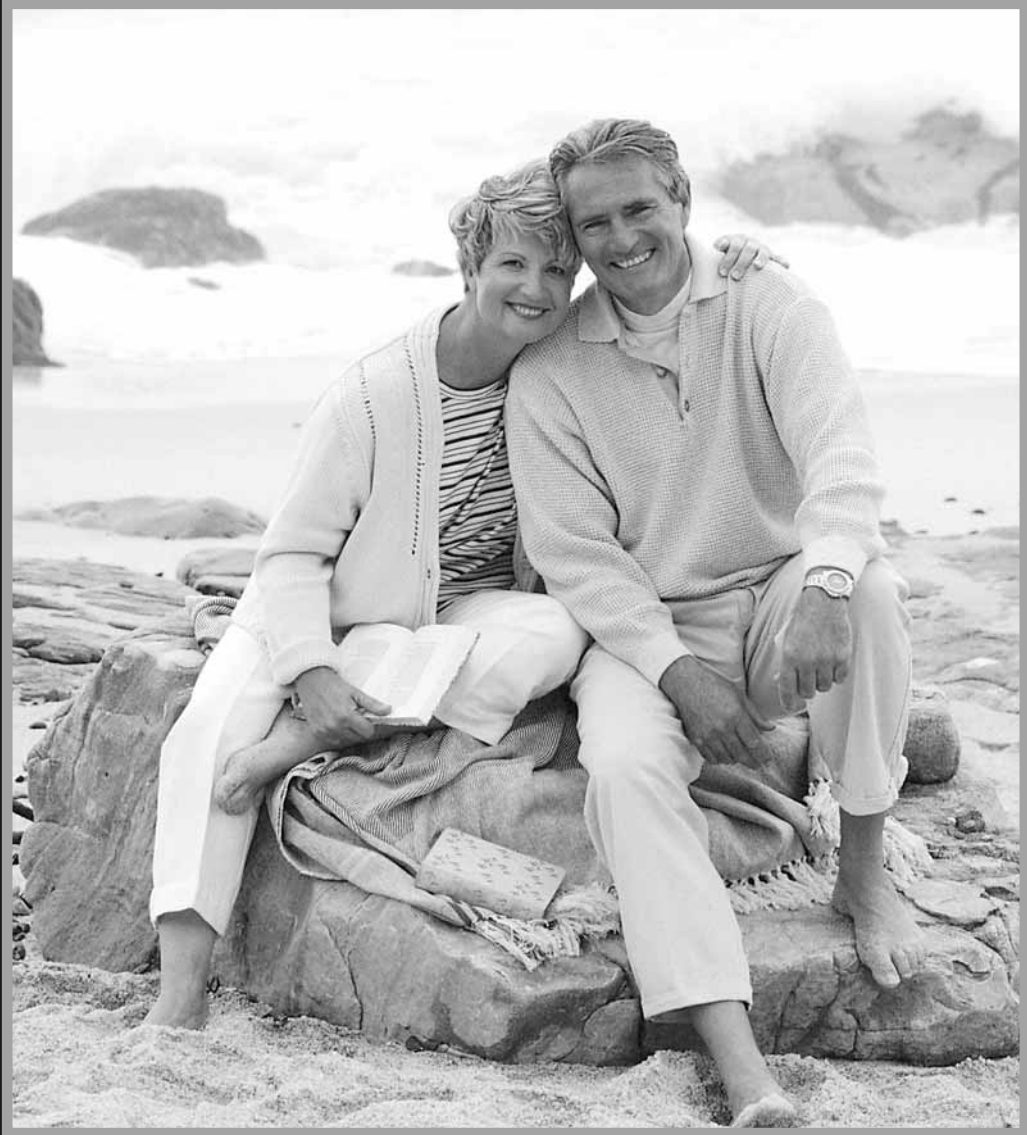


# UNDERWRITING GUIDE & RATE BOOK

# CareChoices

A Flexible Short-Term Care Insurance Plan 792



Care Where You Want It!



Equitable Life & Casualty Insurance Company  
PO Box 2460, Salt Lake City, Utah 84110-2460  
[www.EquiLine.com](http://www.EquiLine.com)



## TABLE OF CONTENTS

	Page		Page
General Information . . . . .	1	Height/Weight Chart . . . . .	5
Completing the Application . . . . .	2	Medical Terms on the Application . . . . .	5
Premium Payment . . . . .	2	Cognitive Screen . . . . .	6
Replacement . . . . .	2	Medical Conditions Guide . . . . .	7
Submitting the Application . . . . .	3	Prescription Drug Guide . . . . .	9
		Rates . . . . .	12

## CareChoices (792) UNDERWRITING GUIDE

To Equitable's Family of Agents:

We know you want applications approved and issued as soon as possible! The Underwriting Division is committed to this goal! We will work with you through every step of the Underwriting process.

Please review this Underwriting Guide carefully. It has been designed to help you understand the Underwriting process for the CareChoices product.

## GENERAL INFORMATION

**Issue Ages:** Available to applicants age 50 through 84. The age is the person's age on the day the application was signed. We do not change the age if the applicant has a birthday before the policy is issued.

**Please note: Applicants age 80 and older are only eligible for a 30 day elimination period and can apply for a maximum benefit amount up to \$150 per day.**

**Application Date:** The application date is the date the application was signed. Backdated applications will NOT be accepted.

**State of Residence:** The applicant's state of residence determines the application, forms and premium. If an applicant has more than one residence, the state where taxes are filed is considered the state of residence. An application will not be accepted if the agent is not licensed in the applicant's state of residence.

**Effective Date:** The policy effective date is the date the application is approved. You may request effective dates up to 60 days after the application date. No backdating is allowed. The effective date can never be prior to the application date.

**Application Receipt:** Regular applications must be received in the Home Office within 14 days of the date the application was signed.

**Joint Discount:** Applicants living in the same household are eligible for a 10% joint discount. A CareChoices policy must be issued to both applicants to qualify.

## COMPLETING THE APPLICATION

### ALWAYS:

- Ask each question exactly as written (don't paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Have the applicant initial and date any correction or mistake.

### NEVER:

- Use "white out" or similar substances for corrections or mistakes.
- Tell or suggest to the applicant how he or she should answer a question.
- Ask a general question (e.g: "Are you in good health?"), and then mark all of the medical questions on the application as "no".
- Allow someone other than the applicant to answer the application questions.
- Answer questions with ditto marks (") or dashes (-).
- Answer questions with "N/A" (not applicable).
- Use abbreviations unless you are sure they are correct.

## PREMIUM PAYMENT

### Initial Premium:

- We do not accept C.O.D. Business
- Checks are to be made out to Equitable Life & Casualty Insurance Company.

### Drafting the Initial Premium:

Rather than submitting premium with the application, an agent can request to draft the initial premium in the Premium Payment section of the application. When this is selected, unless indicated otherwise, the premium will be drafted when the policy is issued.

