84	711.48	772.48	869.04	965.60	1,062.16	1,158.72
50 - 54	333.96	500.94	667.92	834.90	1,001.88	1,168.86	1,269.04	1,427.67	1,586.30	1,744.93	1,903.56
55 - 59	453.76	680.64	907.52	1,134.40	1,361.28	1,588.16	1,724.32	1,939.86	2,155.40	2,370.94	2,586.48
60 - 64	595.32	892.98	1,190.64	1,488.30	1,785.96	2,083.62	2,262.24	2,545.02	2,827.80	3,110.58	3,393.36
65 - 69	751.42	1,127.13	1,502.84	1,878.55	2,254.26	2,629.97	2,855.36	3,212.28	3,569.20	3,926.12	4,283.04
70 - 74	900.24	1,350.36	1,800.48	2,250.60	2,700.72	3,150.84	3,420.88	3,848.49	4,276.10	4,703.71	5,131.32
75 - 79	1,027.30	1,540.95	2,054.60	2,568.25	3,081.90	3,595.55	3,903.76	4,391.73	4,879.70	5,367.67	5,855.64
80 - 84	1,089.00	1,633.50	2,178.00	2,722.50	3,267.00	3,811.50	4,138.24	4,655.52	5,172.80	5,690.08	6,207.36

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	403.52	434.56	465.60	496.64	527.68	558.72	589.76	620.80	651.84	682.88	
30 - 39	605.28	651.84	698.40	744.96	791.52	838.08	884.64	931.20	977.76	1,024.32	
40 - 49	1,255.28	1,351.84	1,448.40	1,544.96	1,641.52	1,738.08	1,834.64	1,931.20	2,027.76	2,124.32	
50 - 54	2,062.19	2,220.82	2,379.45	2,538.08	2,696.71	2,855.34	3,013.97	3,172.60	3,331.23	3,489.86	
55 - 59	2,802.02	3,017.56	3,233.10	3,448.64	3,664.18	3,879.72	4,095.26	4,310.80	4,526.34	4,741.88	
60 - 64	3,676.14	3,958.92	4,241.70	4,524.48	4,807.26	5,090.04	5,372.82	5,655.60	5,938.38	6,221.16	
65 - 69	4,639.96	4,996.88	5,353.80	5,710.72	6,067.64	6,424.56	6,781.48	7,138.40	7,495.32	7,852.24	
70 - 74	5,558.93	5,986.54	6,414.15	6,841.76	7,269.37	7,696.98	8,124.59	8,552.20	8,979.81	9,407.42	
75 - 79	6,343.61	6,831.58	7,319.55	7,807.52	8,295.49	8,783.46	9,271.43	9,759.40	10,247.37	10,735.34	
80 - 84	6,724.64	7,241.92	7,759.20	8,276.48	8,793.76	9,311.04	9,828.32	10,345.60	10,862.88	11,380.16	

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.90	Dependent benefit is \$500 →									
18 - 29	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50	4.95	5.40
30 - 39	1.08	1.62	2.16	2.70	3.24	3.78	4.32	4.86	5.40	5.94	6.48
40 - 49	2.24	3.36	4.48	5.60	6.72	7.84	8.96	10.08	11.20	12.32	13.44
50 - 54	6.44	9.66	12.88	16.10	19.32	22.54	25.76	28.98	32.20	35.42	38.64
55 - 59	13.08	19.62	26.16	32.70	39.24	45.78	52.32	58.86	65.40	71.94	78.48
60 - 64	23.78	35.67	47.56	59.45	71.34	83.23	95.12	107.01	118.90	130.79	142.68
65 - 69	44.78	67.17	89.56	111.95	134.34	156.73	179.12	201.51	223.90	246.29	268.68
70 - 74	76.96	115.44	153.92	192.40	230.88	269.36	307.84	346.32	384.80	423.28	461.76
75 - 79	125.92	188.88	251.84	314.80	377.76	440.72	503.68	566.64	629.60	692.56	755.52
80 - 84	190.30	285.45	380.60	475.75	570.90	666.05	761.20	856.35	951.50	1,046.65	1,141.80

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	5.85	6.30	6.75	7.20	7.65	8.10	8.55	9.00	9.45	9.90	1.10
30 - 39	7.02	7.56	8.10	8.64	9.18	9.72	10.26	10.80	11.34	11.88	1.10
40 - 49	14.56	15.68	16.80	17.92	19.04	20.16	21.28	22.40	23.52	24.64	1.15
50 - 54	41.86	45.08	48.30	51.52	54.74	57.96	61.18	64.40	67.62	70.84	1.15
55 - 59	85.02	91.56	98.10	104.64	111.18	117.72	124.26	130.80	137.34	143.88	1.20
60 - 64	154.57	166.46	178.35	190.24	202.13	214.02	225.91	237.80	249.69	261.58	1.25
65 - 69	291.07	313.46	335.85	358.24	380.63	403.02	425.41	447.80	470.19	492.58	1.25
70 - 74	500.24	538.72	577.20	615.68	654.16	692.64	731.12	769.60	808.08	846.56	N/A
75 - 79	818.48	881.44	944.40	1,007.36	1,070.32	1,133.28	1,196.24	1,259.20	1,322.16	1,385.12	N/A
80 - 84	1,236.95	1,332.10	1,427.25	1,522.40	1,617.55	1,712.70	1,807.85	1,903.00	1,998.15	2,093.30	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

**Plan B - Cancer Care Plus (Annual Rates)**

**6 Month BASE Benefit Period**

<b>Monthly BASE Benefits: \$500 – \$3,000</b>											
	<b>\$500</b>	<b>\$750</b>	<b>\$1,000</b>	<b>\$1,250</b>	<b>\$1,500</b>	<b>\$1,750</b>	<b>\$2,000</b>	<b>\$2,250</b>	<b>\$2,500</b>	<b>\$2,750</b>	<b>\$3,000</b>
<b>Dependent</b>	5.56	Dependent benefit is \$500 →									
18 - 29	12.22	18.33	24.44	30.55	36.66	42.77	46.40	52.20	58.00	63.80	69.60
30 - 39	17.76	26.64	35.52	44.40	53.28	62.16	67.52	75.96	84.40	92.84	101.28
40 - 49	42.18	63.27	84.36	105.45	126.54	147.63	160.32	180.36	200.40	220.44	240.48
50 - 54	68.82	103.23	137.64	172.05	206.46	240.87	261.52	294.21	326.90	359.59	392.28
55 - 59	94.36	141.54	188.72	235.90	283.08	330.26	358.56	403.38	448.20	493.02	537.84
60 - 64	123.22	184.83	246.44	308.05	369.66	431.27	468.24	526.77	585.30	643.83	702.36
65 - 69	150.96	226.44	301.92	377.40	452.88	528.36	573.68	645.39	717.10	788.81	860.52
70 - 74	177.60	266.40	355.20	444.00	532.80	621.60	674.88	759.24	843.60	927.96	1,012.32
75 - 79	205.36	308.04	410.72	513.40	616.08	718.76	780.40	877.95	975.50	1,073.05	1,170.60
80 - 84	220.90	331.35	441.80	552.25	662.70	773.15	839.44	944.37	1,049.30	1,154.23	1,259.16

**6 Month BASE Benefit Period**

<b>Monthly BASE Benefits: \$3,250 – \$5,500</b>											
	<b>\$3,250</b>	<b>\$3,500</b>	<b>\$3,750</b>	<b>\$4,000</b>	<b>\$4,250</b>	<b>\$4,500</b>	<b>\$4,750</b>	<b>\$5,000</b>	<b>\$5,250</b>	<b>\$5,500</b>	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	75.40	81.20	87.00	92.80	98.60	104.40	110.20	116.00	121.80	127.60	
30 - 39	109.72	118.16	126.60	135.04	143.48	151.92	160.36	168.80	177.24	185.68	
40 - 49	260.52	280.56	300.60	320.64	340.68	360.72	380.76	400.80	420.84	440.88	
50 - 54	424.97	457.66	490.35	523.04	555.73	588.42	621.11	653.80	686.49	719.18	
55 - 59	582.66	627.48	672.30	717.12	761.94	806.76	851.58	896.40	941.22	986.04	
60 - 64	760.89	819.42	877.95	936.48	995.01	1,053.54	1,112.07	1,170.60	1,229.13	1,287.66	
65 - 69	932.23	1,003.94	1,075.65	1,147.36	1,219.07	1,290.78	1,362.49	1,434.20	1,505.91	1,577.62	
70 - 74	1,096.68	1,181.04	1,265.40	1,349.76	1,434.12	1,518.48	1,602.84	1,687.20	1,771.56	1,855.92	
75 - 79	1,268.15	1,365.70	1,463.25	1,560.80	1,658.35	1,755.90	1,853.45	1,951.00	2,048.55	2,146.10	
80 - 84	1,364.09	1,469.02	1,573.95	1,678.88	1,783.81	1,888.74	1,993.67	2,098.60	2,203.53	2,308.46	

