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# PREMIUM RATES

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NURSING CARE, ASSISTED LIVING BENEFITS  
PLUS OPTIONAL HOME & COMMUNITY CARE BENEFITS





## INTRODUCTION

All published rates for EquiCare 2002 and 2002+ Tax Qualified and Non Tax Qualified are Standard Rates.\*

Applicants who qualify for Preferred Rates, upon underwriting, will receive a 10% premium discount.

The 10% Spousal Discount option is available for joint applicants who select identical benefits. Joint applicants may select the Paid-up Survivor Benefit, at no additional cost, instead of the Spousal Discount.

A Step-by-Step Premium Calculation Example is provided on page 15. We have included a Premium Calculation Worksheet at the end of this rate book. Additional worksheets are available for use in the field. You can also order a Premium Calculator Software Program. Call Supply at 1-800-352-5125.

*\*Equitable Life & Casualty will, where appropriate due to underwriting considerations, offer applicants who don't qualify for standard rates, an alternative policy with class ratings which reflect an increased rate for the increased risk, or a policy with benefits adjusted to more closely match the original quoted premium.*

## INDEX

	Page
Primary Policy Premium Rates .....	2 – 13
Home & Community Care Premium Rates .....	2 – 13
Optional Benefit Factors .....	14
A Step-by-Step Premium Calculation Example .....	15
Premium Calculation Worksheets .....	16 – 17

# EQUICARE 2002

## UNLIMITED MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$40.00	\$36.80	\$33.70	\$27.30	\$24.10	\$11.60	\$10.60	\$8.40
40	42.00	38.70	35.30	28.70	25.30	12.20	11.20	8.80
41	43.20	39.80	36.30	29.50	26.10	12.50	11.50	9.10
42	44.40	40.90	37.40	30.30	26.80	12.90	11.80	9.30
43	45.60	42.00	38.40	31.10	27.50	13.20	12.10	9.60
44	46.80	43.10	39.40	31.90	28.20	13.60	12.40	9.80
45	48.00	44.20	40.40	32.80	29.00	13.90	12.80	10.10
46	49.40	45.50	41.60	33.70	29.80	14.30	13.10	10.40
47	50.80	46.80	42.70	34.70	30.60	14.70	13.50	10.70
48	52.20	48.10	43.90	35.60	31.50	15.10	13.90	11.00
49	53.60	49.30	45.10	36.60	32.30	15.50	14.30	11.30
50	55.00	50.60	46.30	37.50	33.20	15.90	14.60	11.60
51	57.00	52.50	48.00	38.90	34.40	16.50	15.20	12.00
52	59.00	54.30	49.60	40.30	35.60	17.10	15.70	12.40
53	61.00	56.20	51.30	41.60	36.80	17.70	16.20	12.80
54	63.00	58.00	53.00	43.00	38.00	18.30	16.80	13.30
55	65.00	59.80	54.70	44.40	39.20	18.80	17.30	13.70
56	67.10	61.80	56.50	45.80	40.50	19.40	17.80	14.10
57	69.20	63.70	58.20	47.30	41.80	20.10	18.40	14.60
58	71.40	65.70	60.00	48.70	43.00	20.70	19.00	15.00
59	73.50	67.60	61.80	50.20	44.30	21.30	19.50	15.50
60	75.60	69.60	63.60	51.60	45.60	21.90	20.10	15.90
61	80.40	74.40	67.20	56.40	48.00	22.50	20.40	16.50
62	85.20	78.60	71.40	57.60	51.60	23.10	21.00	16.80
63	90.00	82.80	75.00	61.20	54.00	23.70	21.90	17.40
64	94.80	87.60	79.20	64.20	57.00	24.30	22.20	17.70
65	99.00	91.20	82.80	67.20	59.40	25.20	23.10	18.30
66	111.00	102.00	91.80	74.40	66.60	29.10	26.70	21.60
67	123.00	113.40	100.80	81.60	73.80	32.70	30.00	25.20
68	135.00	124.20	109.80	89.40	81.00	36.60	33.60	28.50
69	147.00	135.60	118.80	96.60	88.20	40.50	37.20	31.80

# EQUICARE 2002

## UNLIMITED MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$159.60	\$146.40	\$127.80	\$103.20	\$96.00	\$44.10	\$40.80	\$35.10
71	180.60	166.20	144.60	117.00	108.60	48.30	44.40	38.40
72	201.60	185.40	161.40	130.80	121.20	52.50	48.30	42.00
73	222.60	204.60	178.20	144.60	133.80	56.70	52.20	45.30
74	243.60	224.40	195.00	158.40	146.40	60.90	55.80	48.60
75	264.60	243.60	211.80	171.60	159.00	65.10	59.70	51.90
76	301.80	277.80	241.80	195.60	181.20	69.90	64.20	55.80
77	339.00	312.00	271.80	219.60	203.40	75.00	68.70	59.70
78	376.20	346.20	301.80	244.20	225.60	79.80	73.50	63.30
79	413.40	380.40	331.20	268.20	248.40	84.60	78.00	67.50
80	449.40	413.40	360.00	291.60	269.40	90.30	83.10	72.00
81	484.80	446.40	388.20	314.40	291.00	94.50	86.70	75.30
82	520.20	478.20	416.40	337.20	312.00	98.70	91.20	78.90
83	555.60	511.20	445.20	360.60	333.60	102.90	94.80	82.20
84	591.00	543.60	473.40	383.40	354.60	107.40	98.70	85.50
85	625.20	575.40	501.00	405.60	375.00	109.50	100.80	87.00
86	635.40	584.40	509.40	412.20	381.00	110.10	101.40	87.30
87	645.60	594.00	517.20	418.80	387.60	110.70	102.00	87.60
88	655.80	603.00	525.60	425.40	393.60	110.70	102.30	88.20
89	666.00	612.60	533.40	432.00	399.60	111.60	102.60	89.10
90	675.00	621.00	540.60	438.00	405.00	112.20	103.20	89.40
91	684.00	629.40	548.40	444.00	410.40	112.80	103.50	89.40
92	693.00	637.80	555.00	449.40	415.80	113.10	104.10	90.30
93	702.00	645.60	562.20	455.40	421.20	113.70	104.70	90.60
94	711.00	654.00	569.40	461.40	426.60	114.30	105.00	90.90
95	720.00	662.40	576.60	467.40	432.00	114.60	105.60	91.50
96	729.00	670.80	584.40	472.80	437.40	115.20	105.90	91.50
97	738.00	679.20	591.60	478.80	442.80	115.80	106.20	92.10
98	747.00	687.00	598.20	484.80	448.20	116.10	107.10	92.70
99	756.00	695.40	606.00	490.20	453.60	116.70	107.40	92.70
100	765.00	703.80	613.20	496.20	459.00	117.30	108.00	93.30

