

~ 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 West Virginia
(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	\$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-I)

**Rates Directly Below Valid* as of 04/10/2024 for North 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	\$12.65	\$19.50	\$19.23	\$26.08	\$20.05	\$26.90
50-54	\$13.58	\$20.43	\$20.72	\$27.57	\$21.59	\$28.44
55-59	\$15.38	\$22.23	\$23.60	\$30.45	\$24.59	\$31.44
60-64	\$16.74	\$23.59	\$25.80	\$32.65	\$27.10	\$33.95
65-69	\$19.49	\$26.34	\$30.18	\$37.03	\$32.11	\$38.96
70-74	\$29.08	\$35.93	\$45.53	\$52.38	\$49.61	\$56.46
75-79	\$38.68	\$45.53	\$60.88	\$67.73	\$69.44	\$76.29
80-84	\$51.01	\$57.86	\$80.62	\$87.47	\$95.02	\$101.87
85-89	\$64.21	\$71.06	\$101.73	\$108.58	\$122.12	\$128.97

(Internal-N)

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.*