**6 Month NURSING HOME Benefit Period**

<b>Monthly NURSING HOME Benefits: \$500 – \$3,000</b>											
	<b>\$500</b>	<b>\$750</b>	<b>\$1,000</b>	<b>\$1,250</b>	<b>\$1,500</b>	<b>\$1,750</b>	<b>\$2,000</b>	<b>\$2,250</b>	<b>\$2,500</b>	<b>\$2,750</b>	<b>\$3,000</b>
<b>Dependent</b>	0.18	Dependent benefit is \$500 →									
18 - 29	0.18	0.27	0.36	0.45	0.54	0.63	0.72	0.81	0.90	0.99	1.08
30 - 39	0.26	0.39	0.52	0.65	0.78	0.91	1.04	1.17	1.30	1.43	1.56
40 - 49	0.52	0.78	1.04	1.30	1.56	1.82	2.08	2.34	2.60	2.86	3.12
50 - 54	1.24	1.86	2.48	3.10	3.72	4.34	4.96	5.58	6.20	6.82	7.44
55 - 59	2.44	3.66	4.88	6.10	7.32	8.54	9.76	10.98	12.20	13.42	14.64
60 - 64	4.60	6.90	9.20	11.50	13.80	16.10	18.40	20.70	23.00	25.30	27.60
65 - 69	8.10	12.15	16.20	20.25	24.30	28.35	32.40	36.45	40.50	44.55	48.60
70 - 74	13.82	20.73	27.64	34.55	41.46	48.37	55.28	62.19	69.10	76.01	82.92
75 - 79	22.04	33.06	44.08	55.10	66.12	77.14	88.16	99.18	110.20	121.22	132.24
80 - 84	32.48	48.72	64.96	81.20	97.44	113.68	129.92	146.16	162.40	178.64	194.88

**6 Month NURSING HOME Benefit Period**

<b>Monthly NURSING HOME Benefits: \$3,250 – \$5,500</b>											
	<b>\$3,250</b>	<b>\$3,500</b>	<b>\$3,750</b>	<b>\$4,000</b>	<b>\$4,250</b>	<b>\$4,500</b>	<b>\$4,750</b>	<b>\$5,000</b>	<b>\$5,250</b>	<b>\$5,500</b>	<b>ROP</b>
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	1.17	1.26	1.35	1.44	1.53	1.62	1.71	1.80	1.89	1.98	1.10
30 - 39	1.69	1.82	1.95	2.08	2.21	2.34	2.47	2.60	2.73	2.86	1.10
40 - 49	3.38	3.64	3.90	4.16	4.42	4.68	4.94	5.20	5.46	5.72	1.15
50 - 54	8.06	8.68	9.30	9.92	10.54	11.16	11.78	12.40	13.02	13.64	1.15
55 - 59	15.86	17.08	18.30	19.52	20.74	21.96	23.18	24.40	25.62	26.84	1.20
60 - 64	29.90	32.20	34.50	36.80	39.10	41.40	43.70	46.00	48.30	50.60	1.25
65 - 69	52.65	56.70	60.75	64.80	68.85	72.90	76.95	81.00	85.05	89.10	1.25
70 - 74	89.83	96.74	103.65	110.56	117.47	124.38	131.29	138.20	145.11	152.02	N/A
75 - 79	143.26	154.28	165.30	176.32	187.34	198.36	209.38	220.40	231.42	242.44	N/A
80 - 84	211.12	227.36	243.60	259.84	276.08	292.32	308.56	324.80	341.04	357.28	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan B - Cancer Care Plus (Annual Rates)

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	10.00	Dependent benefit is \$500 →									
18 - 29	22.00	33.00	44.00	55.00	66.00	77.00	83.60	94.05	104.50	114.95	125.40
30 - 39	32.00	48.00	64.00	80.00	96.00	112.00	121.60	136.80	152.00	167.20	182.40
40 - 49	76.00	114.00	152.00	190.00	228.00	266.00	288.80	324.90	361.00	397.10	433.20
50 - 54	124.00	186.00	248.00	310.00	372.00	434.00	471.20	530.10	589.00	647.90	706.80
55 - 59	170.00	255.00	340.00	425.00	510.00	595.00	646.00	726.75	807.50	888.25	969.00
60 - 64	222.00	333.00	444.00	555.00	666.00	777.00	843.60	949.05	1,054.50	1,159.95	1,265.40
65 - 69	272.00	408.00	544.00	680.00	816.00	952.00	1,033.60	1,162.80	1,292.00	1,421.20	1,550.40
70 - 74	320.00	480.00	640.00	800.00	960.00	1,120.00	1,216.00	1,368.00	1,520.00	1,672.00	1,824.00
75 - 79	370.00	555.00	740.00	925.00	1,110.00	1,295.00	1,406.00	1,581.75	1,757.50	1,933.25	2,109.00
80 - 84	398.00	597.00	796.00	995.00	1,194.00	1,393.00	1,512.40	1,701.45	1,890.50	2,079.55	2,268.60

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	135.85	146.30	156.75	167.20	177.65	188.10	198.55	209.00	219.45	229.90	
30 - 39	197.60	212.80	228.00	243.20	258.40	273.60	288.80	304.00	319.20	334.40	
40 - 49	469.30	505.40	541.50	577.60	613.70	649.80	685.90	722.00	758.10	794.20	
50 - 54	765.70	824.60	883.50	942.40	1,001.30	1,060.20	1,119.10	1,178.00	1,236.90	1,295.80	
55 - 59	1,049.75	1,130.50	1,211.25	1,292.00	1,372.75	1,453.50	1,534.25	1,615.00	1,695.75	1,776.50	
60 - 64	1,370.85	1,476.30	1,581.75	1,687.20	1,792.65	1,898.10	2,003.55	2,109.00	2,214.45	2,319.90	
65 - 69	1,679.60	1,808.80	1,938.00	2,067.20	2,196.40	2,325.60	2,454.80	2,584.00	2,713.20	2,842.40	
70 - 74	1,976.00	2,128.00	2,280.00	2,432.00	2,584.00	2,736.00	2,888.00	3,040.00	3,192.00	3,344.00	
75 - 79	2,284.75	2,460.50	2,636.25	2,812.00	2,987.75	3,163.50	3,339.25	3,515.00	3,690.75	3,866.50	
80 - 84	2,457.65	2,646.70	2,835.75	3,024.80	3,213.85	3,402.90	3,591.95	3,781.00	3,970.05	4,159.10	

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.32	Dependent benefit is \$500 →									
18 - 29	0.32	0.48	0.64	0.80	0.96	1.12	1.28	1.44	1.60	1.76	1.92
30 - 39	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00
40 - 49	0.96	1.44	1.92	2.40	2.88	3.36	3.84	4.32	4.80	5.28	5.76
50 - 54	2.34	3.51	4.68	5.85	7.02	8.19	9.36	10.53	11.70	12.87	14.04
55 - 59	4.60	6.90	9.20	11.50	13.80	16.10	18.40	20.70	23.00	25.30	27.60
60 - 64	8.66	12.99	17.32	21.65	25.98	30.31	34.64	38.97	43.30	47.63	51.96
65 - 69	15.30	22.95	30.60	38.25	45.90	53.55	61.20	68.85	76.50	84.15	91.80
70 - 74	26.06	39.09	52.12	65.15	78.18	91.21	104.24	117.27	130.30	143.33	156.36
75 - 79	41.60	62.40	83.20	104.00	124.80	145.60	166.40	187.20	208.00	228.80	249.60
80 - 84	61.28	91.92	122.56	153.20	183.84	214.48	245.12	275.76	306.40	337.04	367.68

