

~ ManhattanLife HHC SELECT Quick Glance MONTHLY* Rates ~

NOTES: See Applicable Per Service Daily Payments Further Below. These are Unisex / Single or Married rates and DO include any applicable ongoing, commissionable, per insured policy fees.

**Rates Directly Below Valid* as of 04/10/2024 for Colorado
(\$20 Annual Policy Fee Included in Rates)**

AGE	~ CLASSIC ~ \$150/Day Max. Daily Benefit / 365 Days \$40/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$300 Rx)		~ PREMIERE ~ \$300/Day Max. Daily Benefit / 365 Days \$80/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)		~ DELUXE ~ \$450/Day Max. Daily Benefit / 365 Days \$120/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)	
	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**
45-49	\$15.77	\$16.77	\$24.23	\$25.23	\$25.28	\$26.28
50-54	\$16.96	\$17.96	\$26.15	\$27.15	\$27.27	\$28.27
55-59	\$19.27	\$20.27	\$29.84	\$30.84	\$31.11	\$32.11
60-64	\$21.04	\$22.04	\$32.66	\$33.66	\$34.33	\$35.33
65-69	\$24.56	\$25.56	\$38.29	\$39.29	\$40.76	\$41.76
70-74	\$36.88	\$37.88	\$58.01	\$59.01	\$63.25	\$64.25
75-79	\$49.20	\$50.20	\$77.73	\$78.73	\$88.73	\$89.73
80-84	\$65.05	\$66.05	\$103.08	\$104.08	\$121.58	\$122.58
85-89	\$81.10	\$82.10	\$130.19	\$131.19	\$156.39	\$157.39

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**Rates Directly Below Valid* as of 04/10/2024 for Indiana & Ohio
(\$20 Annual Policy Fee Included in Rates)**

AGE	~ CLASSIC ~ \$150/Day Max. Daily Benefit / 365 Days \$40/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$300 Rx)		~ PREMIERE ~ \$300/Day Max. Daily Benefit / 365 Days \$80/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)		~ DELUXE ~ \$450/Day Max. Daily Benefit / 365 Days \$120/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)	
	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**
45-49	\$15.77	\$20.12	\$24.23	\$28.58	\$25.28	\$29.63
50-54	\$16.96	\$21.31	\$26.15	\$30.50	\$27.27	\$31.62
55-59	\$19.27	\$23.62	\$29.84	\$34.19	\$31.11	\$35.46
60-64	\$21.04	\$25.39	\$32.66	\$37.01	\$34.33	\$38.68
65-69	\$24.56	\$28.91	\$38.29	\$42.64	\$40.76	\$45.11
70-74	\$36.88	\$41.23	\$58.01	\$62.36	\$63.25	\$67.60
75-79	\$49.20	\$53.55	\$77.73	\$82.08	\$88.73	\$93.08
80-84	\$65.05	\$69.40	\$103.08	\$107.43	\$121.58	\$125.93
85-89	\$81.10	\$85.45	\$130.19	\$134.54	\$156.39	\$160.74

(Internal-J)

TYPES OF INDIVIDUAL SERVICES COVERED	Classic (\$150 Max.)	Premiere (\$300 Max.)	Deluxe (\$450 Max.)
Nursing Care, Physical or Occupational Therapy, or Speech Pathology:	\$75	\$150	\$200
Chemotherapy Specialist or Respiration Therapy:	\$60	\$120	\$200
Enterostomal Therapy:	\$50	\$100	\$200
Medical Social Services:	\$100	\$200	\$300

** FOR AGENT USE ONLY. Rates may be off by a couple cents due to rounding. For Annual Rates, Multiply by 12.*

*** IN & OH Rates include Routine Annual Exam Rider (\$150/Year after 1x 12 Mos. Waiting Period), IN & OH Rates include Ambulance Rider (\$200/Trip; 4 Trip/Year; \$2500 Life Max.), and CO, IN & OH Rates include Accidental Death & Dismemberment Rider (\$10,000 with specifics). Accident Expense Benefit and Home Medical Equipment Benefit Riders are NOT included here, but are also available in most states. See Brochure/Outline of Coverage for full Details on all riders.*