# EQUICARE 2002

## 5 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$29.80	\$26.00	\$25.10	\$20.30	\$18.10	\$8.70	\$8.10	\$6.30
40	31.30	27.30	26.30	21.30	19.00	9.20	8.50	6.70
41	32.20	28.10	27.10	21.90	19.50	9.40	8.70	6.90
42	33.10	28.90	27.80	22.60	20.10	9.70	9.00	7.00
43	34.00	29.70	28.60	23.20	20.60	10.00	9.20	7.20
44	34.90	30.50	29.30	23.80	21.20	10.20	9.50	7.40
45	35.80	31.20	30.10	24.40	21.70	10.50	9.70	7.60
46	36.90	32.10	31.00	25.10	22.30	10.80	10.00	7.80
47	37.90	33.10	31.90	25.80	23.00	11.10	10.30	8.10
48	38.90	34.00	32.70	26.50	23.60	11.40	10.60	8.30
49	40.00	34.90	33.60	27.20	24.20	11.70	10.80	8.50
50	41.00	35.80	34.50	27.90	24.90	12.00	11.10	8.70
51	42.50	37.10	35.70	29.00	25.80	12.40	11.50	9.00
52	44.00	38.40	37.00	30.00	26.70	12.90	11.90	9.40
53	45.50	39.70	38.20	31.00	27.60	13.30	12.30	9.70
54	47.00	41.00	39.50	32.00	28.50	13.80	12.80	10.00
55	48.50	42.30	40.80	33.00	29.40	14.20	13.20	10.30
56	50.10	43.70	42.10	34.10	30.40	14.60	13.60	10.70
57	51.70	45.10	43.40	35.20	31.30	15.10	14.00	11.00
58	53.20	46.40	44.70	36.20	32.30	15.60	14.40	11.30
59	54.80	47.80	46.10	37.30	33.20	16.00	14.90	11.70
60	56.40	49.20	47.40	38.40	34.20	16.50	15.30	12.00
61	60.00	55.80	50.40	42.60	36.00	17.10	15.60	12.30
62	64.20	59.40	53.40	43.20	38.40	17.10	15.90	12.60
63	67.20	62.40	56.40	46.20	40.20	18.00	16.50	12.90
64	71.40	63.00	59.40	48.00	42.60	18.00	16.50	13.20
65	74.40	64.20	62.40	50.40	44.40	18.90	17.40	15.00
66	83.40	76.20	68.40	55.80	49.80	21.60	20.10	16.50
67	92.40	85.20	75.60	61.20	55.20	24.60	22.50	18.90
68	101.40	93.00	82.20	67.20	60.60	27.30	25.50	21.30
69	110.40	101.40	89.40	72.60	66.00	30.30	27.90	23.70

# EQUICARE 2002

## 5 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$119.40	\$110.40	\$96.00	\$77.40	\$72.00	\$33.30	\$30.30	\$26.40
71	135.60	124.20	108.60	87.60	81.60	36.00	33.60	28.80
72	151.20	139.20	121.20	98.40	90.60	39.30	36.00	31.20
73	167.40	153.60	133.80	108.60	100.20	42.30	39.00	33.90
74	182.40	168.60	146.40	118.80	109.80	45.90	41.70	36.30
75	198.60	183.00	158.40	128.40	119.40	48.60	44.70	39.30
76	226.20	208.20	181.20	146.40	136.20	52.50	48.30	42.00
77	254.40	234.00	204.00	164.40	152.40	56.10	51.60	44.70
78	282.00	259.20	226.20	183.00	169.20	60.00	55.20	47.70
79	310.20	285.60	248.40	201.00	186.60	63.60	58.20	50.70
80	337.20	310.20	270.00	218.40	202.20	67.50	62.10	54.00
81	363.60	334.80	291.00	235.80	218.40	70.80	65.10	56.70
82	390.00	358.80	312.00	252.60	234.00	74.10	68.10	59.40
83	416.40	383.40	334.20	270.60	250.20	77.40	71.10	61.50
84	443.40	407.40	355.20	287.40	265.80	80.40	74.10	64.20
85	469.20	431.40	375.60	304.20	281.40	81.00	75.00	64.80
86	476.40	438.60	382.20	309.00	285.60	81.60	75.60	65.70
87	484.20	445.20	388.20	314.40	290.40	82.50	76.50	66.00
88	491.40	452.40	394.20	319.20	295.20	83.10	76.80	66.30
89	499.20	459.60	400.20	324.00	299.40	84.00	77.10	66.60
90	506.40	465.60	405.60	328.20	303.60	84.00	77.40	66.90
91	513.00	472.20	411.60	333.00	307.80	84.60	77.70	66.90
92	519.60	478.20	416.40	337.20	311.40	84.90	78.00	67.50
93	526.20	484.20	421.80	341.40	316.20	85.50	78.60	67.80
94	533.40	490.80	427.20	346.20	319.80	85.50	78.60	68.10
95	540.00	496.80	432.60	350.40	324.00	86.10	79.20	68.40
96	546.60	503.40	438.60	354.60	328.20	86.40	79.20	68.40
97	553.80	508.80	443.40	359.40	332.40	86.70	80.10	69.00
98	560.40	515.40	448.80	363.60	336.00	87.00	80.10	69.30
99	567.00	521.40	454.20	376.80	340.20	87.60	80.70	69.60
100	573.60	528.00	460.20	378.00	344.40	87.90	80.70	69.60