### Bank Draft:

For monthly Bank Draft, the "Selected Draft Date" must be within 10 days of the effective date. If the draft date is more than 10 days from the initial premium, we will draft in advance. Example: If a policy is issued on the 1st of the month with a request to draft on the 15th, we will draft on the 15th of the preceding month; 15 days before the first renewal date. Bank Drafts can only be drawn on the 1st day of the month through the 28th. The actual date we draw payment from the applicant's account will be on or shortly after the chosen date, never before. Please include a voided check or a bank deposit slip with the application packet when selecting the Bank Draft option.

### Renewal Premium:

Renewal premium is by either Bank Draft (checking or savings account) or Direct Billing. The standard option for Bank Draft is monthly, but may also be paid quarterly, semi-annually, or annually. Direct Billing can be paid quarterly, semi-annually, or annually.

## REPLACEMENT

If this policy is replacing any other accident and sickness insurance policy, record the policy number and company name on the application, and complete and include a Replacement Notice with the application.

If this policy is replacing any other accident and sickness insurance policy, record the policy number and company name on the application, and complete and include a Replacement Notice with the application.

## SUBMITTING THE APPLICATION

There are two ways an application can be submitted: **Express Application** or **Regular Application**

### Express Application Process

To submit an application using the **Express Application Process**:

Prior to Calling for an interview:

- Using **form 792 MQ** (or your state version), pre-qualify the applicant.
- Have the applicant read and sign the **Replacement Form** (when applicable).
- Provide the applicant with The Notice of Information Practices and Privacy policy, Guide to Health Insurance for People on Medicare (if the applicant is age 65 or older), and the Important Notice (form MDN 790).

The telephone interviewer will ask you for the following information:

1. Is this an Express or Regular application? (your answer should be “Express”)
2. Your name and agent number.
3. Is there a splitting agent involved? If yes:
  - a. Splitting agent’s name, agent number, and percentage
4. Client’s first, middle, and last name
5. Benefits Selection
  - a. Daily amount
  - b. Benefit period
  - c. Waiting period
  - d. Optional Riders

The policy must be paid by bank draft so be sure the applicant knows whether it is a checking or savings account. **DO NOT COLLECT PREMIUM OR A VOIDED CHECK.** Premiums will be deducted automatically for the first AND subsequent months. The initial premium will be drafted when the policy is issued. Subsequent premiums will be drafted on the day requested.

Below are two examples of how the Bank Routing Number and Account Number are presented on a check.



Also, remember that we cannot accept a credit card number or a debit card number – this is not the routing or account number. We must have the numbers associated with the applicant’s checking or savings account.

A request for funds is electronically submitted to the applicant’s bank upon approval, and Equitable receives payment electronically.

Call **1-866-551-1781** for a **Point-of-Sale Interview**. Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Thursday (9:00 a.m. to 9:00 p.m. EST / 8:00 a.m. to 8:00 p.m. CST / 6:00 a.m. to 6:00 p.m. PST) and Friday from 7:00 a.m. to 6:00 p.m.

If your appointment is outside these hours, call to leave the following information:

- Your name and agent number
- Applicant's name
- Applicant's telephone number
- What product the applicant is applying for
- The best time to call the applicant

**DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

Once the interview is complete, send the Home Office a copy of the Replacement Form, if required. This must be received within 14 days of the application date or commission will be charged back.

### **Regular Application Process**

To submit an application:

- Using **form 792 MQ** (or your state version), pre-qualify the applicant.
- Complete the application **except** the medical questions.
- Complete the Replacement Form if replacing other coverage.
- Call **1-866-551-1781** for a Point-of-Sale Interview. Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Thursday (9:00 a.m. to 9:00 p.m. EST / 8:00 a.m. to 8:00 p.m. CST / 6:00 a.m. to 6:00 p.m. PST) and Friday from 7:00 a.m. to 6:00 p.m.

If your appointment is outside these hours, call to leave the following information:

- Your name and agent number
- Applicant's name
- Applicant's telephone number
- What product the applicant is applying for
- The best time to call the applicant

**DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

Once the interview is completed, submit the required forms and premium to the Home Office for processing. You can mail the forms or fax them to 1-888-352-5126.

## HEIGHT/WEIGHT CHART

Applications will be declined for all applicants whose weight is below the Minimum Weight or above the Maximum Weight.

Height	Minimum Weight	Maximum Weight	Height	Minimum Weight	Maximum Weight	Height	Minimum Weight	Maximum Weight
4' 11"	90	222	5' 5"	108	270	5' 11"	128	322
5' 0"	92	230	5' 6"	111	279	6' 0"	130	332
5' 1"	95	238	5' 7"	115	287	6' 1"	135	341
5' 2"	98	246	5' 8"	119	296	6' 2"	140	350
5' 3"	101	254	5' 9"	121	305	6' 3"	140	360
5' 4"	105	262	5' 10"	125	313	6' 4"	150	370

## MEDICAL TERMS ON THE APPLICATION

**Amputation due to disease:** removal of a digit (e.g. finger or toe) or limb because of a chronic disease process such as diabetes; does not include amputation due to trauma or accident.

**Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease):** progressive muscle and spinal cord degeneration.

**Atrial fibrillation:** rapid, irregular heartbeat.

**Balance disorder:** characterized by imbalance, unsteady gait, instability, chronic dizziness, or vertigo.

**Cirrhosis of the liver:** chronic, degenerative disease of the liver that replaces healthy tissue with scarring.

**Congestive heart failure:** inability of the heart to pump sufficient blood to the body resulting in fluid buildup and swelling.

**Connective tissue disease:** a disease (autoimmune or otherwise) that attacks the collagen or other core components of connective tissue. This includes diseases such as polymyositis, dermatomyositis, and scleroderma.

**Defibrillator:** electronic device used to terminate dangerous heart arrhythmias.

**Heart surgery:** includes bypass, angioplasty, stent placement, heart valve surgery or defibrillator implant.

**Hydrocephalus:** an abnormal amount of fluid around the brain.

**Internal Cancer:** Cancer affecting any internal organs; including leukemia, lymphoma, and/or bone. Does not include minor skin cancers, such as basal cell carcinoma.

**Motorized personal transport:** includes items such as an electric wheelchair, scooter, stair lift, and other assistive devices that aid in mobility or transferring.

**Multiple sclerosis:** chronic nervous system disorder causing weakness, numbness, visual disturbance and incontinence.

**Muscular dystrophy:** disease characterized by progressive muscle wasting.

**Myasthenia gravis:** motor disorder characterized by marked muscular fatigue.

**Parkinson's disease:** progressive neurological disorder characterized by tremor, muscle rigidity, and weakness.

**Psychosis:** a serious mental disorder (such as schizophrenia) characterized by defective or lost contact with reality; often with hallucinations or delusions.

