

UNDERWRITING GUIDE & RATE BOOK

EquiCare[®]

790



A Short-Stay Nursing Home Insurance Plan

▼ **Equitable & You**

Committed to Care

UW-790

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THE EQUICARE® (790) 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 EquiCare® 790 product.

GENERAL INFORMATION

Issue Age:

Available to applicants ages 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 a policy is issued.

Application Date:

The application date is the date the application was signed. Backdated applications will NOT be accepted.

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. An EquiCare 790 policy must be issued to both applicants to qualify.

COMPLETING THE APPLICATION

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

Calculating Premium:

Use the Premium Calculator Software or Premium Calculation Worksheet to calculate premium. (The modal factor for Monthly Bank Draft is 0.09, Quarterly modal factor is .265, Semi-Annual modal factor is .52.)

Initial Premium:

- We do not accept C.O.D. Business
- Checks are to be made out to Equitable Life & Casualty Insurance Company.
- Remember to include the \$20 application fee.

Drafting the Initial Premium:

Rather than submitting premium with the application, an agent can request to draft the initial monthly premium in the Premium Payment section of the application. When this is selected, unless indicated otherwise, the first premium will be drafted when the policy is issued. **Note: the first premium is drafted when the policy is issued, regardless if the requested effective date is beyond the issue date.**

Bank Draft:

For monthly Bank Draft, the "Select Draft Date" must be within 10 days of the effective date. The actual date we draw payment from the applicant's account will either be the date chosen or a few days following that date. It will never be before the date chosen.

Remember to include a voided check or a bank deposit slip with the application packet when the insured selects 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.

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 790 MQ** (or your state version), pre-qualify the applicant.
- Have the applicant read and sign the **replacement form** (when applicable).
- Have the applicant review 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

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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.

Please be sure your client has the following information readily available:

- Social Security number
- If this policy will replace an existing accident and sickness policy (if "yes", be sure the applicant has signed the replacement form.)
- Bank name, routing number and account number; draft date (between the 3rd and 28th of the month)
- Name and address for the Alternate Payor

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 Friday (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).

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

- Your name and agent number. If there is a splitting agent, the splitting agent's name, agent number and the split percentage.
- Applicant's name
- Applicant's telephone number
- The best time to call the applicant
- Indicate what product will be applied for (EquiCare[®] 790)

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.

Regular Application Process

To submit an application:

- Using **form 790 MQ** (or your state version), pre-qualify the applicant.
- Complete the application **except** the medical questions, including the Health Information Authorization {HIA (04)}
- Complete the replacement form if replacing other coverage.
- Call **1-866-551-1781** for a Point-of-Sale Interview. You must call to have the Medical questions verified by one of our interviewers. Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Friday (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).

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
- The best time to call the applicant
- Indicate the what plan will be applied for

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, submit the required forms and premium to the Home Office for processing.

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

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 like basal cell carcinoma.

Motorized personal transport: includes items such as 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.

BUILD TABLE

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 CONDITIONS GUIDE

The Medical Conditions guide gives a general indication of whether a particular medical condition is insurable for the EquiCare[®] 790 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.

Condition	Action	Condition	Action
AIDS	Decline	Atrial Fibrillation	Decline
Alzheimer's Disease	Decline	Bypass Surgery - Cardiac (heart)	
Amputation		• Pending surgery or surgery in past 12 months	Decline
• Traumatic	Standard	• Surgery more than 12 months ago	Standard
• Due to disease	Decline	Cancer	
Amyotrophic Lateral Sclerosis (ALS)	Decline	• Surgery or last treatment received in past 2 years	Decline
Angioplasty or Stent Placement		• Surgery or last treatment more than 2 years ago	Standard
• Pending surgery or surgery in past 12 months	Decline	Cane, Quad	Decline
• Surgery more than 12 months ago	Standard		

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MEDICAL CONDITIONS GUIDE *(continued)*