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	2.08	2.24	2.40	2.56	2.72	2.88	3.04	3.20	3.36	3.52	1.10
30 - 39	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00	5.25	5.50	1.10
40 - 49	6.24	6.72	7.20	7.68	8.16	8.64	9.12	9.60	10.08	10.56	1.15
50 - 54	15.21	16.38	17.55	18.72	19.89	21.06	22.23	23.40	24.57	25.74	1.15
55 - 59	29.90	32.20	34.50	36.80	39.10	41.40	43.70	46.00	48.30	50.60	1.20
60 - 64	56.29	60.62	64.95	69.28	73.61	77.94	82.27	86.60	90.93	95.26	1.25
65 - 69	99.45	107.10	114.75	122.40	130.05	137.70	145.35	153.00	160.65	168.30	1.25
70 - 74	169.39	182.42	195.45	208.48	221.51	234.54	247.57	260.60	273.63	286.66	N/A
75 - 79	270.40	291.20	312.00	332.80	353.60	374.40	395.20	416.00	436.80	457.60	N/A
80 - 84	398.32	428.96	459.60	490.24	520.88	551.52	582.16	612.80	643.44	674.08	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan B - Cancer Care Plus (Annual Rates)

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	14.20	Dependent benefit is \$500 →									
18 - 29	31.24	46.86	62.48	78.10	93.72	109.34	118.72	133.56	148.40	163.24	178.08
30 - 39	45.44	68.16	90.88	113.60	136.32	159.04	172.64	194.22	215.80	237.38	258.96
40 - 49	107.92	161.88	215.84	269.80	323.76	377.72	410.08	461.34	512.60	563.86	615.12
50 - 54	176.08	264.12	352.16	440.20	528.24	616.28	669.12	752.76	836.40	920.04	1,003.68
55 - 59	241.40	362.10	482.80	603.50	724.20	844.90	917.36	1,032.03	1,146.70	1,261.37	1,376.04
60 - 64	315.24	472.86	630.48	788.10	945.72	1,103.34	1,197.92	1,347.66	1,497.40	1,647.14	1,796.88
65 - 69	386.24	579.36	772.48	965.60	1,158.72	1,351.84	1,467.68	1,651.14	1,834.60	2,018.06	2,201.52
70 - 74	454.40	681.60	908.80	1,136.00	1,363.20	1,590.40	1,726.72	1,942.56	2,158.40	2,374.24	2,590.08
75 - 79	525.40	788.10	1,050.80	1,313.50	1,576.20	1,838.90	1,996.56	2,246.13	2,495.70	2,745.27	2,994.84
80 - 84	565.16	847.74	1,130.32	1,412.90	1,695.48	1,978.06	2,147.60	2,416.05	2,684.50	2,952.95	3,221.40

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	192.92	207.76	222.60	237.44	252.28	267.12	281.96	296.80	311.64	326.48	
30 - 39	280.54	302.12	323.70	345.28	366.86	388.44	410.02	431.60	453.18	474.76	
40 - 49	666.38	717.64	768.90	820.16	871.42	922.68	973.94	1,025.20	1,076.46	1,127.72	
50 - 54	1,087.32	1,170.96	1,254.60	1,338.24	1,421.88	1,505.52	1,589.16	1,672.80	1,756.44	1,840.08	
55 - 59	1,490.71	1,605.38	1,720.05	1,834.72	1,949.39	2,064.06	2,178.73	2,293.40	2,408.07	2,522.74	
60 - 64	1,946.62	2,096.36	2,246.10	2,395.84	2,545.58	2,695.32	2,845.06	2,994.80	3,144.54	3,294.28	
65 - 69	2,384.98	2,568.44	2,751.90	2,935.36	3,118.82	3,302.28	3,485.74	3,669.20	3,852.66	4,036.12	
70 - 74	2,805.92	3,021.76	3,237.60	3,453.44	3,669.28	3,885.12	4,100.96	4,316.80	4,532.64	4,748.48	
75 - 79	3,244.41	3,493.98	3,743.55	3,993.12	4,242.69	4,492.26	4,741.83	4,991.40	5,240.97	5,490.54	
80 - 84	3,489.85	3,758.30	4,026.75	4,295.20	4,563.65	4,832.10	5,100.55	5,369.00	5,637.45	5,905.90	

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.48	Dependent benefit is \$500 →									
18 - 29	0.48	0.72	0.96	1.20	1.44	1.68	1.92	2.16	2.40	2.64	2.88
30 - 39	0.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50	3.85	4.20
40 - 49	1.42	2.13	2.84	3.55	4.26	4.97	5.68	6.39	7.10	7.81	8.52
50 - 54	3.40	5.10	6.80	8.50	10.20	11.90	13.60	15.30	17.00	18.70	20.40
55 - 59	6.70	10.05	13.40	16.75	20.10	23.45	26.80	30.15	33.50	36.85	40.20
60 - 64	12.56	18.84	25.12	31.40	37.68	43.96	50.24	56.52	62.80	69.08	75.36
65 - 69	22.18	33.27	44.36	55.45	66.54	77.63	88.72	99.81	110.90	121.99	133.08
70 - 74	37.80	56.70	75.60	94.50	113.40	132.30	151.20	170.10	189.00	207.90	226.80
75 - 79	60.34	90.51	120.68	150.85	181.02	211.19	241.36	271.53	301.70	331.87	362.04
80 - 84	88.86	133.29	177.72	222.15	266.58	311.01	355.44	399.87	444.30	488.73	533.16

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	3.12	3.36	3.60	3.84	4.08	4.32	4.56	4.80	5.04	5.28	1.10
30 - 39	4.55	4.90	5.25	5.60	5.95	6.30	6.65	7.00	7.35	7.70	1.10
40 - 49	9.23	9.94	10.65	11.36	12.07	12.78	13.49	14.20	14.91	15.62	1.15
50 - 54	22.10	23.80	25.50	27.20	28.90	30.60	32.30	34.00	35.70	37.40	1.15
55 - 59	43.55	46.90	50.25	53.60	56.95	60.30	63.65	67.00	70.35	73.70	1.20
60 - 64	81.64	87.92	94.20	100.48	106.76	113.04	119.32	125.60	131.88	138.16	1.25
65 - 69	144.17	155.26	166.35	177.44	188.53	199.62	210.71	221.80	232.89	243.98	1.25
70 - 74	245.70	264.60	283.50	302.40	321.30	340.20	359.10	378.00	396.90	415.80	N/A
75 - 79	392.21	422.38	452.55	482.72	512.89	543.06	573.23	603.40	633.57	663.74	N/A
80 - 84	577.59	622.02	666.45	710.88	755.31	799.74	844.17	888.60	933.03	977.46	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)



## Plan B - Cancer Care Plus (Annual Rates)

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	18.16	Dependent benefit is \$500 →									
18 - 29	39.94	59.91	79.88	99.85	119.82	139.79	151.76	170.73	189.70	208.67	227.64
30 - 39	58.08	87.12	116.16	145.20	174.24	203.28	220.72	248.31	275.90	303.49	331.08
40 - 49	137.94	206.91	275.88	344.85	413.82	482.79	524.16	589.68	655.20	720.72	786.24
50 - 54	225.06	337.59	450.12	562.65	675.18	787.71	855.20	962.10	1,069.00	1,175.90	1,282.80
55 - 59	308.56	462.84	617.12	771.40	925.68	1,079.96	1,172.56	1,319.13	1,465.70	1,612.27	1,758.84
60 - 64	402.94	604.41	805.88	1,007.35	1,208.82	1,410.29	1,531.20	1,722.60	1,914.00	2,105.40	2,296.80
65 - 69	493.68	740.52	987.36	1,234.20	1,481.04	1,727.88	1,876.00	2,110.50	2,345.00	2,579.50	2,814.00
70 - 74	580.80	871.20	1,161.60	1,452.00	1,742.40	2,032.80	2,207.04	2,482.92	2,758.80	3,034.68	3,310.56
75 - 79	671.56	1,007.34	1,343.12	1,678.90	2,014.68	2,350.46	2,551.92	2,870.91	3,189.90	3,508.89	3,827.88
80 - 84	722.38	1,083.57	1,444.76	1,805.95	2,167.14	2,528.33	2,745.04	3,088.17	3,431.30	3,774.43	4,117.56