**Systemic Lupus:** a chronic autoimmune disease affecting multiple organs in the body.

## COGNITIVE SCREEN

A brief memory exercise will be completed during the telephone interview for all applicants age 71 and older. The Delayed Word Recall exercise requires the applicant to repeat a list of ten different words, use each word in a sentence, then repeat the exercise.

After the initial portion of the memory exercise is complete, the Tele-Underwriter continues on with the medical question portion of the application. Five to fifteen minutes after the initial exercise, the Tele-Underwriter will ask the applicant to recall as many of the ten words as they can. A minimum number of words must be recalled in order for the applicant to qualify for the policy.



## MEDICAL CONDITIONS GUIDE

The Medical Conditions guide gives a general indication of whether a particular medical condition is insurable for the CareChoices product. The Action column gives the probable underwriting action for each medical condition

Equitable Life & Casualty reserves the right to decline any application it deems unacceptable for coverage. Underwriting decisions are reserved solely for the Home Office Underwriters. The Company reserves the right to consider each application on its own merits.

Call the TeleUnderwriting Hotline number, 1-866-551-1781, if you are unable to find a condition in this section.

<b>Condition</b>	<b>Action</b>	<b>Condition</b>	<b>Action</b>
AIDS	Decline	Connective Tissue Disease	Decline
Alcohol abuse		Defibrillator	Decline
• Treated within past 2 years	Decline	Dementia	Decline
• Treated over 2 years ago	Standard	Diabetes	
Alzheimer's Disease	Decline	• Under control, no diabetic complications	Standard
Amputation		• With diabetic complications	Decline
• Traumatic	Standard	Disability	
• Due to disease	Decline	• Receiving long-term disability benefits including Worker's Compensation or Social Security Disability benefits	Decline
Angioplasty or Stent Placement		Drug abuse	
• Pending surgery or surgery in past 12 months	Decline	• Treated within past 2 years	Decline
• Surgery more than 12 months ago	Standard	• Treated over 2 years ago	Standard
Atrial Fibrillation	Decline	Fracture(s)	
Bypass Surgery - Cardiac (heart)		• Traumatic, no history of osteoporosis	Standard
• Pending surgery or surgery in past 12 months	Decline	• Fracture(s) related to osteoporosis	Decline
• Surgery more than 12 months ago	Standard	Heart Attack	
Cancer		• Within the past 2 years	Decline
• Surgery or last treatment received in past 2 years	Decline	• Over 2 years ago	Standard
• Surgery or last treatment more than 2 years ago	Standard	Heart Valve Surgery	
Cane, Quad	Decline	• Pending surgery or surgery in past 12 months	Decline
Cardiomyopathy	Decline	• Surgery more than 12 months ago	Standard
Cerebrovascular Accident (CVA, Stroke)		HIV Positive	Decline
• CVA within past two years	Decline	Home Health Care	
• CVA more than 2 years ago	Standard	• Received in the past 2 years	Decline
Cirrhosis of the Liver	Decline	• Received more than 2 years ago	Standard
Congestive Heart Failure	Decline	Hydrocephalus	Decline
		Kidney Failure	Decline

<b>Condition</b>	<b>Action</b>	<b>Condition</b>	<b>Action</b>
Leukemia – see Cancer		Parkinson’s disease . . . . .	Decline
Lupus, Systemic . . . . .	Decline	Pending Surgery . . . . .	Decline
Lymphoma – see Cancer		Peripheral Neuropathy - see Neuropathy	
Melanoma – see Cancer		Peripheral Vascular Disease . . . . .	Decline
Memory Loss . . . . .	Decline	Psychotic Disorders/Psychosis . . . . .	Decline
Multiple Sclerosis . . . . .	Decline	Retinopathy – see Diabetes	
Muscular Dystrophy . . . . .	Decline	Schizophrenia . . . . .	Decline
Myasthenia Gravis . . . . .	Decline	Stent Placement	
Myocardial Infarction - see Heart Attack		• Within past 12 months . . . . .	Decline
Neuropathy - See Diabetes		• More than 12 months ago . . . . .	Standard
Obesity - see Height/Weight Chart		Stroke - see Cerebrovascular Accident (CVA)	
Organ Transplant . . . . .	Decline	Systemic Lupus . . . . .	Decline
Osteoporosis		Transient Ischemic Attack	
• With related fracture(s) . . . . .	Decline	• Within 2 years . . . . .	Decline
Oxygen Usage . . . . .	Decline	• More than 2 years ago . . . . .	Standard
Paralysis . . . . .	Decline	Underweight – see Height/Weight chart	
		Walker use . . . . .	Decline
		Wheelchair use . . . . .	Decline

## PRESCRIPTION DRUG GUIDE

If your applicant is taking one of the medications for the specific “Customary Use” or condition noted, do not submit the application. Applicants treated with these medications, for the noted condition, are automatically declined.

If you cannot find a medication on this list, call the **TeleUnderwriting Hotline at 1-866-551-1781**.

<b>Medication</b>	<b>A</b>	<b>Customary Use</b>	<b>Medication</b>	<b>C</b>	<b>Customary Use</b>
Abilify		Psychosis	Campral		Alcohol abuse
Accupril		Congestive heart failure	Capoten		Congestive heart failure
Accuretic		Congestive heart failure	Captopril		Congestive heart failure
Acetazolamide		Congestive heart failure	Carbidopa		Parkinson’s
Actimmune		Organ transplant	Carvedilol		Congestive heart failure
Akineton		Parkinson’s	Casodex		Cancer
Aldactone		Congestive heart failure	CellCept		Organ transplant
Aldactazide		Congestive heart failure	Chlorothiazide		Congestive heart failure
Altace		Congestive heart failure	Chlorpromazine		Psychosis
Amantadine		Parkinson’s	Cilostazol		Peripheral vascular disease
Amiloride		Congestive heart failure	Clozapine		Psychosis
Amiodarone		Atrial fibrillation	Clozaril		Psychosis
Antabuse		Substance abuse	Cogentin		Parkinson’s
Apresoline		Congestive heart failure	Cognex		Alzheimer’s/Dementia
Aricept		Alzheimer’s/Dementia	Combivir		HIV/AIDS
Artane		Parkinson’s	Compazine		Psychosis
Atacand		Congestive heart failure	Compro		Psychosis
Atenolol		Congestive heart failure	Comtan		Parkinson’s
Antabuse		Alcohol abuse	Copaxone		Multiple sclerosis
Apresoline		Congestive heart failure	Cordarone		Atrial fibrillation
Aricept		Alzheimer’s/Dementia	Coreg		Congestive heart failure
Artane		Parkinson’s	Coumadin		Atrial fibrillation
Atacand		Congestive heart failure	Covera		Atrial fibrillation
Atenolol		Congestive heart failure	Crixivan		HIV/AIDS
Atripla		HIV/AIDS	Cyclosporine		Organ transplant
Avonex		Multiple sclerosis	Cymbalta		Diabetic neuropathy
Azasan		Organ transplant		<b>D</b>	
Azathioprine		Organ transplant	Demadox		Congestive heart failure
Azulfidine		Scleroderma	Depade		Substance abuse
	<b>B</b>		Diamox		Congestive heart failure
Baclofen		Multiple sclerosis	Digitek		Congestive heart failure/ Atrial fibrillation
Becaplermin		Skin ulcer	Digoxin		Congestive heart failure/Atrial fibrillation
Bendroflumethiazide		Congestive heart failure	Diovan		Congestive heart failure
Benztropine Mesylate		Parkinson’s	Disulfiram		Substance abuse
Betaseron		Organ transplant	Dopar		Parkinson’s
Biperiden		Parkinson’s	Duloxetine		Diabetic neuropathy
Bisoprolol		Congestive heart failure		<b>E</b>	
Bromocriptine		Parkinson’s	Eldepryl		Parkinson’s
Bumetanide		Congestive heart failure	Emtriva		HIV/AIDS
Bumex		Congestive heart failure	Enalapril		Congestive heart failure
Bumex		Congestive heart failure	Enalaprilat		Congestive heart failure
			Enduron		Congestive heart failure
			Entacapone		Parkinson’s

