

**~ 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 South Carolina  
(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	\$14.92	\$19.27	\$23.86	\$28.21	\$24.98	\$29.33
50-54	\$16.18	\$20.53	\$25.89	\$30.24	\$27.08	\$31.43
55-59	\$18.63	\$22.98	\$29.80	\$34.15	\$31.15	\$35.50
60-64	\$20.49	\$24.84	\$32.78	\$37.13	\$34.56	\$38.91
65-69	\$24.21	\$28.56	\$38.74	\$43.09	\$41.36	\$45.71
70-74	\$37.25	\$41.60	\$59.60	\$63.95	\$65.14	\$69.49
75-79	\$50.29	\$54.64	\$80.46	\$84.81	\$92.10	\$96.45
80-84	\$67.05	\$71.40	\$107.28	\$111.63	\$126.85	\$131.20
85-89	\$84.97	\$89.32	\$135.95	\$140.30	\$163.67	\$168.02

*(Internal-G)*

**Rates Directly Below Valid\* as of 04/10/2024 for Texas  
(\$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	\$21.20	\$25.53	\$30.14	\$26.65	\$31.26
50-54	\$17.85	\$22.46	\$27.56	\$32.17	\$28.75	\$33.36
55-59	\$20.30	\$24.91	\$31.47	\$36.08	\$32.82	\$37.43
60-64	\$22.16	\$26.77	\$34.45	\$39.06	\$36.23	\$40.84
65-69	\$25.88	\$30.49	\$40.41	\$45.02	\$43.03	\$47.64
70-74	\$38.92	\$43.53	\$61.27	\$65.88	\$66.81	\$71.42
75-79	\$51.96	\$56.57	\$82.13	\$86.74	\$93.77	\$98.38
80-84	\$68.72	\$73.33	\$108.95	\$113.56	\$128.52	\$133.13
85-89	\$86.64	\$91.25	\$137.62	\$142.23	\$165.34	\$169.95

*(Internal-H)*

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.*