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	246.61	265.58	284.55	303.52	322.49	341.46	360.43	379.40	398.37	417.34	
30 - 39	358.67	386.26	413.85	441.44	469.03	496.62	524.21	551.80	579.39	606.98	
40 - 49	851.76	917.28	982.80	1,048.32	1,113.84	1,179.36	1,244.88	1,310.40	1,375.92	1,441.44	
50 - 54	1,389.70	1,496.60	1,603.50	1,710.40	1,817.30	1,924.20	2,031.10	2,138.00	2,244.90	2,351.80	
55 - 59	1,905.41	2,051.98	2,198.55	2,345.12	2,491.69	2,638.26	2,784.83	2,931.40	3,077.97	3,224.54	
60 - 64	2,488.20	2,679.60	2,871.00	3,062.40	3,253.80	3,445.20	3,636.60	3,828.00	4,019.40	4,210.80	
65 - 69	3,048.50	3,283.00	3,517.50	3,752.00	3,986.50	4,221.00	4,455.50	4,690.00	4,924.50	5,159.00	
70 - 74	3,586.44	3,862.32	4,138.20	4,414.08	4,689.96	4,965.84	5,241.72	5,517.60	5,793.48	6,069.36	
75 - 79	4,146.87	4,465.86	4,784.85	5,103.84	5,422.83	5,741.82	6,060.81	6,379.80	6,698.79	7,017.78	
80 - 84	4,460.69	4,803.82	5,146.95	5,490.08	5,833.21	6,176.34	6,519.47	6,862.60	7,205.73	7,548.86	

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.62	Dependent benefit is \$500 →									
18 - 29	0.62	0.93	1.24	1.55	1.86	2.17	2.48	2.79	3.10	3.41	3.72
30 - 39	0.92	1.38	1.84	2.30	2.76	3.22	3.68	4.14	4.60	5.06	5.52
40 - 49	1.82	2.73	3.64	4.55	5.46	6.37	7.28	8.19	9.10	10.01	10.92
50 - 54	4.42	6.63	8.84	11.05	13.26	15.47	17.68	19.89	22.10	24.31	26.52
55 - 59	8.68	13.02	17.36	21.70	26.04	30.38	34.72	39.06	43.40	47.74	52.08
60 - 64	16.28	24.42	32.56	40.70	48.84	56.98	65.12	73.26	81.40	89.54	97.68
65 - 69	28.76	43.14	57.52	71.90	86.28	100.66	115.04	129.42	143.80	158.18	172.56
70 - 74	49.00	73.50	98.00	122.50	147.00	171.50	196.00	220.50	245.00	269.50	294.00
75 - 79	78.22	117.33	156.44	195.55	234.66	273.77	312.88	351.99	391.10	430.21	469.32
80 - 84	115.20	172.80	230.40	288.00	345.60	403.20	460.80	518.40	576.00	633.60	691.20

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	4.03	4.34	4.65	4.96	5.27	5.58	5.89	6.20	6.51	6.82	1.10
30 - 39	5.98	6.44	6.90	7.36	7.82	8.28	8.74	9.20	9.66	10.12	1.10
40 - 49	11.83	12.74	13.65	14.56	15.47	16.38	17.29	18.20	19.11	20.02	1.15
50 - 54	28.73	30.94	33.15	35.36	37.57	39.78	41.99	44.20	46.41	48.62	1.15
55 - 59	56.42	60.76	65.10	69.44	73.78	78.12	82.46	86.80	91.14	95.48	1.20
60 - 64	105.82	113.96	122.10	130.24	138.38	146.52	154.66	162.80	170.94	179.08	1.25
65 - 69	186.94	201.32	215.70	230.08	244.46	258.84	273.22	287.60	301.98	316.36	1.25
70 - 74	318.50	343.00	367.50	392.00	416.50	441.00	465.50	490.00	514.50	539.00	N/A
75 - 79	508.43	547.54	586.65	625.76	664.87	703.98	743.09	782.20	821.31	860.42	N/A
80 - 84	748.80	806.40	864.00	921.60	979.20	1,036.80	1,094.40	1,152.00	1,209.60	1,267.20	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan C - Cardiac Care Plus (Annual Rates)

### 6 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	3.56	Dependent benefit is \$500 →									
18 - 29	7.78	11.67	15.56	19.45	23.34	27.23	29.60	33.30	37.00	40.70	44.40
30 - 39	12.22	18.33	24.44	30.55	36.66	42.77	46.40	52.20	58.00	63.80	69.60
40 - 49	26.64	39.96	53.28	66.60	79.92	93.24	101.20	113.85	126.50	139.15	151.80
50 - 54	45.52	68.28	91.04	113.80	136.56	159.32	172.96	194.58	216.20	237.82	259.44
55 - 59	65.50	98.25	131.00	163.75	196.50	229.25	248.88	279.99	311.10	342.21	373.32
60 - 64	93.24	139.86	186.48	233.10	279.72	326.34	354.32	398.61	442.90	487.19	531.48
65 - 69	128.76	193.14	257.52	321.90	386.28	450.66	489.28	550.44	611.60	672.76	733.92
70 - 74	166.50	249.75	333.00	416.25	499.50	582.75	632.72	711.81	790.90	869.99	949.08
75 - 79	206.46	309.69	412.92	516.15	619.38	722.61	784.56	882.63	980.70	1,078.77	1,176.84
80 - 84	226.44	339.66	452.88	566.10	679.32	792.54	860.48	968.04	1,075.60	1,183.16	1,290.72

### 6 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	48.10	51.80	55.50	59.20	62.90	66.60	70.30	74.00	77.70	81.40	
30 - 39	75.40	81.20	87.00	92.80	98.60	104.40	110.20	116.00	121.80	127.60	
40 - 49	164.45	177.10	189.75	202.40	215.05	227.70	240.35	253.00	265.65	278.30	
50 - 54	281.06	302.68	324.30	345.92	367.54	389.16	410.78	432.40	454.02	475.64	
55 - 59	404.43	435.54	466.65	497.76	528.87	559.98	591.09	622.20	653.31	684.42	
60 - 64	575.77	620.06	664.35	708.64	752.93	797.22	841.51	885.80	930.09	974.38	
65 - 69	795.08	856.24	917.40	978.56	1,039.72	1,100.88	1,162.04	1,223.20	1,284.36	1,345.52	
70 - 74	1,028.17	1,107.26	1,186.35	1,265.44	1,344.53	1,423.62	1,502.71	1,581.80	1,660.89	1,739.98	
75 - 79	1,274.91	1,372.98	1,471.05	1,569.12	1,667.19	1,765.26	1,863.33	1,961.40	2,059.47	2,157.54	
80 - 84	1,398.28	1,505.84	1,613.40	1,720.96	1,828.52	1,936.08	2,043.64	2,151.20	2,258.76	2,366.32	

### 6 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.18	Dependent benefit is \$500 →									
18 - 29	0.18	0.27	0.36	0.45	0.54	0.63	0.72	0.81	0.90	0.99	1.08
30 - 39	0.28	0.42	0.56	0.70	0.84	0.98	1.12	1.26	1.40	1.54	1.68
40 - 49	0.62	0.93	1.24	1.55	1.86	2.17	2.48	2.79	3.10	3.41	3.72
50 - 54	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00	9.90	10.80
55 - 59	3.68	5.52	7.36	9.20	11.04	12.88	14.72	16.56	18.40	20.24	22.08
60 - 64	7.10	10.65	14.20	17.75	21.30	24.85	28.40	31.95	35.50	39.05	42.60
65 - 69	13.16	19.74	26.32	32.90	39.48	46.06	52.64	59.22	65.80	72.38	78.96
70 - 74	22.78	34.17	45.56	56.95	68.34	79.73	91.12	102.51	113.90	125.29	136.68
75 - 79	38.32	57.48	76.64	95.80	114.96	134.12	153.28	172.44	191.60	210.76	229.92
80 - 84	57.34	86.01	114.68	143.35	172.02	200.69	229.36	258.03	286.70	315.37	344.04

### 6 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	1.17	1.26	1.35	1.44	1.53	1.62	1.71	1.80	1.89	1.98	1.10
30 - 39	1.82	1.96	2.10	2.24	2.38	2.52	2.66	2.80	2.94	3.08	1.10
40 - 49	4.03	4.34	4.65	4.96	5.27	5.58	5.89	6.20	6.51	6.82	1.15
50 - 54	11.70	12.60	13.50	14.40	15.30	16.20	17.10	18.00	18.90	19.80	1.15
55 - 59	23.92	25.76	27.60	29.44	31.28	33.12	34.96	36.80	38.64	40.48	1.20
60 - 64	46.15	49.70	53.25	56.80	60.35	63.90	67.45	71.00	74.55	78.10	1.25
65 - 69	85.54	92.12	98.70	105.28	111.86	118.44	125.02	131.60	138.18	144.76	1.25
70 - 74	148.07	159.46	170.85	182.24	193.63	205.02	216.41	227.80	239.19	250.58	N/A
75 - 79	249.08	268.24	287.40	306.56	325.72	344.88	364.04	383.20	402.36	421.52	N/A
80 - 84	372.71	401.38	430.05	458.72	487.39	516.06	544.73	573.40	602.07	630.74	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan C - Cardiac Care Plus (Annual Rates)