**PRESCRIPTION DRUG GUIDE (continued)**

**Medication**  
 Epivir .....HIV/AIDS  
 Epogen .....Kidney failure  
 Epzicom .....HIV/AIDS  
 Esidrix .....Congestive heart failure  
 Exelon .....Alzheimer's/Dementia

**F**

Faslodex .....Cancer  
 Felodipine .....Peripheral vascular disease  
 Flumazenil .....Substance abuse  
 Fluphenazine .....Psychosis  
 Fortovase .....HIV/AIDS  
 Foscovir .....HIV/AIDS  
 Fosinopril .....Congestive heart failure  
 Furosemide .....Congestive heart failure

**G**

Galantamine .....Alzheimer's/Dementia  
 Gengraf .....Organ transplant  
 Geodon .....Psychosis

**H**

Haldol .....Psychosis  
 Hexalen .....Cancer  
 Hivid .....HIV/AIDS  
 Hydergine .....Alzheimer's/Dementia  
 Hydralazine .....Congestive heart failure  
 Hydrea .....Cancer  
 Hydrochlorothiazide .....Congestive heart failure  
 HydroDIURIL .....Congestive heart failure  
 Hydropres .....Congestive heart failure  
 Hydroxyurea .....Cancer  
 Hylenex .....Organ transplant

**I**

Imuran .....Organ transplant  
 Indapamide .....Congestive heart failure  
 Inderal .....Congestive heart failure  
 Interferon .....Organ transplant  
 Invirase .....HIV/AIDS  
 Isoxsuprine .....Peripheral vascular disease

**J**

Jantoven .....Peripheral vascular disease

**K**

Kemadrin .....Parkinson's

**L**

Lanoxicaps .Atrial fibrillation/Congestive heart failure  
 Lanoxin .Atrial fibrillation/Congestive heart failure  
 Larodopa .....Parkinson's  
 L-Dopa .....Parkinson's  
 Leukeran .....Cancer  
 Levodopa .....Parkinson's  
 Lexxel .....Congestive heart failure  
 Lioresal .....Multiple sclerosis  
 Lisinopril .....Congestive heart failure

**Medication**  
 Lovenox .....Peripheral vascular disease  
 Loxapine .....Psychosis  
 Loxitane .....Psychosis  
 Lupron .....Cancer  
 Lyrica .....Diabetic neuropathy

**M**

Megace .....Cancer  
 Mellaril .....Psychosis  
 Memantine .....Alzheimer's/Dementia  
 Mestinon .....Myasthenia gravis  
 Methyclothiazide .....Congestive heart failure  
 Microzide .....Congestive heart failure  
 Midamor .....Congestive heart failure  
 Mirapex .....Parkinson's  
 Moban .....Psychosis  
 Moduretic .....Congestive heart failure  
 Molindone .....Psychosis  
 Myfortic .....Organ transplant  
 Myotrophin .....ALS/Lou Gehrig's disease

**N**

Naloxone .....Substance abuse  
 Naltrexone .....Substance abuse  
 Namenda .....Alzheimer's/Dementia  
 Narcan .....Substance abuse  
 Navane .....Psychosis  
 Neoral .....Organ transplant  
 Neostigmine .....Myasthenia gravis  
 Norvasc .....Congestive heart failure  
 Norvir .....HIV/AIDS  
 Nylidrin .....Peripheral vascular disease

**O**

Olanzapine .....Psychosis  
 Orap .....Psychosis

**P**

Papaverine .....Peripheral vascular disease  
 Para-Time .....Peripheral vascular disease  
 Paridol .....Parkinson's  
 Parlodel .....Parkinson's  
 Pentopak .....Peripheral vascular disease  
 Pentoxifylline .....Peripheral vascular disease  
 Pentoxil .....Peripheral vascular disease  
 Pergolide .....Parkinson's  
 Permax .....Parkinson's  
 Perphenazine .....Psychosis  
 Plendil .....Peripheral vascular disease  
 Pletal .....Peripheral vascular disease  
 Plaquenil .....Systemic lupus  
 Plavix .....CVA (stroke)/TIA  
 Potaba .....Scleroderma  
 Pregabalin .....Diabetic neuropathy  
 Prinivil .....Congestive heart failure

**PRESCRIPTION DRUG GUIDE (continued)**

<b>Medication</b>	<b>Customary Use</b>
Procainamide	.Atrial fibrillation
Procanbid	.Atrial fibrillation
Prochlorperazine	.Psychosis
Procyclidine	.Parkinson's
Prograf	.Organ transplant
Prolixin	.Psychosis
Pronestyl	.Atrial fibrillation
Propafenone	.Atrial fibrillation
Propranolol	.Atrial fibrillation/Cardiomyopathy
Prostigmin	.Myasthenia gravis
Purinethol	.Leukemia

**Q**

Quinidex	.Atrial fibrillation
Quinidine	.Atrial fibrillation

**R**

Razadyne	.Alzheimer's/Dementia
Rebif	.Organ transplant
Regranex	.Skin ulcer
Revex	.Substance abuse
ReVia	.Substance abuse
Reminyl	.Alzheimer's/Dementia
Renese	.Kidney failure
Requip	.Parkinson's
Retrovir	.HIV/AIDS
Rilutek	.ALS/Lou Gehrig's disease
Riluzole	.ALS/Lou Gehrig's disease
Risperdal	.Psychosis
Ritonavir	.HIV/AIDS
Rituxan	.Cancer
Roferon	.Organ transplant
Romazicon	.Substance abuse
Ropinirole	.Parkinson's

**S**

Saluron	.Congestive heart failure
Sandimmune	.Organ transplant
Saquinavir	.HIV/AIDS
Selegiline	.Parkinson's
Serentil	.Psychosis
Seroquel	.Psychosis
Simulect	.Organ transplant
Sinemet	.Parkinson's
Sotalol	.Atrial fibrillation
Spironolactone	.Congestive heart failure
Sulfasalzine	.Scleroderma
Symmetrel	.Parkinson's