Condition	Action	Condition	Action
Cerebrovascular Accident (CVA, Stroke)		Multiple Sclerosis	Decline
• CVA within past two years	Decline	Muscular Dystrophy	Decline
• CVA more than 2 years ago	Standard	Myasthenia Gravis	Decline
Cirrhosis of the Liver	Decline	Myocardial Infarction - see Heart Attack	
Congestive Heart Failure	Decline	Neuropathy - See Diabetes	
Defibrillator	Decline	Obesity - see Build Table	
Dementia	Decline	Organ Transplant	Decline
Diabetes		Osteoporosis	
• Under control, no diabetic complications	Standard	• With related fractures	Decline
• With diabetic complications	Decline	Oxygen Usage	Decline
Fracture		Parkinson 's disease	Decline
• Traumatic, no history of osteoporosis	Standard	Pending Surgery	Decline
• Fracture related to osteoporosis	Decline	Peripheral Neuropathy - see Neuropathy	
Heart Attack		Psychotic Disorders/Psychosis	Decline
• With in the past 2 years	Decline	Retinopathy – see Diabetes	
• Over 2 years ago	Standard	Schizophrenia	Decline
Heart Valve Surgery		Stent Placement	
• Pending surgery or surgery in past 12 months	Decline	• Within past 12 months	Decline
• Surgery more than 12 months ago	Standard	• More than 12 months ago	Standard
HIV Positive	Decline	Stroke - see Cerebrovascular Accident (CVA)	
Home Health Care		Systemic Lupus	Decline
• Received in the past 2 years	Decline	Transient Ischemic Attack	
• Received more than 2 years ago	Standard	• Within 2 years	Decline
Hydrocephalus	Decline	• More than 2 years ago	Standard
Kidney Failure	Decline	Underweight – see Height/Weight chart	
Leukemia – see Cancer		Walker use	Decline
Lupus, Systemic	Decline	Wheelchair use	Decline
Lymphoma – see Cancer			
Melanoma – see Cancer			
Memory Loss	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**.

Medication	Customary Use	Medication	Customary Use
A			
Abilify	Psychosis	Copaxone	Multiple sclerosis
Accupril	Congestive heart failure	Cordarone	Atrial fibrillation
Accuretic	Congestive heart failure	Coreg	Congestive heart failure
Acetazolamide	Congestive heart failure	Covera	Atrial fibrillation
Actimmune	Organ transplant	Crixivan	HIV/AIDS
Akineton	Parkinson's	Cyclosporine	Organ transplant
Aldactone	Congestive heart failure	Cymbalta	Diabetic neuropathy
Aldactazide	Congestive heart failure	D	
Altace	Congestive heart failure	Demadox	Congestive heart failure
Amantadine	Parkinson's	Diamox	Congestive heart failure
Amiloride	Congestive heart failure	Digitek	Congestive heart failure/ Atrial fibrillation
Amiodarone	Atrial fibrillation	Digoxin	Congestive heart failure/ Atrial fibrillation
Apresoline	Congestive heart failure	Diovan	Congestive heart failure
Ancept	Alzheimer's/Dementia	Dopar	Parkinson's
Artane	Parkinson's	Duloxetine	Diabetic neuropathy
Atacand	Congestive heart failure	E	
Atenolol	Congestive heart failure	Eldepryl	Parkinson's
Atripla	HIV/AIDS	Emtriva	HIV/AIDS
Avonex	Multiple sclerosis	Enalapril	Congestive heart failure
Azasan	Organ transplant	Enalaprilat	Congestive heart failure
Azathioprine	Organ transplant	Enduron	Congestive heart failure
B			
Baclofen	Multiple sclerosis	Entacapone	Parkinson's
Becaplermin	Skin ulcer	Epivir	HIV/AIDS
Bendroflumethiazide	Congestive heart failure	Epogen	Kidney failure
Benztracpine Mesylate	Parkinson's	Epzicom	HIV/AIDS
Betaseron	Organ transplant	Esidrix	Congestive heart failure
Biperiden	Parkinson's	Exelon	Alzheimer's/Dementia
Bisoprolol	Congestive heart failure	F	
Bromocriptine	Parkinson's	Faslodex	Cancer
Bumetanide	Congestive heart failure	Fluphenazine	Psychosis
Bumex	Congestive heart failure	Fortovase	HIV/AIDS
C			
Capoten	Congestive heart failure	Foscavir	HIV/AIDS
Captopril	Congestive heart failure	Fosinopril	Congestive heart failure
Carbidopa	Parkinson's	Furosemide	Congestive heart failure
Carvedilol	Congestive heart failure	G	
Casodex	Cancer	Galantamine	Alzheimer's/Dementia
CellCept	Organ transplant	Gengraf	Organ transplant
Chlorothiazide	Congestive heart failure	Geodon	Psychosis
Chlorpromazine	Psychosis	H	
Clozapine	Psychosis	Haldol	Psychosis
Clozaril	Psychosis	Hexalen	Cancer
Cogentin	Parkinson's	Hivid	HIV/AIDS
Cognex	Alzheimer's/Dementia	Hydergine	Alzheimer's/Dementia
Combivir	HIV/AIDS	Hydralazine	Congestive heart failure
Compazine	Psychosis	Hydrea	Cancer
Compro	Psychosis	Hydrochlorothiazide	Congestive heart failure
Comtan	Parkinson's	HydroDIURIL	Congestive heart failure
		Hydopres	Congestive heart failure

