



Short-Term Home Health Care Insurance

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

(Rev. 11/20) UNT349
AL, AR, AZ, GA, IA, IL, IN, KS, LA, MI, MO, NE,
NV, OH, OK, SC, TN & WV

United National Life Insurance Company
Home Health Care
Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age

Plan

Option A
 Option B
 Option C \$ _____

Determine rates for Spouse's age

Plan

Option A
 Option B
 Option C \$ _____

Step 2. Choose optional benefits Applicant 1

Accident and Sickness Hospitalization Rider*

Option A:	Option B:	Option C:
<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Daily Benefit Amount: *(Choose one)*

Benefit Period:
 3 Days 3 Days 3 Days
 6 Days 6 Days 6 Days

**(HIP option must follow base option.)*

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

Modal Premium \$ _____

Critical Accident Rider

\$5,000 \$10,000

Modal Premium \$ _____

Choose optional benefits Applicant 2

Accident and Sickness Hospitalization Rider*

Option A:	Option B:	Option C:
<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
		<input type="checkbox"/> \$300

Daily Benefit Amount: *(Choose one)*

Benefit Period:
 3 Days 3 Days 3 Days
 6 Days 6 Days 6 Days

**(HIP option must follow base option.)*

Modal Premium \$ _____

Ambulance Rider
(Maximum issue age is 80)

Modal Premium \$ _____

Critical Accident Rider

\$5,000 \$10,000

Modal Premium \$ _____

Step 3. SUBTOTAL Base and Riders, All Applicants *(Add total of steps 1-2 for both applicants)* \$ _____

Step 4. Return of Premium** *(If chosen, then multiply Step 3 by 1.32)*
Following Return of Premium calculation, subtract \$0.53 from monthly premium amount for premium total. _____

Step 5. Mode Factor*** *(Annual 1.0, Semi-Annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333).* _____ Mode Factor

Step 6. Total Modal Premium*** – *(Multiply Step 3 by Step 4)* \$ _____

**Disregard if Return of Premium Option is not chosen
*** If monthly rates are used, stop at Step 3 or Step 4.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN MONTHLY RATES

(Includes \$1.67 monthly policy fee)

Home Health Care Daily Benefit Options			
Attained Age	Option A	Option B	Option C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$21.08	\$40.50	\$45.10
65 - 70	\$24.54	\$47.41	\$54.22
71 - 75	\$32.84	\$64.02	\$76.94
76 - 80	\$43.48	\$85.30	\$112.92
81 - 85	\$57.26	\$112.85	\$160.06

STEP 2: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Monthly Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider*-Monthly Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

*Not available in TN.

Ambulance Rider

Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

Return of Premium Rate Factor**

Issue Ages	Rate Factor
61 - 81	1.32

**Not available in all states.

SHORT-TERM HOME HEALTH CARE

STEP 1: BASE PLAN ANNUAL RATES

(Includes \$20.00 annual policy fee)

Home Health Care Daily Benefit Options			
Attained Age	Option A	Option B	Option C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$253.03	\$486.06	\$541.28
65 - 70	\$294.45	\$568.90	\$650.63
71 - 75	\$394.15	\$768.30	\$923.29
76 - 80	\$521.80	\$1,023.60	\$1,355.10
81 - 85	\$687.12	\$1,354.24	\$1,920.85

STEP 2: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider-Annual Rates

Attained Age	\$100 Benefit/ Ages 61-85		\$200 Benefit/ Ages 61-85		\$300 Benefit/ Ages 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider*-Annual Rates

Issue Age	Female		Male	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

*Not available in TN.

Ambulance Rider

Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

Return of Premium Rate Factor**

Issue Ages	Rate Factor
61 - 81	1.32

**Not available in all states.

Mode Factors

Mode	Factor
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000