<b>Medication</b>	<b>Customary Use</b>
	<b>T</b>
Tasmar	.Parkinson's
Tenofovir	.HIV/AIDS
Tensilon	.Myasthenia gravis
Teveten	.Congestive heart failure
Thalitone	.Cirrhosis
Thalomid	.Organ transplant
Thorazine	.Psychosis
Thymoglobulin	.Organ transplant
Tikosyn	.Atrial Fibrillation
Timolide	.Congestive heart failure
Torsemide	.Congestive heart failure
Trental	.Peripheral vascular disease
Trilafon	.Psychosis
Trizivir	.HIV/AIDS

**U**

Uniretic	.Congestive heart failure
----------	---------------------------

**V**

Valcyte	.HIV/AIDS
Valsartan	.Congestive heart failure
Vasotec	.Congestive heart failure
Vasodilan	.Peripheral vascular disease
Veldona	.Organ transplant
Verapamil	.Atrial fibrillation
Verelan	.Atrial fibrillation
Vesprin	.Psychosis
Viadur	.Cancer
Videx	.HIV/AIDS
Viracept	.HIV/AIDS
Viramune	.HIV/AIDS
Vitrase	.Organ transplant
Vivitrol	.Substance abuse

**W**

Warfarin	.Atrial fibrillation
Wellferon	.HIV/AIDS
Wydase	.Organ transplant

**Z**

Zaroxolyn	.Congestive heart failure
Zebeta	.Congestive heart failure
Zenapax	.Organ transplant
Zerit	.HIV/AIDS
Ziac	.Congestive heart failure
Ziagen	.HIV/AIDS
Zoladex	.Cancer
Zyprexa	.Psychosis

If you cannot find a medication on this list, call the **Tele-Underwriting Hotline at 1-866-916-8818**.

## Comprehensive Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 0 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 0 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.93	1.33	1.70	2.09	2.43	2.83	50	1.69	2.45	3.12	3.83	4.45	5.18
51	0.98	1.42	1.80	2.21	2.57	2.99	51	1.77	2.57	3.26	4.01	4.66	5.42
52	1.03	1.49	1.90	2.33	2.72	3.16	52	1.85	2.68	3.41	4.19	4.88	5.67
53	1.09	1.58	2.01	2.47	2.88	3.34	53	1.93	2.80	3.57	4.38	5.10	5.93
54	1.16	1.68	2.13	2.62	3.04	3.54	54	2.03	2.93	3.74	4.59	5.35	6.21
55	1.23	1.78	2.26	2.78	3.23	3.75	55	2.13	3.08	3.92	4.81	5.60	6.51
56	1.29	1.88	2.38	2.93	3.41	3.97	56	2.23	3.22	4.10	5.04	5.86	6.81
57	1.38	1.99	2.53	3.11	3.62	4.20	57	2.33	3.38	4.30	5.28	6.15	7.14
58	1.46	2.11	2.68	3.30	3.83	4.46	58	2.44	3.53	4.50	5.54	6.44	7.48
59	1.55	2.24	2.85	3.50	4.07	4.73	59	2.56	3.71	4.72	5.80	6.75	7.84
60	1.64	2.38	3.03	3.72	4.32	5.02	60	2.68	3.87	4.93	6.05	7.05	8.19
61	1.75	2.53	3.23	3.96	4.61	5.36	61	2.82	4.08	5.19	6.37	7.40	8.61
62	1.88	2.71	3.45	4.23	4.93	5.73	62	2.96	4.28	5.46	6.70	7.80	9.07
63	2.01	2.91	3.70	4.54	5.29	6.15	63	3.13	4.53	5.76	7.08	8.24	9.57
64	2.17	3.13	3.98	4.90	5.70	6.63	64	3.32	4.80	6.12	7.51	8.74	10.15
65	2.34	3.39	4.32	5.30	6.17	7.18	65	3.52	5.10	6.48	7.96	9.25	10.76
66	2.55	3.69	4.70	5.78	6.72	7.81	66	3.77	5.45	6.94	8.53	9.91	11.53
67	2.79	4.04	5.15	6.33	7.36	8.55	67	4.06	5.87	7.47	9.18	10.67	12.41
68	3.08	4.45	5.67	6.96	8.10	9.41	68	4.39	6.35	8.09	9.94	11.55	13.44
69	3.40	4.92	6.26	7.70	8.95	10.40	69	4.78	6.91	8.80	10.80	12.56	14.61
70	3.78	5.46	6.95	8.54	9.93	11.55	70	5.18	7.49	9.53	11.71	13.61	15.83
71	4.19	6.07	7.73	9.50	11.04	12.84	71	5.64	8.16	10.39	12.76	14.84	17.25
72	4.65	6.73	8.57	10.52	12.24	14.23	72	6.17	8.93	11.36	13.95	16.23	18.87
73	5.12	7.40	9.42	11.58	13.46	15.65	73	6.70	9.70	12.34	15.15	17.62	20.49
74	5.57	8.06	10.26	12.60	14.65	17.04	74	7.20	10.43	13.27	16.30	18.95	22.04
75	6.00	8.67	11.04	13.56	15.77	18.33	75	7.65	11.06	14.08	17.30	20.10	23.38
76	6.35	9.20	11.70	14.37	16.71	19.44	76	8.01	11.59	14.75	18.12	21.07	24.50
77	6.74	9.75	12.40	15.24	17.72	20.60	77	8.40	12.15	15.46	19.00	22.10	25.69
78	7.22	10.45	13.30	16.33	18.99	22.08	78	8.91	12.90	16.40	20.15	23.44	27.25
79	7.88	11.40	14.51	17.83	20.73	24.10	79	9.63	13.94	17.74	21.80	25.35	29.46