# EQUICARE 2002

## 4 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$27.90	\$25.70	\$23.50	\$19.00	\$16.80	\$8.10	\$7.50	\$5.90
40	29.30	27.00	24.70	20.00	17.70	8.50	7.80	6.20
41	30.20	27.80	25.40	20.60	18.20	8.70	8.10	6.30
42	31.00	28.50	26.10	21.10	18.70	9.00	8.30	6.50
43	31.80	29.30	26.80	21.70	19.20	9.20	8.50	6.70
44	32.70	30.10	27.50	22.30	19.70	9.50	8.70	6.90
45	33.50	30.90	28.20	22.90	20.20	9.70	9.00	7.00
46	34.50	31.80	29.00	23.50	20.80	10.00	9.20	7.30
47	35.50	32.70	29.80	24.20	21.40	10.30	9.50	7.50
48	36.50	33.60	30.70	24.90	22.00	10.60	9.70	7.70
49	37.40	34.50	31.50	25.50	22.50	10.80	10.00	7.90
50	38.40	35.40	32.30	26.20	23.10	11.10	10.30	8.10
51	39.80	36.60	33.50	27.10	24.00	11.50	10.60	8.40
52	41.20	37.90	34.70	28.10	24.80	11.90	11.00	8.70
53	42.60	39.20	35.80	29.00	25.70	12.30	11.40	9.00
54	44.00	40.50	37.00	30.00	26.50	12.80	11.80	9.30
55	45.40	41.80	38.20	31.00	27.30	13.20	12.10	9.50
56	46.90	43.10	39.40	32.00	28.20	13.60	12.50	9.90
57	48.40	44.50	40.70	33.00	29.10	14.00	12.90	10.20
58	49.80	45.90	41.90	34.00	30.00	14.40	13.30	10.50
59	51.30	47.20	43.20	35.00	30.90	14.90	13.70	10.80
60	52.80	48.60	44.40	36.00	31.80	15.30	14.10	11.10
61	56.40	52.20	47.40	39.60	33.60	15.60	14.10	11.40
62	60.00	55.20	49.80	40.20	36.60	15.90	14.70	11.70
63	63.00	58.20	52.20	42.60	37.80	16.50	15.00	12.30
64	66.60	61.20	55.20	45.00	40.20	16.80	15.60	12.60
65	69.60	63.60	58.20	47.40	41.40	17.40	16.20	12.60
66	78.00	71.40	64.20	52.20	46.20	20.10	18.60	15.30
67	86.40	79.20	70.80	57.60	51.60	22.80	21.00	17.40
68	94.80	87.00	76.80	62.40	57.00	25.50	23.70	19.80
69	103.20	94.80	83.40	67.80	61.80	28.20	26.10	22.20

# EQUICARE 2002

## 4 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$111.60	\$102.60	\$89.40	\$72.60	\$67.20	\$30.90	\$28.50	\$24.60
71	126.60	116.40	101.40	82.20	76.20	33.60	30.90	27.00
72	141.00	129.60	112.80	91.20	84.60	36.90	33.90	29.40
73	156.00	143.40	124.80	101.40	93.60	39.60	36.30	31.50
74	170.40	157.20	136.20	111.00	102.60	42.60	39.00	34.20
75	185.40	170.40	148.20	120.00	111.60	45.30	42.00	36.30
76	211.20	194.40	169.20	137.40	126.60	48.90	45.00	39.00
77	237.60	218.40	190.20	153.60	142.20	52.20	48.30	41.70
78	263.40	242.40	211.20	171.00	157.80	55.80	51.30	44.40
79	289.20	266.40	231.60	187.80	174.00	59.40	54.60	47.40
80	314.40	289.80	252.00	204.00	188.40	63.30	57.90	50.40
81	339.60	312.60	271.80	220.20	204.00	66.00	60.60	52.80
82	364.20	334.80	291.60	236.40	218.40	69.00	63.60	55.20
83	388.80	357.60	311.40	252.60	233.40	72.30	66.30	57.60
84	413.40	380.40	331.20	268.20	248.40	75.30	69.30	60.00
85	437.40	402.60	350.40	283.80	262.80	75.60	70.50	60.30
86	444.60	409.20	356.40	288.60	266.40	76.20	70.50	60.90
87	451.80	415.80	362.40	293.40	271.20	76.80	71.10	61.50
88	459.00	422.40	367.80	297.60	275.40	77.10	71.40	62.10
89	466.20	429.00	373.20	302.40	279.60	77.70	71.70	62.40
90	472.80	434.40	378.60	306.60	283.20	78.30	72.30	62.40
91	478.80	440.40	384.00	310.80	287.40	78.90	72.60	62.70
92	485.40	446.40	388.20	314.40	291.00	79.20	72.90	63.30
93	491.40	452.40	393.60	318.60	294.60	79.50	72.90	63.30
94	497.40	457.80	398.40	322.80	298.80	80.10	73.50	63.90
95	504.00	463.80	403.20	327.00	302.40	80.40	73.80	64.20
96	510.60	469.20	409.20	331.20	306.00	80.40	73.80	64.20
97	516.60	475.80	414.00	335.40	309.60	81.00	74.10	64.50
98	522.60	481.20	418.80	339.60	313.80	81.60	74.70	64.80
99	529.20	486.60	424.20	343.20	317.40	81.60	75.30	64.80
100	535.80	492.60	429.60	347.40	321.60	81.90	75.60	65.10