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	6.40	Dependent benefit is \$500 →									
18 - 29	14.00	21.00	28.00	35.00	42.00	49.00	53.20	59.85	66.50	73.15	79.80
30 - 39	22.00	33.00	44.00	55.00	66.00	77.00	83.60	94.05	104.50	114.95	125.40
40 - 49	48.00	72.00	96.00	120.00	144.00	168.00	182.40	205.20	228.00	250.80	273.60
50 - 54	82.00	123.00	164.00	205.00	246.00	287.00	311.60	350.55	389.50	428.45	467.40
55 - 59	118.00	177.00	236.00	295.00	354.00	413.00	448.40	504.45	560.50	616.55	672.60
60 - 64	168.00	252.00	336.00	420.00	504.00	588.00	638.40	718.20	798.00	877.80	957.60
65 - 69	232.00	348.00	464.00	580.00	696.00	812.00	881.60	991.80	1,102.00	1,212.20	1,322.40
70 - 74	300.00	450.00	600.00	750.00	900.00	1,050.00	1,140.00	1,282.50	1,425.00	1,567.50	1,710.00
75 - 79	372.00	558.00	744.00	930.00	1,116.00	1,302.00	1,413.60	1,590.30	1,767.00	1,943.70	2,120.40
80 - 84	408.00	612.00	816.00	1,020.00	1,224.00	1,428.00	1,550.40	1,744.20	1,938.00	2,131.80	2,325.60

### 12 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	86.45	93.10	99.75	106.40	113.05	119.70	126.35	133.00	139.65	146.30	
30 - 39	135.85	146.30	156.75	167.20	177.65	188.10	198.55	209.00	219.45	229.90	
40 - 49	296.40	319.20	342.00	364.80	387.60	410.40	433.20	456.00	478.80	501.60	
50 - 54	506.35	545.30	584.25	623.20	662.15	701.10	740.05	779.00	817.95	856.90	
55 - 59	728.65	784.70	840.75	896.80	952.85	1,008.90	1,064.95	1,121.00	1,177.05	1,233.10	
60 - 64	1,037.40	1,117.20	1,197.00	1,276.80	1,356.60	1,436.40	1,516.20	1,596.00	1,675.80	1,755.60	
65 - 69	1,432.60	1,542.80	1,653.00	1,763.20	1,873.40	1,983.60	2,093.80	2,204.00	2,314.20	2,424.40	
70 - 74	1,852.50	1,995.00	2,137.50	2,280.00	2,422.50	2,565.00	2,707.50	2,850.00	2,992.50	3,135.00	
75 - 79	2,297.10	2,473.80	2,650.50	2,827.20	3,003.90	3,180.60	3,357.30	3,534.00	3,710.70	3,887.40	
80 - 84	2,519.40	2,713.20	2,907.00	3,100.80	3,294.60	3,488.40	3,682.20	3,876.00	4,069.80	4,263.60	

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.32	Dependent benefit is \$500 →									
18 - 29	0.32	0.48	0.64	0.80	0.96	1.12	1.28	1.44	1.60	1.76	1.92
30 - 39	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00
40 - 49	1.06	1.59	2.12	2.65	3.18	3.71	4.24	4.77	5.30	5.83	6.36
50 - 54	3.08	4.62	6.16	7.70	9.24	10.78	12.32	13.86	15.40	16.94	18.48
55 - 59	6.30	9.45	12.60	15.75	18.90	22.05	25.20	28.35	31.50	34.65	37.80
60 - 64	12.14	18.21	24.28	30.35	36.42	42.49	48.56	54.63	60.70	66.77	72.84
65 - 69	22.50	33.75	45.00	56.25	67.50	78.75	90.00	101.25	112.50	123.75	135.00
70 - 74	38.94	58.41	77.88	97.35	116.82	136.29	155.76	175.23	194.70	214.17	233.64
75 - 79	65.48	98.22	130.96	163.70	196.44	229.18	261.92	294.66	327.40	360.14	392.88
80 - 84	98.02	147.03	196.04	245.05	294.06	343.07	392.08	441.09	490.10	539.11	588.12

### 12 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	2.08	2.24	2.40	2.56	2.72	2.88	3.04	3.20	3.36	3.52	1.10
30 - 39	3.25	3.50	3.75	4.00	4.25	4.50	4.75	5.00	5.25	5.50	1.10
40 - 49	6.89	7.42	7.95	8.48	9.01	9.54	10.07	10.60	11.13	11.66	1.15
50 - 54	20.02	21.56	23.10	24.64	26.18	27.72	29.26	30.80	32.34	33.88	1.15
55 - 59	40.95	44.10	47.25	50.40	53.55	56.70	59.85	63.00	66.15	69.30	1.20
60 - 64	78.91	84.98	91.05	97.12	103.19	109.26	115.33	121.40	127.47	133.54	1.25
65 - 69	146.25	157.50	168.75	180.00	191.25	202.50	213.75	225.00	236.25	247.50	1.25
70 - 74	253.11	272.58	292.05	311.52	330.99	350.46	369.93	389.40	408.87	428.34	N/A
75 - 79	425.62	458.36	491.10	523.84	556.58	589.32	622.06	654.80	687.54	720.28	N/A
80 - 84	637.13	686.14	735.15	784.16	833.17	882.18	931.19	980.20	1,029.21	1,078.22	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan C - Cardiac Care Plus (Annual Rates)

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	9.08	Dependent benefit is \$500 →									
18 - 29	19.88	29.82	39.76	49.70	59.64	69.58	75.52	84.96	94.40	103.84	113.28
30 - 39	31.24	46.86	62.48	78.10	93.72	109.34	118.72	133.56	148.40	163.24	178.08
40 - 49	68.16	102.24	136.32	170.40	204.48	238.56	259.04	291.42	323.80	356.18	388.56
50 - 54	116.44	174.66	232.88	291.10	349.32	407.54	442.48	497.79	553.10	608.41	663.72
55 - 59	167.56	251.34	335.12	418.90	502.68	586.46	636.72	716.31	795.90	875.49	955.08
60 - 64	238.56	357.84	477.12	596.40	715.68	834.96	906.56	1,019.88	1,133.20	1,246.52	1,359.84
65 - 69	329.44	494.16	658.88	823.60	988.32	1,153.04	1,251.84	1,408.32	1,564.80	1,721.28	1,877.76
70 - 74	426.00	639.00	852.00	1,065.00	1,278.00	1,491.00	1,618.80	1,821.15	2,023.50	2,225.85	2,428.20
75 - 79	528.24	792.36	1,056.48	1,320.60	1,584.72	1,848.84	2,007.28	2,258.19	2,509.10	2,760.01	3,010.92
80 - 84	579.36	869.04	1,158.72	1,448.40	1,738.08	2,027.76	2,201.60	2,476.80	2,752.00	3,027.20	3,302.40

### 18 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	122.72	132.16	141.60	151.04	160.48	169.92	179.36	188.80	198.24	207.68	
30 - 39	192.92	207.76	222.60	237.44	252.28	267.12	281.96	296.80	311.64	326.48	
40 - 49	420.94	453.32	485.70	518.08	550.46	582.84	615.22	647.60	679.98	712.36	
50 - 54	719.03	774.34	829.65	884.96	940.27	995.58	1,050.89	1,106.20	1,161.51	1,216.82	
55 - 59	1,034.67	1,114.26	1,193.85	1,273.44	1,353.03	1,432.62	1,512.21	1,591.80	1,671.39	1,750.98	
60 - 64	1,473.16	1,586.48	1,699.80	1,813.12	1,926.44	2,039.76	2,153.08	2,266.40	2,379.72	2,493.04	
65 - 69	2,034.24	2,190.72	2,347.20	2,503.68	2,660.16	2,816.64	2,973.12	3,129.60	3,286.08	3,442.56	
70 - 74	2,630.55	2,832.90	3,035.25	3,237.60	3,439.95	3,642.30	3,844.65	4,047.00	4,249.35	4,451.70	
75 - 79	3,261.83	3,512.74	3,763.65	4,014.56	4,265.47	4,516.38	4,767.29	5,018.20	5,269.11	5,520.02	
80 - 84	3,577.60	3,852.80	4,128.00	4,403.20	4,678.40	4,953.60	5,228.80	5,504.00	5,779.20	6,054.40	

