

**~ 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 Illinois  
(\$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	\$14.92	\$19.48	\$23.86	\$28.42	\$24.98	\$29.54
50-54	\$16.18	\$20.74	\$25.89	\$30.45	\$27.08	\$31.64
55-59	\$18.63	\$23.19	\$29.80	\$34.36	\$31.15	\$35.71
60-64	\$20.49	\$25.05	\$32.78	\$37.34	\$34.56	\$39.12
65-69	\$24.21	\$28.77	\$38.74	\$43.30	\$41.36	\$45.92
70-74	\$37.25	\$41.81	\$59.60	\$64.16	\$64.14	\$68.70
75-79	\$50.29	\$54.85	\$80.46	\$85.02	\$92.10	\$96.66
80-84	\$67.05	\$71.61	\$107.28	\$111.84	\$126.85	\$131.41
85-89	\$84.97	\$89.53	\$135.95	\$140.51	\$163.67	\$168.23

*(Internal-M)*

**Rates Directly Below Valid\* as of 04/10/2024 for T.B.D.  
(\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50-54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55-59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
60-64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
65-69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70-74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75-79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80-84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
85-89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*(Internal-XX)*

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.*

*\*\* Rates include Routine Annual Exam Rider (\$150/Year after 1x 12 Mos. Waiting Period), Ambulance Rider (\$200/Trip; 4 Trip/Year; \$2500 Life Max.), and 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.*