

**~ 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 AL, AK, AR, AZ, DC, DE, GA, HI, IA, ID, LA, MT, NE, NV, OK, OR, PA, RI, WI, & WY (\$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	\$16.59	\$21.15	\$25.53	\$30.09	\$26.65	\$31.21
50-54	\$17.85	\$22.41	\$27.56	\$32.12	\$28.75	\$33.31
55-59	\$20.30	\$24.86	\$31.47	\$36.03	\$32.82	\$37.38
60-64	\$22.16	\$26.72	\$34.45	\$39.01	\$36.23	\$40.79
65-69	\$25.88	\$30.44	\$40.41	\$44.97	\$43.03	\$47.59
70-74	\$38.92	\$43.48	\$61.27	\$65.83	\$66.81	\$71.37
75-79	\$51.96	\$56.52	\$82.13	\$86.69	\$93.77	\$98.33
80-84	\$68.72	\$73.28	\$108.95	\$113.51	\$128.52	\$133.08
85-89	\$86.64	\$91.20	\$137.62	\$142.18	\$165.34	\$169.90

*(Internal-A)*

**Rates Directly Below Valid\* as of 04/10/2024 for MI & TN  
(\$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	\$81.99	\$86.34	\$130.19	\$134.54	\$156.39	\$160.74

*(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.*