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.46	Dependent benefit is \$500 →									
18 - 29	0.46	0.69	0.92	1.15	1.38	1.61	1.84	2.07	2.30	2.53	2.76
30 - 39	0.68	1.02	1.36	1.70	2.04	2.38	2.72	3.06	3.40	3.74	4.08
40 - 49	1.48	2.22	2.96	3.70	4.44	5.18	5.92	6.66	7.40	8.14	8.88
50 - 54	4.30	6.45	8.60	10.75	12.90	15.05	17.20	19.35	21.50	23.65	25.80
55 - 59	8.84	13.26	17.68	22.10	26.52	30.94	35.36	39.78	44.20	48.62	53.04
60 - 64	17.00	25.50	34.00	42.50	51.00	59.50	68.00	76.50	85.00	93.50	102.00
65 - 69	31.50	47.25	63.00	78.75	94.50	110.25	126.00	141.75	157.50	173.25	189.00
70 - 74	54.50	81.75	109.00	136.25	163.50	190.75	218.00	245.25	272.50	299.75	327.00
75 - 79	91.68	137.52	183.36	229.20	275.04	320.88	366.72	412.56	458.40	504.24	550.08
80 - 84	137.24	205.86	274.48	343.10	411.72	480.34	548.96	617.58	686.20	754.82	823.44

### 18 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	2.99	3.22	3.45	3.68	3.91	4.14	4.37	4.60	4.83	5.06	1.10
30 - 39	4.42	4.76	5.10	5.44	5.78	6.12	6.46	6.80	7.14	7.48	1.10
40 - 49	9.62	10.36	11.10	11.84	12.58	13.32	14.06	14.80	15.54	16.28	1.15
50 - 54	27.95	30.10	32.25	34.40	36.55	38.70	40.85	43.00	45.15	47.30	1.15
55 - 59	57.46	61.88	66.30	70.72	75.14	79.56	83.98	88.40	92.82	97.24	1.20
60 - 64	110.50	119.00	127.50	136.00	144.50	153.00	161.50	170.00	178.50	187.00	1.25
65 - 69	204.75	220.50	236.25	252.00	267.75	283.50	299.25	315.00	330.75	346.50	1.25
70 - 74	354.25	381.50	408.75	436.00	463.25	490.50	517.75	545.00	572.25	599.50	N/A
75 - 79	595.92	641.76	687.60	733.44	779.28	825.12	870.96	916.80	962.64	1,008.48	N/A
80 - 84	892.06	960.68	1,029.30	1,097.92	1,166.54	1,235.16	1,303.78	1,372.40	1,441.02	1,509.64	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Plan C - Cardiac Care Plus (Annual Rates)

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	11.62	Dependent benefit is \$500 →									
18 - 29	25.42	38.13	50.84	63.55	76.26	88.97	96.56	108.63	120.70	132.77	144.84
30 - 39	39.94	59.91	79.88	99.85	119.82	139.79	151.76	170.73	189.70	208.67	227.64
40 - 49	87.12	130.68	174.24	217.80	261.36	304.92	331.04	372.42	413.80	455.18	496.56
50 - 54	148.84	223.26	297.68	372.10	446.52	520.94	565.60	636.30	707.00	777.70	848.40
55 - 59	214.18	321.27	428.36	535.45	642.54	749.63	813.92	915.66	1,017.40	1,119.14	1,220.88
60 - 64	304.92	457.38	609.84	762.30	914.76	1,067.22	1,158.72	1,303.56	1,448.40	1,593.24	1,738.08
65 - 69	421.08	631.62	842.16	1,052.70	1,263.24	1,473.78	1,600.08	1,800.09	2,000.10	2,200.11	2,400.12
70 - 74	544.50	816.75	1,089.00	1,361.25	1,633.50	1,905.75	2,069.12	2,327.76	2,586.40	2,845.04	3,103.68
75 - 79	675.18	1,012.77	1,350.36	1,687.95	2,025.54	2,363.13	2,565.68	2,886.39	3,207.10	3,527.81	3,848.52
80 - 84	740.52	1,110.78	1,481.04	1,851.30	2,221.56	2,591.82	2,814.00	3,165.75	3,517.50	3,869.25	4,221.00

### 24 Month BASE Benefit Period

Monthly BASE Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	
<b>Dependent</b>	Dependent benefit is \$500 →										
18 - 29	156.91	168.98	181.05	193.12	205.19	217.26	229.33	241.40	253.47	265.54	
30 - 39	246.61	265.58	284.55	303.52	322.49	341.46	360.43	379.40	398.37	417.34	
40 - 49	537.94	579.32	620.70	662.08	703.46	744.84	786.22	827.60	868.98	910.36	
50 - 54	919.10	989.80	1,060.50	1,131.20	1,201.90	1,272.60	1,343.30	1,414.00	1,484.70	1,555.40	
55 - 59	1,322.62	1,424.36	1,526.10	1,627.84	1,729.58	1,831.32	1,933.06	2,034.80	2,136.54	2,238.28	
60 - 64	1,882.92	2,027.76	2,172.60	2,317.44	2,462.28	2,607.12	2,751.96	2,896.80	3,041.64	3,186.48	
65 - 69	2,600.13	2,800.14	3,000.15	3,200.16	3,400.17	3,600.18	3,800.19	4,000.20	4,200.21	4,400.22	
70 - 74	3,362.32	3,620.96	3,879.60	4,138.24	4,396.88	4,655.52	4,914.16	5,172.80	5,431.44	5,690.08	
75 - 79	4,169.23	4,489.94	4,810.65	5,131.36	5,452.07	5,772.78	6,093.49	6,414.20	6,734.91	7,055.62	
80 - 84	4,572.75	4,924.50	5,276.25	5,628.00	5,979.75	6,331.50	6,683.25	7,035.00	7,386.75	7,738.50	

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$500 – \$3,000											
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000
<b>Dependent</b>	0.58	Dependent benefit is \$500 →									
18 - 29	0.58	0.87	1.16	1.45	1.74	2.03	2.32	2.61	2.90	3.19	3.48
30 - 39	0.86	1.29	1.72	2.15	2.58	3.01	3.44	3.87	4.30	4.73	5.16
40 - 49	1.88	2.82	3.76	4.70	5.64	6.58	7.52	8.46	9.40	10.34	11.28
50 - 54	5.48	8.22	10.96	13.70	16.44	19.18	21.92	24.66	27.40	30.14	32.88
55 - 59	11.24	16.86	22.48	28.10	33.72	39.34	44.96	50.58	56.20	61.82	67.44
60 - 64	21.60	32.40	43.20	54.00	64.80	75.60	86.40	97.20	108.00	118.80	129.60
65 - 69	40.06	60.09	80.12	100.15	120.18	140.21	160.24	180.27	200.30	220.33	240.36
70 - 74	69.30	103.95	138.60	173.25	207.90	242.55	277.20	311.85	346.50	381.15	415.80
75 - 79	116.56	174.84	233.12	291.40	349.68	407.96	466.24	524.52	582.80	641.08	699.36
80 - 84	174.48	261.72	348.96	436.20	523.44	610.68	697.92	785.16	872.40	959.64	1,046.88

### 24 Month NURSING HOME Benefit Period

Monthly NURSING HOME Benefits: \$3,250 – \$5,500											
	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	ROP
<b>Dependent</b>	Dependent benefit is \$500 →										1.10
18 - 29	3.77	4.06	4.35	4.64	4.93	5.22	5.51	5.80	6.09	6.38	1.10
30 - 39	5.59	6.02	6.45	6.88	7.31	7.74	8.17	8.60	9.03	9.46	1.10
40 - 49	12.22	13.16	14.10	15.04	15.98	16.92	17.86	18.80	19.74	20.68	1.15
50 - 54	35.62	38.36	41.10	43.84	46.58	49.32	52.06	54.80	57.54	60.28	1.15
55 - 59	73.06	78.68	84.30	89.92	95.54	101.16	106.78	112.40	118.02	123.64	1.20
60 - 64	140.40	151.20	162.00	172.80	183.60	194.40	205.20	216.00	226.80	237.60	1.25
65 - 69	260.39	280.42	300.45	320.48	340.51	360.54	380.57	400.60	420.63	440.66	1.25
70 - 74	450.45	485.10	519.75	554.40	589.05	623.70	658.35	693.00	727.65	762.30	N/A
75 - 79	757.64	815.92	874.20	932.48	990.76	1,049.04	1,107.32	1,165.60	1,223.88	1,282.16	N/A
80 - 84	1,134.12	1,221.36	1,308.60	1,395.84	1,483.08	1,570.32	1,657.56	1,744.80	1,832.04	1,919.28	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09  
 Rates Do Not Include A \$25 Annual Policy Fee  
 For Tobacco Use, Multiply Rates By 1.50 (Except for Dependents)