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*

## Comprehensive Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 15 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 15 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.85	1.23	1.57	1.92	2.23	2.60	50	1.56	2.25	2.87	3.52	4.09	4.76
51	0.90	1.30	1.66	2.03	2.37	2.75	51	1.63	2.36	3.00	3.68	4.28	4.98
52	0.95	1.38	1.75	2.15	2.50	2.91	52	1.70	2.47	3.14	3.86	4.48	5.21
53	1.01	1.45	1.85	2.28	2.64	3.08	53	1.78	2.58	3.28	4.03	4.69	5.45
54	1.07	1.54	1.96	2.41	2.80	3.26	54	1.87	2.70	3.44	4.23	4.92	5.72
55	1.13	1.63	2.08	2.55	2.97	3.45	55	1.96	2.83	3.60	4.43	5.15	5.99
56	1.19	1.73	2.20	2.70	3.13	3.65	56	2.05	2.97	3.77	4.63	5.39	6.27
57	1.27	1.83	2.33	2.86	3.33	3.87	57	2.14	3.11	3.95	4.86	5.65	6.57
58	1.34	1.94	2.47	3.03	3.53	4.10	58	2.25	3.25	4.14	5.09	5.92	6.88
59	1.43	2.06	2.63	3.22	3.74	4.35	59	2.36	3.41	4.34	5.34	6.20	7.21
60	1.51	2.18	2.78	3.42	3.98	4.62	60	2.46	3.56	4.53	5.57	6.48	7.53
61	1.61	2.33	2.97	3.64	4.24	4.93	61	2.59	3.74	4.77	5.86	6.81	7.92
62	1.73	2.49	3.18	3.90	4.53	5.27	62	2.73	3.94	5.02	6.17	7.18	8.35
63	1.85	2.68	3.40	4.18	4.86	5.65	63	2.88	4.17	5.30	6.51	7.58	8.81
64	1.99	2.88	3.67	4.51	5.25	6.10	64	3.05	4.42	5.63	6.91	8.04	9.35
65	2.16	3.12	3.98	4.88	5.68	6.60	65	3.23	4.68	5.96	7.32	8.51	9.90
66	2.35	3.40	4.33	5.32	6.19	7.19	66	3.47	5.02	6.39	7.85	9.12	10.60
67	2.58	3.73	4.73	5.82	6.77	7.87	67	3.73	5.40	6.88	8.45	9.82	11.42
68	2.83	4.09	5.21	6.40	7.45	8.66	68	4.04	5.85	7.45	9.15	10.63	12.36
69	3.13	4.53	5.76	7.08	8.24	9.57	69	4.39	6.36	8.10	9.94	11.56	13.44
70	3.47	5.03	6.40	7.85	9.14	10.62	70	4.76	6.89	8.77	10.77	12.53	14.56
71	3.86	5.59	7.11	8.74	10.15	11.81	71	5.19	7.51	9.55	11.74	13.65	15.87
72	4.28	6.20	7.88	9.68	11.25	13.09	72	5.68	8.21	10.45	12.84	14.93	17.36
73	4.70	6.81	8.67	10.65	12.38	14.40	73	6.16	8.92	11.35	13.95	16.21	18.85
74	5.13	7.42	9.44	11.60	13.48	15.68	74	6.63	9.60	12.20	15.00	17.44	20.28
75	5.51	7.98	10.15	12.48	14.50	16.86	75	7.03	10.18	12.95	15.91	18.50	21.51
76	5.85	8.46	10.76	13.23	15.38	17.88	76	7.37	10.66	13.57	16.67	19.39	22.54
77	6.20	8.97	11.41	14.02	16.30	18.95	77	7.73	11.18	14.23	17.48	20.32	23.63
78	6.64	9.61	12.23	15.02	17.47	20.31	78	8.20	11.86	15.10	18.55	21.56	25.07
79	7.25	10.50	13.35	16.40	19.07	22.18	79	8.86	12.82	16.32	20.05	23.31	27.11

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*

## Comprehensive Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 30 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 30 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.81	1.18	1.49	1.83	2.13	2.48	50	1.48	2.15	2.74	3.37	3.92	4.55
51	0.86	1.24	1.58	1.94	2.26	2.63	51	1.56	2.26	2.87	3.53	4.10	4.77
52	0.91	1.32	1.68	2.06	2.39	2.78	52	1.63	2.36	3.00	3.69	4.29	4.98
53	0.96	1.39	1.77	2.18	2.53	2.94	53	1.71	2.47	3.14	3.86	4.48	5.22
54	1.02	1.48	1.88	2.30	2.68	3.12	54	1.78	2.58	3.29	4.04	4.70	5.47
55	1.08	1.56	1.98	2.44	2.83	3.30	55	1.88	2.71	3.45	4.23	4.93	5.73
56	1.14	1.65	2.10	2.58	3.00	3.49	56	1.96	2.83	3.61	4.43	5.15	6.00
57	1.21	1.75	2.23	2.73	3.18	3.70	57	2.05	2.97	3.78	4.64	5.40	6.29
58	1.28	1.86	2.36	2.90	3.38	3.93	58	2.15	3.11	3.96	4.87	5.66	6.59
59	1.36	1.97	2.51	3.08	3.58	4.17	59	2.25	3.26	4.15	5.10	5.94	6.90
60	1.44	2.09	2.66	3.27	3.80	4.42	60	2.35	3.41	4.33	5.33	6.20	7.20
61	1.54	2.23	2.84	3.48	4.06	4.72	61	2.48	3.58	4.56	5.60	6.52	7.58
62	1.65	2.38	3.03	3.73	4.33	5.05	62	2.61	3.78	4.80	5.90	6.86	7.98
63	1.77	2.56	3.25	4.00	4.65	5.41	63	2.75	3.98	5.07	6.23	7.25	8.43
64	1.91	2.76	3.51	4.31	5.01	5.83	64	2.92	4.23	5.39	6.61	7.69	8.94
65	2.06	2.98	3.80	4.67	5.43	6.31	65	3.09	4.48	5.70	7.00	8.15	9.47
66	2.25	3.25	4.14	5.09	5.91	6.88	66	3.32	4.80	6.11	7.50	8.72	10.15
67	2.46	3.56	4.53	5.57	6.48	7.53	67	3.57	5.17	6.58	8.08	9.40	10.92
68	2.71	3.92	4.98	6.13	7.13	8.29	68	3.86	5.60	7.12	8.75	10.17	11.82
69	2.99	4.33	5.51	6.77	7.88	9.15	69	4.20	6.08	7.74	9.51	11.05	12.85
70	3.32	4.80	6.12	7.51	8.74	10.16	70	4.55	6.59	8.39	10.30	11.98	13.93
71	3.69	5.35	6.80	8.35	9.71	11.30	71	4.96	7.19	9.15	11.23	13.06	15.19
72	4.09	5.92	7.54	9.26	10.77	12.52	72	5.43	7.85	10.00	12.28	14.28	16.60
73	4.50	6.51	8.30	10.19	11.85	13.77	73	5.90	8.53	10.85	13.34	15.50	18.03
74	4.90	7.10	9.03	11.09	12.90	15.00	74	6.34	9.18	11.68	14.35	16.68	19.40
75	5.28	7.63	9.71	11.93	13.88	16.13	75	6.73	9.74	12.39	15.22	17.70	20.57
76	5.60	8.10	10.30	12.65	14.71	17.10	76	7.05	10.20	12.98	15.95	18.54	21.56
77	5.93	8.58	10.91	13.41	15.59	18.13	77	7.39	10.70	13.61	16.72	19.44	22.60
78	6.35	9.20	11.70	14.37	16.71	19.43	78	7.84	11.35	14.44	17.74	20.62	23.98
79	6.94	10.04	12.77	15.69	18.25	21.21	79	8.48	12.27	15.61	19.18	22.30	25.93
80	7.73	11.19	14.24	17.49	20.34	23.65	80	9.29	13.44	17.10	21.00	24.42	28.40
81	8.71	12.61	16.05	19.72	22.93	26.66	81	10.38	15.01	19.11	23.48	27.30	31.75
82	9.85	14.25	18.15	22.30	25.92	30.14	82	11.64	16.84	21.43	26.33	30.61	35.60
83	11.10	16.07	20.45	25.13	29.21	33.97	83	13.02	18.84	23.98	29.45	34.25	39.83
84	12.43	18.00	22.90	28.13	32.71	38.04	84	14.47	20.95	26.65	32.75	38.08	44.27