# EQUICARE 2002

## 3 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$25.10	\$22.90	\$21.00	\$17.10	\$14.90	\$7.10	\$6.30	\$5.30
40	26.30	24.00	22.00	18.00	15.70	7.50	6.70	5.60
41	27.10	24.70	22.60	18.50	16.10	7.70	6.90	5.80
42	27.80	25.40	23.30	19.00	16.60	7.90	7.00	5.90
43	28.60	26.10	23.90	19.50	17.00	8.10	7.20	6.10
44	29.30	26.70	24.50	20.10	17.50	8.40	7.40	6.30
45	30.10	27.40	25.10	20.60	17.90	8.60	7.60	6.40
46	31.00	28.20	25.90	21.20	18.40	8.80	7.80	6.60
47	31.90	29.00	26.60	21.80	18.90	9.10	8.10	6.80
48	32.70	29.80	27.30	22.40	19.50	9.30	8.30	7.00
49	33.60	30.60	28.10	23.00	20.00	9.60	8.50	7.20
50	34.50	31.40	28.80	23.60	20.50	9.80	8.70	7.30
51	35.70	32.60	29.90	24.40	21.30	10.20	9.00	7.60
52	37.00	33.70	30.90	25.30	22.00	10.50	9.40	7.90
53	38.20	34.90	32.00	26.10	22.80	10.90	9.70	8.10
54	39.50	36.00	33.00	27.00	23.50	11.30	10.00	8.40
55	40.80	37.10	34.00	27.90	24.20	11.60	10.30	8.70
56	42.10	38.40	35.20	28.80	25.00	12.00	10.70	9.00
57	43.40	39.60	36.30	29.70	25.80	12.40	11.00	9.30
58	44.70	40.80	37.40	30.60	26.60	12.70	11.30	9.50
59	46.10	42.00	38.50	31.50	27.40	13.10	11.70	9.80
60	47.40	43.20	39.60	32.40	28.20	13.50	12.00	10.10
61	50.40	46.20	42.00	35.40	30.00	13.80	12.00	10.40
62	53.40	49.20	44.40	36.00	32.40	14.40	12.30	10.40
63	56.40	51.60	46.80	38.40	33.60	14.70	12.90	10.70
64	59.40	54.60	49.20	40.20	35.40	15.00	12.90	11.00
65	61.80	57.00	51.60	42.00	37.20	15.60	13.50	11.30
66	69.00	63.60	57.00	46.20	41.40	18.30	15.60	13.10
67	76.80	70.80	63.00	51.00	46.20	20.40	17.70	14.60
68	84.00	77.40	68.40	55.80	50.40	23.10	19.80	16.70
69	91.80	84.60	74.40	60.00	55.20	25.20	21.90	18.20

# EQUICARE 2002

## 3 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$99.60	\$91.20	\$79.80	\$64.20	\$60.00	\$27.60	\$24.00	\$20.00
71	112.80	103.80	90.00	73.20	67.80	30.30	26.10	21.80
72	126.00	115.80	100.80	81.60	75.60	32.70	28.20	23.30
73	139.20	127.80	111.00	90.00	83.40	35.40	30.60	25.10
74	152.40	140.40	121.80	99.00	91.20	37.80	32.40	26.60
75	165.00	152.40	132.00	107.40	99.00	40.80	34.80	28.40
76	188.40	173.40	151.20	122.40	113.40	43.80	37.50	29.90
77	211.80	195.00	169.80	137.40	127.20	46.80	39.90	31.70
78	235.20	216.00	188.40	152.40	141.00	49.80	42.60	33.50
79	258.00	237.60	207.00	167.40	155.40	53.10	45.00	35.00
80	280.80	258.00	225.00	182.40	168.00	56.40	48.00	37.10
81	303.00	279.00	242.40	196.20	181.80	59.10	50.10	38.60
82	325.20	298.80	260.40	210.60	195.00	61.80	52.50	40.10
83	347.40	319.20	278.40	225.00	208.20	64.20	54.60	41.30
84	369.00	339.60	295.80	239.40	221.40	67.20	56.70	42.80
85	390.60	359.40	313.20	253.20	234.00	67.80	57.00	42.80
86	397.20	365.40	318.00	257.40	238.20	68.40	57.30	43.10
87	403.20	371.40	323.40	261.60	242.40	69.00	57.90	43.40
88	409.80	376.80	328.20	265.80	246.00	69.60	58.20	43.40
89	416.40	382.80	333.00	270.00	249.60	69.60	58.80	43.70
90	421.80	388.20	337.80	273.60	253.20	70.20	58.80	43.70
91	427.20	393.00	342.60	277.20	256.20	70.50	59.10	44.00
92	433.20	398.40	346.80	280.80	259.80	70.80	59.40	44.00
93	438.60	403.20	351.00	284.40	263.40	71.10	59.70	44.30
94	444.00	408.60	355.80	288.00	266.40	71.40	60.00	44.30
95	450.00	414.00	360.00	292.20	270.00	71.70	60.00	44.30
96	455.40	419.40	365.40	295.20	273.00	72.00	60.30	44.30
97	461.40	424.20	369.60	299.40	276.60	72.30	60.60	44.60
98	466.80	429.00	373.80	303.00	280.20	72.60	60.90	44.60
99	472.20	434.40	378.60	306.00	283.20	73.20	61.20	44.60
100	478.20	439.80	383.40	310.20	286.80	73.20	61.20	44.60