## Height and Weight Chart

Height	Male		Female	
	Min Weight	Max Weight	Min Weight	Max Weight
4'8"	91	178	83	169
4'9"	95	185	86	176
4'10"	98	191	89	181
4'11"	101	198	92	188
5'0"	105	205	95	195
5'1"	108	212	98	201
5'2"	111	219	101	208
5'3"	114	226	104	215
5'4"	119	233	108	221
5'5"	122	240	111	228
5'6"	127	248	115	236
5'7"	130	255	118	242
5'8"	134	263	122	250
5'9"	138	271	125	257
5'10"	142	279	129	265
5'11"	146	287	133	273
6'0"	150	295	136	280
6'1"	154	303	140	288
6'2"	158	312	144	296
6'3"	163	320	148	304
6'4"	167	329	152	313
6'5"	172	337	156	320
6'6"	176	346	160	329
6'7"	180	355	164	337
6'8"	185	364	168	346
6'9"	190	373	173	354
6'10"	195	383	177	364
6'11"	199	392	181	372

*If the applicant's build is less than the minimum or greater than the maximum, the applicant does not qualify for the plan.*

## Guarantee Trust Life Critical Cash Uninsurable Conditions

The following is a list of conditions that are not insurable for cancer, heart attack/stroke or both for the Critical Cash plan. An application should not be submitted or the benefit applied for if the condition is on this list.

This list is not inclusive and may be updated from time to time.

<b>Not eligible for Plan A, B, or C (Cancer and Heart Attack/Stroke)</b>	
Disease/Disorder	Question on Application
Allergic Broncho-Pulmonary Aspergillosis	Chronic Lung Disease
Ataxia	Central Nervous System Disorder
Brain Shunt	Central Nervous System Disorder
Cerebellar Ataxia	Central Nervous System Disorder
Chronic Obstructive Lung Disease (COPD) which includes Chronic Bronchitis and Emphysema	Chronic Lung Disease
Fibromuscular dysplasia	Disease of the Heart and kidney
Friedreich's Disease	Central Nervous System Disorder
Granulomatosis - (Wegener's)	Cancer
Hydrocephalus	Central Nervous System Disorder
Kidney Transplant	Chronic Kidney Disease
Living in an assisted living facility (ALF) regardless of the level or care	Nursing Home Confinement
Liver Transplant	Chronic Liver Disease
Myelomalacia	Central Nervous System Disorder
Minimal Change Disease	Chronic Kidney Disease
Oxygen use for any medical reason including use with CPAP and BiPap	Respiratory Disease
Paraplegia/Quadriplegia	Central Nervous System Disorder
Post Polio Syndrome with paralysis	Central Nervous System Disorder
Sarcoidosis	Chronic Respiratory/Lung Disease
SLE with renal or respiratory problems	Chronic Kidney and Respiratory/Lung Disease
Spinal Bifida	Central Nervous System Disorder
Spinal Cord injury with residuals	Central Nervous System Disorder
Syringomyelia	Central Nervous System Disorder
Transplants other than corneal	Heart, liver, lung
Traumatic Brain injury with residuals	Central Nervous System Disorder

<b>Not eligible for Plan B (Cancer)</b>	
Any brain tumor, malignant or nonmalignant (benign)	Brain tumor

<b>Not eligible for Plan C (Heart Attack/Stroke)</b>	
Abnormal heart test not evaluated	Heart Disease
Carotid Artery Disease/Stenosis	Heart Disease
Chest Pain (angina) attributable to the heart	Heart Disease
Deep Vein Thrombosis (DVT), multiple and/or on medication	Heart Disease
Factor V Leiden or Factor VII (blood clotting disorder)	Heart Disease
Heart Transplant	Heart Disease

**Guarantee Trust Life Insurance Company**  
*Critical Cash, Critical Illness Product*  
**Rate Calculation Worksheet**  
 Comprehensive - Cancer Care Plus - Cardiac Care Plus

1. Underwriting will include a prescription drug check.  
 2. Tobacco use means any use of a substance containing nicotine. Tobacco factor is 1.5 times the applicable annual rate. *(Except for Dependents)*  
 3. Return of premium benefit is 100% of premiums paid, less claims, upon death before the first policy anniversary after age 80.  
 4. For the family plan, each member may choose any plan they qualify for. *(Dependent Benefit is \$500 a month)*

**Step 1. Determine rates for Applicant's age** *(If tobacco user, multiply by 1.5)*

Plan	Benefit Period	Monthly Benefits	Annual Premium
<input type="checkbox"/> A - Comprehensive	<input type="checkbox"/> 6 Months		
<input type="checkbox"/> B - Cancer Care Plus	<input type="checkbox"/> 12 Months	\$_____ Base	\$_____ Base
<input type="checkbox"/> C - Cardiac Care Plus	<input type="checkbox"/> 18 Months	\$_____ Nursing Home (NH)	\$_____ NH
	<input type="checkbox"/> 24 Months		

**Step 2. If married, determine rates for Spouse's age** *(If tobacco user, multiply by 1.5)*

Plan	Benefit Period	Monthly Benefits	Annual Premium
<input type="checkbox"/> A - Comprehensive	<input type="checkbox"/> 6 Months		
<input type="checkbox"/> B - Cancer Care Plus	<input type="checkbox"/> 12 Months	\$_____ Base	\$_____ Base
<input type="checkbox"/> C - Cardiac Care Plus	<input type="checkbox"/> 18 Months	\$_____ Nursing Home (NH)	\$_____ NH
	<input type="checkbox"/> 24 Months		

**Step 3. Determine rates for Dependents** *(Plans may be different than Applicants)*  
*(Monthly benefits are fixed at \$500 Base and \$500 Nursing Home per Dependent)*

Dependent 1 >	Plan <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ben. Period <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24	\$_____
Dependent 2 >	Plan <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ben. Period <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24	\$_____
Dependent 3 >	Plan <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ben. Period <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24	\$_____

**Step 4. SUBTOTAL Base and Nursing Home, All applicants** *(Add total of steps 1 - 3)*

\$\_\_\_\_\_

**Step 5. OPTIONAL Return of Premium (ROP)** *(Enter ROP factor)*

\_\_\_\_\_.\_\_\_\_ ROP Factor

**Step 6. Annual Premium with Return of Premium** *(If ROP elected multiply step 4 by 5)*

\$\_\_\_\_\_

**Step 7. Annual Policy Fee** *(charged each year)*

**\$25.00**

**Step 8. Total Annual Premium** *(With ROP, add steps 6 & 7. If no ROP, add steps 4 & 7)*

\$\_\_\_\_\_

**Step 9. Mode Factor** *(Annual 1.0, Semi-annual 0.52, Quarterly 0.265, Monthly Bank Draft 0.09)*

\_\_\_\_\_.\_\_\_\_ Mode Factor

**Step 10. Total Modal Premium** *(multiply step 8 by step 9)*

\$\_\_\_\_\_



## Medication Guide

If the applicant is taking any of the following medications for the conditions listed, the applicant is not eligible for the plan or a benefit rider (see footnote below). This is not an all inclusive list and maybe subject to change from time to time.