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*



## Facility Care Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 0 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 0 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.72	1.03	1.32	1.63	1.88	2.19	50	1.36	1.96	2.49	3.07	3.57	4.14
51	0.76	1.10	1.40	1.73	2.01	2.33	51	1.43	2.06	2.63	3.22	3.74	4.36
52	0.81	1.17	1.49	1.83	2.13	2.48	52	1.49	2.16	2.75	3.38	3.93	4.57
53	0.86	1.24	1.58	1.94	2.26	2.63	53	1.57	2.27	2.88	3.54	4.12	4.79
54	0.92	1.33	1.68	2.07	2.41	2.80	54	1.65	2.38	3.03	3.73	4.33	5.05
55	0.98	1.41	1.79	2.20	2.56	2.98	55	1.73	2.50	3.18	3.92	4.55	5.30
56	1.03	1.49	1.90	2.33	2.72	3.16	56	1.82	2.63	3.34	4.11	4.78	5.56
57	1.10	1.59	2.03	2.49	2.89	3.37	57	1.91	2.76	3.52	4.32	5.03	5.85
58	1.17	1.69	2.16	2.65	3.08	3.58	58	2.01	2.90	3.69	4.54	5.28	6.14
59	1.25	1.81	2.30	2.83	3.28	3.82	59	2.11	3.05	3.88	4.78	5.55	6.45
60	1.33	1.92	2.44	3.00	3.48	4.05	60	2.20	3.18	4.06	4.98	5.80	6.74
61	1.42	2.05	2.61	3.21	3.73	4.33	61	2.32	3.36	4.28	5.25	6.11	7.10
62	1.52	2.20	2.80	3.44	4.00	4.65	62	2.45	3.54	4.51	5.55	6.45	7.50
63	1.63	2.37	3.01	3.70	4.30	5.00	63	2.59	3.75	4.77	5.86	6.82	7.93
64	1.77	2.55	3.25	3.99	4.64	5.40	64	2.75	3.98	5.07	6.23	7.25	8.43
65	1.91	2.76	3.52	4.32	5.02	5.84	65	2.92	4.22	5.37	6.60	7.67	8.92
66	2.08	3.02	3.83	4.71	5.48	6.37	66	3.13	4.53	5.76	7.08	8.23	9.57
67	2.28	3.31	4.21	5.17	6.02	7.00	67	3.38	4.88	6.21	7.64	8.88	10.32
68	2.53	3.65	4.64	5.71	6.64	7.72	68	3.66	5.30	6.75	8.28	9.63	11.20
69	2.79	4.04	5.15	6.33	7.36	8.55	69	3.98	5.78	7.35	9.03	10.50	12.20
70	3.09	4.48	5.70	7.00	8.14	9.46	70	4.31	6.24	7.94	9.75	11.35	13.19
71	3.46	5.00	6.37	7.82	9.10	10.57	71	4.71	6.81	8.67	10.65	12.39	14.40
72	3.85	5.58	7.10	8.72	10.14	11.79	72	5.18	7.49	9.53	11.70	13.61	15.83
73	4.27	6.17	7.85	9.65	11.22	13.05	73	5.65	8.18	10.40	12.78	14.86	17.28
74	4.68	6.76	8.61	10.58	12.30	14.30	74	6.11	8.85	11.25	13.82	16.07	18.69
75	5.05	7.31	9.31	11.44	13.30	15.46	75	6.51	9.42	12.00	14.73	17.13	19.92
76	5.40	7.81	9.94	12.21	14.20	16.50	76	6.86	9.94	12.65	15.53	18.06	21.00
77	5.76	8.34	10.61	13.04	15.16	17.63	77	7.25	10.48	13.34	16.39	19.05	22.15
78	6.22	9.00	11.46	14.08	16.37	19.04	78	7.74	11.20	14.25	17.50	20.35	23.66
79	6.85	9.90	12.61	15.49	18.01	20.95	79	8.42	12.19	15.51	19.05	22.15	25.76

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*

## Facility Care Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 15 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 15 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.66	0.95	1.22	1.49	1.73	2.02	50	1.25	1.80	2.30	2.82	3.28	3.82
51	0.70	1.02	1.29	1.58	1.84	2.14	51	1.31	1.89	2.41	2.97	3.44	4.01
52	0.74	1.08	1.37	1.68	1.96	2.28	52	1.38	1.98	2.53	3.11	3.62	4.20
53	0.79	1.14	1.46	1.79	2.08	2.42	53	1.44	2.08	2.65	3.26	3.79	4.41
54	0.84	1.22	1.55	1.90	2.22	2.58	54	1.52	2.19	2.79	3.43	3.98	4.63
55	0.89	1.29	1.65	2.03	2.35	2.73	55	1.59	2.30	2.93	3.60	4.19	4.87
56	0.95	1.38	1.75	2.15	2.50	2.91	56	1.67	2.42	3.08	3.78	4.39	5.11
57	1.01	1.47	1.87	2.29	2.66	3.09	57	1.76	2.54	3.23	3.98	4.62	5.38
58	1.08	1.56	1.98	2.43	2.83	3.29	58	1.84	2.67	3.40	4.18	4.86	5.65
59	1.15	1.66	2.12	2.60	3.02	3.51	59	1.94	2.81	3.58	4.39	5.10	5.94
60	1.22	1.77	2.24	2.76	3.21	3.73	60	2.03	2.93	3.73	4.58	5.33	6.20
61	1.30	1.88	2.40	2.95	3.43	3.99	61	2.13	3.09	3.93	4.83	5.62	6.54
62	1.40	2.03	2.58	3.17	3.68	4.28	62	2.25	3.26	4.15	5.10	5.93	6.90
63	1.50	2.18	2.77	3.40	3.95	4.60	63	2.38	3.45	4.38	5.40	6.27	7.30
64	1.63	2.35	2.99	3.68	4.28	4.97	64	2.53	3.67	4.67	5.74	6.67	7.75
65	1.76	2.54	3.23	3.98	4.62	5.37	65	2.68	3.88	4.93	6.07	7.05	8.20
66	1.92	2.78	3.53	4.33	5.05	5.86	66	2.88	4.16	5.30	6.51	7.57	8.80
67	2.10	3.04	3.88	4.76	5.54	6.44	67	3.10	4.49	5.72	7.02	8.17	9.50
68	2.32	3.36	4.28	5.25	6.11	7.10	68	3.37	4.87	6.20	7.62	8.86	10.30
69	2.58	3.73	4.73	5.82	6.77	7.87	69	3.67	5.31	6.76	8.30	9.65	11.23
70	2.84	4.12	5.24	6.44	7.49	8.70	70	3.97	5.74	7.30	8.97	10.44	12.13
71	3.18	4.60	5.85	7.20	8.37	9.73	71	4.33	6.27	7.98	9.80	11.40	13.25
72	3.54	5.13	6.53	8.02	9.33	10.85	72	4.76	6.89	8.77	10.77	12.52	14.56
73	3.93	5.68	7.23	8.88	10.32	12.00	73	5.20	7.52	9.57	11.76	13.67	15.90
74	4.30	6.23	7.92	9.73	11.31	13.15	74	5.62	8.14	10.35	12.72	14.79	17.20
75	4.65	6.73	8.56	10.52	12.24	14.23	75	5.99	8.67	11.03	13.55	15.76	18.32
76	4.96	7.19	9.15	11.23	13.06	15.19	76	6.31	9.14	11.63	14.29	16.61	19.32
77	5.30	7.67	9.76	12.00	13.95	16.21	77	6.66	9.65	12.27	15.08	17.53	20.39
78	5.73	8.29	10.55	12.95	15.06	17.51	78	7.12	10.30	13.10	16.10	18.72	21.77
79	6.30	9.11	11.60	14.25	16.57	19.27	79	7.75	11.21	14.27	17.53	20.39	23.70