# EQUICARE 2002

## 2 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$20.00	\$18.10	\$14.90	\$13.00	\$9.80	\$5.70	\$5.10	\$4.30
40	21.00	19.00	15.70	13.70	10.30	6.00	5.30	4.50
41	21.60	19.50	16.10	14.10	10.60	6.20	5.50	4.60
42	22.20	20.10	16.60	14.40	10.90	6.30	5.60	4.80
43	22.80	20.60	17.00	14.80	11.20	6.50	5.80	4.90
44	23.40	21.20	17.50	15.20	11.50	6.70	5.90	5.00
45	24.00	21.70	17.90	15.60	11.80	6.90	6.10	5.10
46	24.70	22.30	18.40	16.10	12.20	7.10	6.30	5.30
47	25.40	23.00	18.90	16.50	12.50	7.30	6.50	5.40
48	26.10	23.60	19.50	17.00	12.80	7.50	6.60	5.60
49	26.80	24.20	20.00	17.40	13.20	7.70	6.80	5.70
50	27.50	24.90	20.50	17.90	13.50	7.90	7.00	5.90
51	28.50	25.80	21.30	18.50	14.00	8.10	7.20	6.10
52	29.50	26.70	22.00	19.20	14.50	8.40	7.50	6.30
53	30.50	27.60	22.80	19.80	15.00	8.70	7.70	6.50
54	31.50	28.50	23.50	20.50	15.50	9.00	8.00	6.80
55	32.50	29.40	24.20	21.20	16.00	9.30	8.30	7.00
56	33.60	30.40	25.00	21.80	16.50	9.60	8.50	7.20
57	34.60	31.30	25.80	22.50	17.00	9.90	8.80	7.40
58	35.70	32.30	26.60	23.20	17.60	10.20	9.10	7.60
59	36.70	33.20	27.40	23.90	18.10	10.50	9.30	7.90
60	37.80	34.20	28.20	24.60	18.60	10.80	9.60	8.10
61	40.20	36.00	30.00	25.80	19.80	11.10	10.20	8.40
62	42.60	38.40	31.80	27.60	21.00	11.40	10.20	8.70
63	45.00	40.20	33.60	29.40	22.20	11.70	10.80	9.00
64	47.40	42.60	35.40	30.60	23.40	12.00	10.80	9.00
65	49.20	44.40	37.20	31.80	24.60	12.60	11.40	9.30
66	55.20	49.80	41.40	36.00	27.60	14.70	13.20	11.10
67	61.20	55.20	46.20	39.60	30.60	16.50	14.70	12.30
68	67.20	60.60	50.40	43.80	33.60	18.60	16.50	13.80
69	73.20	66.00	55.20	47.40	36.60	20.40	18.30	15.00

# EQUICARE 2002

## 2 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$79.80	\$72.00	\$60.00	\$51.60	\$39.60	\$21.90	\$19.80	\$16.50
71	90.00	81.00	67.80	58.80	45.00	24.30	21.90	18.00
72	100.80	90.60	75.60	65.40	50.40	26.10	23.70	19.50
73	111.00	100.20	83.40	72.00	55.80	28.50	25.50	21.30
74	121.80	109.80	91.20	79.20	60.60	30.30	27.30	22.80
75	132.00	118.80	99.00	85.80	66.00	32.70	29.40	24.60
76	150.60	135.60	112.80	97.80	75.60	35.10	31.50	26.40
77	169.20	152.40	127.20	109.80	84.60	37.50	33.60	27.90
78	187.80	169.20	141.00	122.40	94.20	39.90	36.00	30.00
79	206.40	186.00	154.80	134.40	103.20	42.60	38.10	31.80
80	224.40	202.20	168.60	145.80	112.20	45.30	40.50	33.90
81	242.40	217.80	181.80	157.20	121.20	47.10	42.60	35.40
82	259.80	234.00	195.00	169.20	130.20	49.50	44.40	36.90
83	277.80	250.20	208.20	180.60	138.60	51.60	46.20	38.70
84	295.20	265.80	221.40	192.00	147.60	53.70	48.30	40.20
85	312.60	281.40	234.60	202.80	156.00	54.30	48.60	40.50
86	317.40	285.60	238.20	206.40	159.00	54.90	49.20	40.80
87	322.80	290.40	241.80	210.00	161.40	55.20	49.50	41.40
88	327.60	295.20	246.00	213.00	163.80	55.80	49.80	41.70
89	333.00	299.40	249.60	216.60	166.20	55.80	50.40	42.00
90	337.20	303.60	253.20	219.00	168.60	56.10	50.40	42.00
91	342.00	307.80	256.20	222.00	171.00	56.40	50.70	42.30
92	346.20	312.00	259.80	225.00	173.40	56.70	50.70	42.30
93	351.00	315.60	263.40	228.00	175.20	56.70	51.30	42.60
94	355.20	319.80	266.40	231.00	177.60	57.30	51.30	42.90
95	360.00	324.00	270.00	234.00	180.00	57.30	51.60	42.90
96	364.20	328.20	273.00	237.00	182.40	57.60	51.60	43.50
97	369.00	331.80	276.60	240.00	184.20	57.90	52.20	43.50
98	373.20	336.00	280.20	242.40	186.60	58.20	52.50	43.50
99	378.00	340.20	283.20	245.40	189.00	58.20	52.50	43.80
100	382.20	344.40	286.80	248.40	191.40	58.80	52.80	44.10