PRESCRIPTION DRUG GUIDE (continued)

Medication	Customary Use
Hydroxyurea	Cancer
Hylenex	Organ transplant
I	
Imurar	Organ transplant
Indapamide	Congestive heart failure
Inderal	Congestive heart failure
Interferon	Organ transplant
Invirase	HIV/AIDS
K	
Kemadrin	Parkinson's
L	
Lanoxicaps	Atrial fibrillation/ Congestive heart failure
Lanoxin	Atrial fibrillation/ Congestive heart failure
Larodopa	Parkinson's disease
L-Dopa	Parkinson's disease
Leukeran	Cancer
Levodopa	Parkinson's
Lexxel	Congestive heart failure
Lioresal	Multiple sclerosis
Lisinopril	Congestive heart failure
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
Myotroprin	ALS/Lou Gehrig's disease
N	
Namenda	Alzheimer's/Dementia
Navane	Psychosis
Neoral	Organ transplant
Neostigmine	Myasthenia gravis
Norvasc	Congestive heart failure
Norvir	HIV/AIDS
O	
Olanzapine	Psychosis
Orap	Psychosis
P	
Paridol	Parkinson's
Parlodel	Parkinson's
Pergolide	Parkinson's
Permax	Parkinson's
Perphenazine	Psychosis
Plaquenil	Systemic lupus

Medication	Customary Use
Plavix	CVA (stroke)/TIA
Pregabalin	Diabetic neuropathy
Prinivil	Congestive heart failure
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
Prostigmin	Myasthenia gravis
Purinethol	Leukemia
Q	
Quinidex	Atrial fibrillation
Quinidine	Atrial fibrillation
R	
Razadyne	Alzheimer's/Dementia
Rebif	Organ transplant
Regranex	Skin ulcer
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
Ropinirole	Parkinson's
S	
Saluron	Congestive heart failure
Sandimmune	Organ transplant
Saquinavir	HIV/AIDS
Selegiline	Parkinson's
Serentil	Psychosis
Seroquel	Psychosis
Simlect	Organ transplant
Sinemet	Parkinson's
Sotalol	Atrial fibrillation
Spironolactone	Congestive heart failure
Symmetrel	Parkinson's
T	
Tasmar	Parkinson's
Tenofovir	HIV/AIDS
Tensilon	Myasthenia gravis
Teveten	Congestive heart failure
Thalitone	Cirrhosis
Thalomid	Organ transplant
Thorazine	Psychosis
Thymoglobulin	Organ transplant
Timolide	Congestive heart failure
Torsemide	Congestive heart failure
Triafon	Psychosis
Trizivir	HIV/AIDS

PRESCRIPTION DRUG GUIDE (continued)

Medication		Customary Use
	U	
Uniretic		Congestive heart failure
	V	
Valcyte		HIV/AIDS
Valsartan		Congestive heart failure
Vasotec		Congestive heart failure
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

Medication		Customary Use
	W	
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

RATES

Ages 76 or over limited to a maximum daily benefit of \$200 per day
To the initial premium, add a one time \$20 application fee.