### Medication Color Key

- Applicant would **NOT** be eligible for any of the coverage options
- Applicant would **NOT** be eligible for Plan B – Cancer Care or Comprehensive
- Applicant would **NOT** be eligible for Plan C – Cardiac Care or Comprehensive

3TC-A	AIDS-
A.Z.T.-A	HIV, AIDS
Acamprosate-A	Alcohol Abuse
Akineton-A	Parkinson's Disease
AL-721-A	HIV, AIDS
Amantadine-A	Parkinson's Disease
Anabuse-A	Alcoholism
Apokyn-A	Parkinson's Disease
Aptivus-A	Parkinson's Disease
Aricept-A	Dementia
Artane-A	Parkinson's Disease
Atripla-A	HIV, AIDS
Avonex-A	Multiple Sclerosis
Azilect-A	Parkinson's Disease
Baclofen-A	Multiple Sclerosis
Betaseron-A	Multiple Sclerosis
Campra-A	Alcoholism
Carbidopa-A	Parkinson's Disease
Cerefolin-A	Dementia
Cogentin-A	Parkinson's Disease
Cognex-A	Dementia
Combivir-A	HIV, AIDS
Comtan-A	Parkinson's Disease
Copaxone-A	Multiple Sclerosis
Crixivan-A	HIV, AIDS
Cyloserine-A	Dementia
D.D.I.-A	HIV, AIDS
D4T-A	HIV, AIDS
Dantium-A	Multiple Sclerosis
DDC-A	HIV, AIDS
Donepezil-A	Dementia
Dopar-A	Parkinson's Disease
DuoNeb-A	COPD
Eldepryl-A	Parkinson's Disease
Emtriva-A	HIV, AIDS
Epivir-A	HIV, AIDS
Epogen-A	Kidney Failure, AIDS
Ergoloid-A	Dementia
Exelon-A	Dementia
Foscarnet-A	HIV, AIDS
Fuzeon-A	HIV, AIDS
Galantamine-A	Dementia
Hydergine-A	Dementia
Indinavir-A	HIV, AIDS
Interferon-A	AIDS, Hepatitis
Invirase-A	HIV, AIDS
IpratropiumBromide-A	COPD
Kaletra-A	HIV
Kemadrin-A	Parkinson's Disease
Kenadrin-A	Parkinson's Disease
Larodopa-A	Parkinson's Disease
L-Dopa-A	Parkinson's Disease
Leukeran-A	Cancer

Levodopa-A	Parkinson's Disease
Levsin-A	Parkinson's Disease
Lexiva-A	HIV, AIDS
Lioresal-A	Multiple Sclerosis
Memantine-A	Alzheimer's Disease
Metrifonate-A	Dementia
Mirapex-A	Parkinson's Disease
Naltrexone-A	Alcoholism
Namenda-A	Alzheimer's Disease
Nelfinavir-A	HIV, AIDS
Neupro-A	Parkinson's Disease
Norvir-A	HIV, AIDS
Novatrone-A	Parkinson's Disease
Oxygen Therapy-A	COPD
Parlodel-A	Parkinson's Disease
Parsidol-A	Parkinson's Disease
Permax-A	Parkinson's Disease
Prezista-A	AIDS
Procrit-A	Kidney Failure, AIDS
Razadyne-A	Dementia
Rebif-A	Multiple Sclerosis
Reminyl-A	Dementia
Requip-A	Parkinson's Disease
Rescripto-A	AIDS
Reyataz-A	HIV
Riluzole-A	ALS
Ritonavir-A	AIDS
Rivastigmine-A	Dementia
Roferon-A	HIV, AIDS
Ropinrole-A	Parkinson's Disease
Selzentry-A	HIV
Sinemet-A	Parkinson's Disease
Spiriva-A	COPD
Stalevo-A	Parkinson's Disease
Sustiva-A	AIDS
Symmetrel-A	Parkinson's Disease
Tacrine-A	Dementia
Tasmar-A	Parkinson's Disease
Trelstar-LA-A	Prostate Cancer
Trizivir-A	HIV
Truvada-A	HIV
Tysabri-A	Multiple Sclerosis
Valycte-A	HIV
Videx-A	HIV
Viracept-A	HIV
Viramune-A	AIDS
Viread-A	HIV
Wellferon-A	HIV, AIDS
Zelapar-A	Parkinson's Disease
Zerit-A	HIV
Ziagen-A	HIV
Zidovudine-A	HIV, AIDS

Adriamycin-B	Malignant Tumors
Alkeran-B	Cancer
BCG-B	Bladder Cancer
Blenoxane-B	Cancer
Cyclosporine-B	Cancer
Cytoxan-B	Cancer

Depo-Provera-B	Cancer
DES-B	Cancer
Doxorubicin-B	Cancer
Dronabinol-B	Cancer
Ergaisol-B	Cancer
Estinyl-B	Cancer
Eulexin-B	Cancer
Ganite-B	Cancer
Gleevic-B	Cancer
Hexalen-B	Cancer
Hydrea-B	Cancer
Hydroxyurea-B	Cancer, Melanoma, Leukemia, Cancer
Kineret-B	Cancer
Leukeran-B	Cancer
Lomustine-B	Cancer
Lupron-B	Cancer
Megace -B	Cancer
Megestrol-B	Cancer
Melphalan-B	Cancer
Mutamycin-B	Cancer
Myleran-B	Cancer
Neosar-B	Cancer
Neupogen-B	Cancer
Paraplatin-B	Cancer
Platinol-B	Cancer
Plenaxis-B	Cancer
Tace-B	Cancer
Teslac-B	Cancer
Thiotepa-B	Cancer
VePesid-B	Cancer
Vincristine-B	Cancer
Zanosar-B	Cancer
Zofran-B	Cancer
Zoladex-B	Cancer

Accuretic-C	Heart & Circulatory
Aldactazide-C	Heart & Circulatory
Bumex-C	Heart & Circulatory
Capozide-C	Heart & Circulatory
Cordarone-C	Heart & Circulatory
Coreg-C	Heart & Circulatory
Coumadin-C	Heart & Circulatory
Dilacor XR-C	Heart & Circulatory
Imdur-C	Heart & Circulatory
Insulin-C	Diabetes
Isordil-C	Heart & Circulatory
Lasix-C	Heart & Circulatory
Lopressor-C	Heart & Circulatory
Lotrel-C	Heart & Circulatory
Lozol-C	Heart & Circulatory
Minipress-C	Heart & Circulatory
Natrecor-C	Congestive Heart Failure
Nitro-Bid-C	Heart & Circulatory
Nitro-Dur-C	Heart & Circulatory
Nitrostat-C	Heart & Circulatory
Persantine-C	Heart & Circulatory
Plavix-C	Heart & Circulatory
Prinivil-C	Heart & Circulatory
Rythmol-C	Heart & Circulatory
Tambocor-C	Heart & Circulatory
Tenex-C	Heart & Circulatory
Ticlid-C	Heart & Circulatory
Trandate-C	Heart & Circulatory
Trental-C	Heart & Circulatory
Ziac-C	Heart & Circulatory

## Guarantee Trust Life Critical Cash Underwriting Guide

1. Generally, acceptance will be based on the answers given on the application, a prescription drug history check and MIB check. As every person applying will have the drug check, we must have a social security number. If the person does not have a social security number, we cannot consider that person for coverage.
2. Persons residing in an assisted living facility are not eligible for this coverage and should not be solicited.
3. Each person must be a U.S. citizen or hold a "green card" (permanent resident of US).
4. In some cases, a personal history telephone interview may be conducted to clarify information. If so, the interview will be ordered by the Home Office.
5. If a medical report is required in order to clarify an applicant's medical history, we will request that the records be obtained at no expense to the Company. Or the applicant will be given the option to delete the benefit rider, if appropriate.
6. If the applicant is taking any of the medications listed on the Medication List, the applicant will not qualify for the plan or benefit rider.
7. Applicants and Spouse must meet the height and weight standards to qualify for coverage.
8. If an application is over 31 days old when received by the Company, we will require a new currently dated application.
9. The effective date cannot be more than 93 days from the application date nor prior to the application date. Age can be "saved" up to 60 days if the age change is after the application date.
10. The applicants must be legally married or if common law, the state must recognize common law marriage. States that recognize civil unions or domestic partnerships are granted the same rights as a spouse as it applies to health insurance coverage. In this case, they must complete the common law form and submit it with the application. If the state does not recognize common law marriage, each person must submit their own application. Each person must also pay the annual policy fee.
11. The Primary applicant, Spouse and dependent children can apply for different benefits on the same application. However, the benefit period for the dependent children must be equal to or less than parent(s) with greater coverage.
12. If other than annual mode, the policy fee should be modalized and added to the modal premium.
13. For dependent children (age 0-25), use the 0-17 (dependent) rate band.
14. Tobacco use means cigarettes, cigar, pipe, snuff, and chewing tobacco, nicotine delivery systems such as electric cigarettes, or Nicorette gum or patch used in the 12 months prior to the application date. Note to use a factor of 1.5 of the premium (excluding the policy fee) to calculate the tobacco rate. (Except for Dependents)