# EQUICARE 2002

## 1 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
18-39	\$13.70	\$12.10	\$10.20	\$8.90	\$6.70	\$3.80	\$3.70	\$3.00
40	14.30	12.70	10.70	9.30	7.00	4.00	3.80	3.20
41	14.70	13.00	11.00	9.60	7.20	4.10	3.90	3.30
42	15.20	13.40	11.30	9.90	7.40	4.20	4.10	3.30
43	15.60	13.80	11.60	10.10	7.60	4.30	4.20	3.40
44	16.00	14.10	11.90	10.40	7.80	4.50	4.30	3.50
45	16.40	14.50	12.20	10.70	8.00	4.60	4.40	3.60
46	16.90	14.90	12.50	11.00	8.20	4.70	4.50	3.70
47	17.30	15.30	12.90	11.30	8.50	4.80	4.60	3.80
48	17.80	15.70	13.30	11.60	8.70	5.00	4.80	3.90
49	18.30	16.20	13.60	11.90	8.90	5.10	4.90	4.00
50	18.80	16.60	14.00	12.20	9.20	5.20	5.00	4.10
51	19.50	17.20	14.50	12.70	9.50	5.40	5.20	4.30
52	20.10	17.80	15.00	13.10	9.80	5.60	5.40	4.40
53	20.80	18.40	15.50	13.60	10.20	5.80	5.60	4.60
54	21.50	19.00	16.00	14.00	10.50	6.00	5.80	4.80
55	22.20	19.60	16.50	14.40	10.80	6.20	5.90	4.90
56	22.90	20.20	17.00	14.90	11.20	6.40	6.10	5.10
57	23.60	20.90	17.60	15.40	11.50	6.60	6.30	5.20
58	24.40	21.50	18.10	15.90	11.90	6.80	6.50	5.40
59	25.10	22.20	18.70	16.30	12.20	7.00	6.70	5.50
60	25.80	22.80	19.20	16.80	12.60	7.20	6.90	5.70
61	27.00	24.60	20.40	17.40	13.80	7.80	6.90	5.70
62	28.80	25.80	21.60	18.60	14.40	7.80	7.20	6.00
63	30.60	27.60	22.80	19.80	15.00	8.10	7.20	6.00
64	32.40	28.80	24.00	21.00	16.20	8.10	7.50	6.30
65	33.60	30.00	25.20	21.60	16.80	8.40	7.80	6.30
66	37.80	33.60	28.20	24.60	18.60	9.90	9.00	7.50
67	42.00	37.80	31.20	27.00	21.00	11.10	9.90	8.40
68	45.60	41.40	34.20	30.00	22.80	12.60	11.10	9.30
69	49.80	45.00	37.20	32.40	24.60	13.80	12.30	10.50

# EQUICARE 2002

## 1 YEAR MAXIMUM BENEFIT PERIOD

### PRIMARY POLICY RATES

(IN \$10 UNITS)

### OPTIONAL HOME CARE RATES

(IN \$5 UNITS)

Age	Elimination Period					Elimination Period		
	0 Days	30 Days	90 Days	180 Days	365 Days	0 Days	7 Days	30 Days
70	\$ 54.00	\$48.60	\$40.80	\$35.40	\$27.00	\$15.00	\$13.50	\$11.10
71	61.20	55.20	46.20	39.60	30.60	16.50	14.70	12.30
72	68.40	61.80	51.60	44.40	34.20	18.00	15.90	13.20
73	75.60	67.80	56.40	49.20	37.80	19.20	17.40	14.70
74	82.80	74.40	61.80	54.00	41.40	20.70	18.60	15.60
75	90.00	81.00	67.20	58.20	45.00	22.20	19.80	16.80
76	102.60	92.40	76.80	66.60	51.00	23.70	21.30	18.00
77	115.20	103.80	86.40	75.00	57.60	25.50	22.80	19.20
78	127.80	115.20	96.00	82.80	63.60	27.30	24.30	20.40
79	140.40	126.60	105.60	91.20	70.20	28.80	25.80	21.60
80	152.40	137.40	114.60	99.00	76.20	30.90	27.60	23.10
81	165.00	148.20	123.60	106.80	82.20	32.10	29.10	24.00
82	177.00	159.00	132.60	114.60	88.20	33.60	30.30	25.20
83	189.00	169.80	141.60	122.40	94.20	34.80	31.50	26.40
84	201.00	180.60	150.60	130.80	100.20	36.30	33.00	27.30
85	212.40	191.40	159.60	138.00	106.20	36.90	33.00	27.60
86	216.00	194.40	162.00	140.40	108.00	37.20	33.30	27.90
87	219.60	197.40	164.40	142.80	109.80	37.50	33.60	28.20
88	222.60	200.40	167.40	144.60	111.60	37.80	33.90	28.20
89	226.20	203.40	169.80	147.00	113.40	38.10	34.20	28.50
90	229.20	206.40	172.20	148.80	114.60	38.10	34.50	28.50
91	232.20	209.40	174.60	151.20	116.40	38.40	34.50	28.50
92	235.80	211.80	176.40	153.00	117.60	38.40	34.80	29.10
93	238.80	214.80	178.80	154.80	119.40	38.70	34.80	29.10
94	241.80	217.20	181.20	157.20	120.60	38.70	35.10	29.10
95	244.80	220.20	183.60	159.00	122.40	39.00	35.10	29.10
96	247.80	223.20	186.00	160.80	123.60	39.30	35.10	29.40
97	250.80	225.60	187.80	163.20	125.40	39.30	35.40	29.70
98	253.80	228.60	190.20	165.00	126.60	39.60	35.40	29.70
99	256.80	231.00	192.60	166.80	128.40	39.90	36.00	29.70
100	259.80	234.00	195.00	169.20	130.20	39.90	36.00	30.00