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	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	1.14	13.60	1.37	16.40	1.54	18.40	1.82	21.80	1.97	23.60	2.15	25.80
51	1.19	14.20	1.44	17.20	1.62	19.40	1.93	23.10	2.10	25.10	2.30	27.50
52	1.24	14.80	1.51	18.10	1.71	20.50	2.05	24.60	2.24	26.80	2.45	29.40
53	1.30	15.50	1.60	19.10	1.81	21.70	2.18	26.10	2.39	28.60	2.62	31.40
54	1.35	16.20	1.68	20.10	1.92	23.00	2.32	27.80	2.54	30.40	2.80	33.50
55	1.42	17.00	1.77	21.20	2.03	24.30	2.46	29.50	2.70	32.30	2.98	35.70
56	1.47	17.60	1.84	22.00	2.11	25.30	2.57	30.80	2.82	33.80	3.12	37.40
57	1.52	18.20	1.91	22.90	2.20	26.40	2.69	32.20	2.95	35.40	3.27	39.20
58	1.57	18.80	1.98	23.70	2.30	27.50	2.80	33.60	3.09	37.00	3.42	41.00
59	1.62	19.40	2.05	24.60	2.38	28.50	2.92	35.00	3.22	38.60	3.57	42.80
60	1.73	20.70	2.21	26.50	2.58	30.90	3.19	38.20	3.51	42.10	3.91	46.90
61	1.79	21.40	2.30	27.60	2.69	32.20	3.33	39.90	3.67	44.00	4.09	49.00
62	1.85	22.20	2.40	28.70	2.80	33.60	3.48	41.70	3.85	46.10	4.28	51.30
63	1.92	23.00	2.50	29.90	2.93	35.10	3.64	43.60	4.03	48.30	4.49	53.80
64	2.00	23.90	2.60	31.20	3.06	36.70	3.81	45.70	4.22	50.60	4.71	56.50
65	2.08	24.90	2.73	32.70	3.20	38.40	4.00	48.00	4.44	53.20	4.95	59.40
66	2.17	26.00	2.86	34.30	3.37	40.40	4.22	50.60	4.68	56.10	5.23	62.70
67	2.28	27.30	3.01	36.10	3.55	42.60	4.45	53.40	4.95	59.30	5.53	66.30
68	2.39	28.60	3.17	38.00	3.75	45.00	4.72	56.60	5.25	62.90	5.86	70.30
69	2.52	30.20	3.36	40.30	3.99	47.80	5.01	60.10	5.58	66.90	6.25	74.90
70	2.78	33.30	3.72	44.60	4.41	52.90	5.59	67.00	6.25	75.00	6.95	83.30
71	2.95	35.40	3.97	47.60	4.73	56.70	6.00	71.90	6.71	80.50	7.45	89.40
72	3.17	38.00	4.25	51.00	5.05	60.50	6.42	77.00	7.25	87.00	8.05	96.60
73	3.50	42.00	4.78	57.30	5.72	68.60	7.28	87.30	8.11	97.30	9.13	109.50
74	3.91	46.90	5.34	64.00	6.40	76.70	8.13	97.50	9.07	108.80	10.20	122.40
75	4.33	51.90	5.90	70.80	7.07	84.80	8.99	107.80	10.02	120.20	11.27	135.20

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For quarterly premiums, multiply the annual premium above by .265; for semi-annual, multiply by .52.

RATES

Ages 76 or over limited to a maximum daily benefit of \$200 per day

To the initial premium, add a one time \$20 application fee.

