

~ 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 Mississippi
(\$6 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	\$16.59	\$20.94	\$25.53	\$29.88	\$26.64	\$30.99
50-54	\$17.85	\$22.20	\$27.56	\$31.91	\$28.74	\$33.09
55-59	\$20.29	\$24.64	\$31.47	\$35.82	\$32.82	\$37.17
60-64	\$22.16	\$26.51	\$34.45	\$38.80	\$36.22	\$40.57
65-69	\$25.88	\$30.23	\$40.40	\$44.75	\$43.02	\$47.37
70-74	\$38.92	\$43.27	\$61.27	\$65.62	\$66.81	\$71.16
75-79	\$51.96	\$56.31	\$82.13	\$86.48	\$93.77	\$98.12
80-84	\$68.71	\$73.06	\$108.94	\$113.29	\$128.51	\$132.86
85-89	\$86.63	\$90.98	\$137.62	\$141.97	\$165.34	\$169.69

(Internal-C)

**Rates Directly Below Valid* as of 04/10/2024 for Missouri
(No Annual Policy Fee)**

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	\$18.25	\$22.81	\$27.19	\$31.75	\$28.31	\$32.87
50-54	\$19.51	\$24.07	\$29.22	\$33.78	\$30.41	\$34.97
55-59	\$21.96	\$26.52	\$33.13	\$37.69	\$34.48	\$39.04
60-64	\$23.82	\$28.38	\$36.11	\$40.67	\$37.89	\$42.45
65-69	\$27.54	\$32.10	\$42.07	\$46.63	\$44.69	\$49.25
70-74	\$40.58	\$45.14	\$62.93	\$67.49	\$68.47	\$73.03
75-79	\$53.62	\$58.18	\$83.79	\$88.35	\$95.43	\$99.99
80-84	\$70.38	\$74.94	\$110.61	\$115.17	\$130.18	\$134.74
85-89	\$88.30	\$92.86	\$139.28	\$143.84	\$167.00	\$171.56

(Internal-B)

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.*