# OPTIONAL BENEFIT FACTORS

## Inflation Protection Options

### Automatic Inflation Benefit

All ages through 64	multiply by .60
Ages 65–69	multiply by .50
Ages 70–74	multiply by .45
Ages 75–79	multiply by .30
Ages 80–89	multiply by .20
Ages 90–100	multiply by .10

### Flexible and Periodic Inflation Benefit

All ages through 69	multiply by .15
Ages 70–79	multiply by .10
Ages 80–100	multiply by .05

## Nonforfeiture Options

### Shortened Benefit Period

All ages through 75	multiply by .10
Ages 76–84	multiply by .15
Ages 85–100	multiply by .20

### Return of Premium (*for non-tax qualified policies ONLY*)

All ages through 70	multiply by .20
Ages 71-79	multiply by .25
<i>Not Available Above Age 79</i>	

## Premium Payment Modal Factors

Monthly Bank Draft	divide Annual Premium by 12
Quarterly	multiply Annual Premium by .265
Semi-Annual	multiply Annual Premium by .52

**Rate Calculation Worksheet**

**Applicant**

**Spouse**

1) <b>Primary Premium Rate</b> (pages 2-13)	<b>Applicant</b>	<b>Spouse</b>			
\$10 units, based on age,	<u>70 \$100</u>	<u>65 \$100</u>			
Benefit Period	<u>Unlimited</u>	<u>Unlimited</u>			
Elimination Period	<u>0 Days</u>	<u>0 Days</u>	<b>Premium</b>	\$ <u>159.60</u>	\$ <u>99.00</u>
2) <b>Number of units</b> (per \$10)	<u>100 / 10</u>	<u>100 / 10</u>	<b>Units</b>	x <u>10</u>	
3) <b>Primary Premium</b> (#1 times #2)			<b>Total</b>	\$ <u>1596.00</u>	\$ <u>990.00</u>

***If selecting Home & Community Care Benefits go to #4.  
If not selecting Home & Community Care Benefits, go to #7.***

4) <b>Home Care Premium Rate</b>	<b>Applicant</b>	<b>Spouse</b>			
\$5 units, based on age	<u>\$50</u>	<u>\$50</u>			
Benefit Period	<u>3 Years</u>	<u>3 Years</u>			
Elimination Period	<u>7 Days</u>	<u>7 Days</u>	<b>Premium</b>	\$ <u>24.00</u>	\$ <u>13.50</u>
5) <b>Number of Home Care units</b> (per \$5)	<u>50 / 5</u>	<u>50 / 5</u>	<b>Units</b>	x <u>10</u>	
6) <b>Home Care Premium</b> (#4 times #5)			<b>Total</b>	\$ <u>240.00</u>	\$ <u>135.00</u>
7) <b>Policy Premium</b> (#3 + #6. If no Home Care, enter #3)			<b>Premium</b>	\$ <u>1836.00</u>	\$ <u>1125.00</u>
8) <b>Inflation Factor</b> (% factor based on age and selected option, see page 14)				x <u>.10</u>	x <u>.15</u>
9) <b>Inflation Premium</b> (#7 times #8)			<b>Inflation Premium</b>	\$ <u>183.60</u>	\$ <u>168.75</u>
Add #9 + #7			<b>Total Premium</b>	\$ <u>2019.60</u>	\$ <u>1293.75</u>
10) <b>Nonforfeiture Factor</b> (% factor based on age and selected option, see page 14)				x <u>.10</u>	x <u>.10</u>
11) <b>Nonforfeiture Premium</b> (#9 times #10)			<b>Nonforfeiture Premium</b>	\$ <u>201.96</u>	\$ <u>129.37</u>
12) <b>Total Annual Premium</b> (#7+#9+#11)	<u>2019.60+201.96+1293.75+129.37</u>			\$ <u>2221.56</u>	\$ <u>1423.12</u>

13) <b>Joint Annual Premium</b> (Applicant #12 plus Spouse #12)	<b>Total</b>	\$ <u>3644.68</u>
<b>Spousal Discount</b> (if selected)		x.9
14) <b>Total Joint Annual Premium</b> (#13 times .9 for spousal discount, otherwise #13)	<b>Total Premium</b>	<b>=</b> \$ <u>3280.21</u>

**Rate Calculation Worksheet**

**Applicant**

**Spouse**

- |   |                  |               |         |         |         |
|---|------------------|---------------|---------|---------|---------|
| 1) <b>Primary Premium Rate</b> (pages 2-13) | <b>Applicant</b> | <b>Spouse</b> |         |         |         |
| \$10 units, based on age,                   | _____            | _____         |         |         |         |
| Benefit Period                              | _____            | _____         |         |         |         |
| Elimination Period                          | _____            | _____         | Premium | \$_____ | \$_____ |
| 2) <b>Number of units</b> (per \$10)        | _____            | _____         | Units   | x_____  |         |
| 3) <b>Primary Premium</b> (#1 times #2)     |                  |               | Total   | \$_____ | \$_____ |

