

~ 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 North Carolina & South Dakota
(\$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	\$14.57	\$20.39	\$22.30	\$28.12	\$23.26	\$29.08
50-54	\$15.65	\$21.47	\$24.05	\$29.87	\$25.07	\$30.89
55-59	\$17.77	\$23.59	\$27.42	\$33.24	\$28.59	\$34.41
60-64	\$19.38	\$25.20	\$30.00	\$35.82	\$31.53	\$37.35
65-69	\$22.60	\$28.42	\$35.15	\$40.97	\$37.41	\$43.23
70-74	\$33.86	\$39.68	\$53.18	\$59.00	\$57.97	\$63.79
75-79	\$45.13	\$50.95	\$71.21	\$77.03	\$81.27	\$87.09
80-84	\$59.61	\$65.43	\$94.38	\$100.20	\$111.30	\$117.12
85-89	\$75.11	\$80.93	\$119.17	\$124.99	\$143.13	\$148.95

(Internal-E)

**Rates Directly Below Valid* as of 04/10/2024 for New Hampshire
(\$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	\$18.72	\$25.53	\$27.66	\$26.65	\$28.78
50-54	\$17.85	\$19.98	\$27.56	\$29.69	\$28.75	\$30.88
55-59	\$20.30	\$22.43	\$31.47	\$33.60	\$32.82	\$34.95
60-64	\$22.16	\$24.29	\$34.45	\$36.58	\$36.23	\$38.36
65-69	\$25.88	\$28.01	\$40.41	\$42.54	\$43.03	\$45.16
70-74	\$38.92	\$41.05	\$61.27	\$63.40	\$66.81	\$68.94
75-79	\$51.96	\$54.09	\$82.13	\$84.26	\$93.77	\$95.90
80-84	\$68.72	\$70.85	\$108.95	\$111.08	\$128.52	\$130.65
85-89	\$86.64	\$88.77	\$137.62	\$139.75	\$165.34	\$167.47

(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.*

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