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*

## Facility Care Plan, Monthly Bank Draft Rates

### Base Plan

### Base Plan with 3% Inflation

Premiums per \$10 in Benefits • 30 day Elimination Period Benefit Period in Days							Premiums per \$10 in Benefits • 30 day Elimination Period Benefit Period in Days						
Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days	Age	100 Days	150 Days	200 Days	250 Days	300 Days	350 Days
50	0.63	0.91	1.16	1.43	1.66	1.93	50	1.19	1.73	2.20	2.70	3.13	3.65
51	0.67	0.97	1.23	1.52	1.77	2.05	51	1.25	1.82	2.31	2.83	3.29	3.83
52	0.71	1.03	1.31	1.61	1.88	2.18	52	1.32	1.90	2.42	2.98	3.46	4.02
53	0.76	1.09	1.39	1.71	1.99	2.32	53	1.38	1.99	2.54	3.12	3.63	4.22
54	0.81	1.17	1.48	1.82	2.12	2.46	54	1.45	2.10	2.67	3.28	3.82	4.43
55	0.86	1.24	1.58	1.93	2.25	2.62	55	1.53	2.20	2.81	3.44	4.01	4.66
56	0.91	1.32	1.68	2.06	2.39	2.78	56	1.60	2.31	2.94	3.62	4.21	4.89
57	0.97	1.40	1.78	2.19	2.54	2.96	57	1.68	2.43	3.09	3.80	4.42	5.15
58	1.03	1.49	1.90	2.33	2.71	3.15	58	1.77	2.56	3.25	3.99	4.64	5.40
59	1.10	1.59	2.03	2.48	2.89	3.36	59	1.86	2.68	3.42	4.20	4.88	5.68
60	1.17	1.68	2.15	2.63	3.07	3.57	60	1.93	2.80	3.57	4.38	5.10	5.93
61	1.25	1.81	2.30	2.83	3.28	3.82	61	2.04	2.96	3.76	4.62	5.38	6.25
62	1.33	1.93	2.46	3.03	3.52	4.09	62	2.16	3.12	3.97	4.88	5.67	6.60
63	1.43	2.08	2.65	3.25	3.78	4.40	63	2.28	3.30	4.20	5.16	6.00	6.98
64	1.55	2.25	2.86	3.52	4.08	4.75	64	2.43	3.51	4.46	5.49	6.38	7.41
65	1.68	2.43	3.09	3.80	4.42	5.14	65	2.57	3.71	4.73	5.80	6.75	7.85
66	1.83	2.65	3.38	4.14	4.82	5.61	66	2.75	3.98	5.07	6.23	7.25	8.42
67	2.01	2.91	3.70	4.55	5.30	6.15	67	2.97	4.29	5.47	6.72	7.81	9.08
68	2.22	3.21	4.08	5.03	5.85	6.80	68	3.22	4.66	5.93	7.29	8.47	9.85
69	2.46	3.56	4.53	5.57	6.48	7.53	69	3.51	5.08	6.47	7.95	9.24	10.74
70	2.72	3.93	5.01	6.16	7.16	8.33	70	3.79	5.49	6.99	8.59	9.98	11.60
71	3.04	4.40	5.60	6.89	8.00	9.30	71	4.14	6.00	7.63	9.38	10.90	12.67
72	3.39	4.90	6.25	7.67	8.92	10.37	72	4.55	6.59	8.39	10.30	11.98	13.93
73	3.75	5.44	6.91	8.50	9.88	11.48	73	4.97	7.20	9.15	11.25	13.08	15.20
74	4.11	5.95	7.58	9.31	10.82	12.59	74	5.38	7.78	9.90	12.16	14.15	16.45
75	4.45	6.44	8.20	10.06	11.70	13.61	75	5.73	8.30	10.55	12.96	15.07	17.53
76	4.75	6.87	8.75	10.75	12.50	14.53	76	6.05	8.75	11.13	13.67	15.90	18.48
77	5.07	7.34	9.34	11.47	13.34	15.51	77	6.38	9.23	11.74	14.42	16.77	19.50
78	5.48	7.93	10.09	12.39	14.40	16.75	78	6.81	9.85	12.54	15.40	17.91	20.82
79	6.03	8.72	11.10	13.63	15.85	18.43	79	7.41	10.73	13.65	16.77	19.50	22.67
80	6.75	9.76	12.42	15.26	17.75	20.63	80	8.15	11.79	15.00	18.43	21.43	24.92
81	7.66	11.10	14.12	17.35	20.16	23.45	81	9.17	13.27	16.89	20.75	24.12	28.05
82	8.73	12.63	16.08	19.75	22.96	26.70	82	10.35	14.98	19.07	23.43	27.24	31.67
83	9.90	14.34	18.25	22.41	26.06	30.30	83	11.65	16.87	21.47	26.37	30.66	35.65
84	11.16	16.15	20.56	25.26	29.37	34.15	84	13.04	18.86	24.00	29.50	34.30	39.88

A 10% discount is available to insured's living in the same household when both are insured on 792 policies. To determine the premium with the household discount, multiply the monthly bank draft (MBD) or annual premium by .9. To determine the quarterly or semi-annual premium with the household discount, multiply the MBD by .9, then by 12 and then by the appropriate modal factor (.265 for quarterly or .520 for semi-annual).

*Modal Factors: Annual = MBD x 12; SA = (MBD x 12) x .520; Q = (MBD x 12) x .265*