***If selecting Home & Community Care Benefits go to #4.  
If not selecting Home & Community Care Benefits, go to #7.***

- |  |                  |               |                       |         |                   |
|--|------------------|---------------|-----------------------|---------|-------------------|
| 4) <b>Home Care Premium Rate</b>   | <b>Applicant</b> | <b>Spouse</b> |                       |         |                   |
| \$5 units, based on age  | _____            | _____         |                       |         |                   |
| Benefit Period   | _____            | _____         |                       |         |                   |
| Elimination Period   | _____            | _____         | Premium               | \$_____ | \$_____           |
| 5) <b>Number of Home Care units</b> (per \$5)  | _____            | _____         | Units                 | x_____  |                   |
| 6) <b>Home Care Premium</b> (#4 times #5)  |                  |               | Total                 | \$_____ | \$_____           |
| 7) <b>Policy Premium</b> (#3 + #6. If no Home Care, enter #3)                            |                  |               | Premium               | \$_____ | \$_____           |
|  |                  |               |                       | \$_____ | \$_____           |
| 8) <b>Inflation Factor</b> (% factor based on age and selected option, see page 14)      |                  |               |                       |         |                   |
| 9) <b>Inflation Premium</b> (#7 times #8)  |                  |               | Inflation Premium     | x_____  | x_____            |
| 10) <b>Nonforfeiture Factor</b> (% factor based on age and selected option, see page 14) |                  |               |                       | \$_____ | \$_____           |
| 11) <b>Nonforfeiture Premium</b> (#9 times #10)  |                  |               | Nonforfeiture Premium | x_____  | x_____            |
|  |                  |               |                       | \$_____ | \$_____           |
| 12) <b>Total Annual Premium</b> (#7+#9+#11)  | _____            | _____         |                       |         |                   |
|  |                  |               |                       | \$_____ | \$_____           |
| 13) <b>Joint Annual Premium</b> (Applicant #12 plus Spouse #12)                          |                  |               | <b>Total</b>          |         |                   |
| <b>Spousal Discount</b> (if selected)  |                  |               |                       | \$_____ |                   |
| 14) <b>Total Joint Annual Premium</b> (#13 times .9 for spousal discount, otherwise #13) |                  |               | <b>Total Premium</b>  | x.9     |                   |
|  |                  |               |                       |         | <b>= \$ _____</b> |

**Rate Calculation Worksheet**

**Applicant**

**Spouse**

- |   |   |  |         |          |          |
|---|---|--|---------|----------|----------|
| 1) <b>Primary Premium Rate</b> <i>(pages 2-13)</i><br>\$10 units, based on age,<br>Benefit Period<br>Elimination Period | <b>Applicant</b><br>_____<br>_____<br>_____ | <b>Spouse</b><br>_____<br>_____<br>_____ | Premium | \$ _____ | \$ _____ |
| 2) <b>Number of units</b> (per \$10)  | _____                                       | _____                                    | Units   | x _____  |          |
| 3) <b>Primary Premium</b> (#1 times #2)   |   |  | Total   | \$ _____ | \$ _____ |

***If selecting Home & Community Care Benefits go to #4.  
 If not selecting Home & Community Care Benefits, go to #7.***

- |   |   |  |                       |           |          |
|---|---|--|-----------------------|-----------|----------|
| 4) <b>Home Care Premium Rate</b><br>\$5 units, based on age<br>Benefit Period<br>Elimination Period | <b>Applicant</b><br>_____<br>_____<br>_____ | <b>Spouse</b><br>_____<br>_____<br>_____ | Premium               | \$ _____  | \$ _____ |
| 5) <b>Number of Home Care units</b> (per \$5)   | _____                                       | _____                                    | Units                 | x _____   |          |
| 6) <b>Home Care Premium</b> (#4 times #5)   |   |  | Total                 | \$ _____  | \$ _____ |
| 7) <b>Policy Premium</b> (#3 + #6. If no Home Care, enter #3)                                       |   |  | Premium               | \$ _____  | \$ _____ |
| 8) <b>Inflation Factor</b> (% factor based on age and selected option, <i>see page 14</i> )         |   |  |                       | \$ _____  | \$ _____ |
| 9) <b>Inflation Premium</b> (#7 times #8)   |   |  | Inflation Premium     | x _____   | x _____  |
| 10) <b>Nonforfeiture Factor</b> (% factor based on age and selected option, <i>see page 14</i> )    |   |  |                       | \$ _____  | \$ _____ |
| 11) <b>Nonforfeiture Premium</b> (#9 times #10)   |   |  | Nonforfeiture Premium | x _____   | x _____  |
| 12) <b>Total Annual Premium</b> (#7+#9+#11)   | _____                                       | _____                                    |                       | \$ _____  | \$ _____ |
| 13) <b>Joint Annual Premium</b> (Applicant #12 plus Spouse #12)                                     |   |  | <b>Total</b>          | \$ _____  | \$ _____ |
| <b>Spousal Discount</b> (if selected)   |   |  |                       | \$ _____  |          |
| 14) <b>Total Joint Annual Premium</b> (#13 times .9 for spousal discount, otherwise #13)            |   |  | <b>Total Premium</b>  | x.9       |          |
|   |   |  |                       | =\$ _____ |          |