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	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	1.06	12.70	1.29	15.40	1.44	17.20	1.70	20.40	1.85	22.10	2.01	24.10
51	1.11	13.30	1.35	16.10	1.51	18.10	1.80	21.60	1.96	23.50	2.15	25.70
52	1.15	13.80	1.41	16.90	1.60	19.20	1.92	23.00	2.10	25.10	2.30	27.50
53	1.21	14.50	1.49	17.80	1.70	20.30	2.04	24.40	2.23	26.70	2.45	29.30
54	1.26	15.10	1.57	18.80	1.80	21.50	2.17	26.00	2.37	28.40	2.61	31.30
55	1.33	15.90	1.65	19.80	1.90	22.70	2.30	27.50	2.52	30.20	2.78	33.30
56	1.37	16.40	1.71	20.50	1.97	23.60	2.40	28.70	2.63	31.50	2.91	34.90
57	1.42	17.00	1.79	21.40	2.05	24.60	2.50	30.00	2.75	33.00	3.05	36.60
58	1.46	17.50	1.85	22.10	2.14	25.60	2.61	31.30	2.88	34.50	3.19	38.20
59	1.51	18.10	1.91	22.90	2.21	26.50	2.72	32.60	3.00	36.00	3.33	39.90
60	1.61	19.30	2.06	24.70	2.40	28.80	2.97	35.60	3.27	39.20	3.65	43.70
61	1.66	19.90	2.15	25.70	2.50	30.00	3.10	37.10	3.41	40.90	3.80	45.60
62	1.72	20.60	2.23	26.70	2.60	31.20	3.24	38.80	3.58	42.90	3.98	47.70
63	1.79	21.40	2.32	27.80	2.72	32.60	3.38	40.50	3.75	44.90	4.17	50.00
64	1.85	22.20	2.42	29.00	2.85	34.10	3.55	42.50	3.92	47.00	4.38	52.50
65	1.93	23.10	2.54	30.40	2.98	35.70	3.72	44.60	4.12	49.40	4.60	55.20
66	2.01	24.10	2.65	31.80	3.13	37.50	3.92	47.00	4.35	52.10	4.85	58.20
67	2.11	25.30	2.80	33.50	3.30	39.50	4.13	49.50	4.59	55.00	5.13	61.50
68	2.21	26.50	2.94	35.20	3.48	41.70	4.38	52.50	4.86	58.30	5.44	65.20
69	2.34	28.00	3.11	37.30	3.70	44.30	4.65	55.70	5.17	62.00	5.79	69.40
70	2.57	30.80	3.45	41.30	4.09	49.00	5.17	62.00	5.80	69.50	6.43	77.10
71	2.74	32.80	3.68	44.10	4.38	52.50	5.55	66.50	6.21	74.50	6.90	82.70
72	2.93	35.10	3.94	47.20	4.67	56.00	5.94	71.20	6.71	80.50	7.45	89.40
73	3.24	38.80	4.41	52.90	5.29	63.40	6.73	80.70	7.50	89.90	8.44	101.20
74	3.61	43.30	4.93	59.10	5.90	70.80	7.50	90.00	8.37	100.40	9.42	113.00
75	4.00	47.90	5.45	65.30	6.52	78.20	8.29	99.40	9.24	110.80	10.40	124.70
76	4.36	52.30	5.95	71.40	7.13	85.50	9.07	108.80	10.11	121.30	11.37	136.40
77	4.74	56.80	6.46	77.50	7.74	92.80	9.85	118.10	10.98	131.70	12.35	148.10
78	5.19	62.20	7.15	85.70	8.60	103.10	10.95	131.40	12.18	146.10	13.82	165.80
79	5.60	67.20	7.74	92.80	9.32	111.80	11.90	142.70	13.22	158.60	15.00	180.00
80	6.06	72.70	8.40	100.80	10.12	121.40	12.94	155.20	14.42	173.00	16.33	195.90
81	6.55	78.50	9.09	109.00	10.95	131.40	14.02	168.20	15.63	187.50	17.70	212.40
82	7.07	84.80	9.84	118.00	11.88	142.50	15.21	182.50	16.96	203.50	19.22	230.60
83	7.66	91.90	10.68	128.10	12.90	154.70	16.53	198.30	18.45	221.30	20.90	250.80
84	8.30	99.50	11.59	139.00	14.00	168.00	17.95	215.40	20.04	240.40	22.71	272.50

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For applicants who qualify for the joint discount, multiply the above rates by .9

For quarterly premiums, multiply the annual premium above by .265; for semi-annual, multiply by .52.

RATES

Ages 76 or over limited to a maximum daily benefit of \$200 per day
 To the initial premium, add a one time \$20 application fee.

Premiums per \$10 in Benefits * 90 day Elimination Period * Benefit Period in Days												
Age	100 Days		150 Days		200 Days		250 Days		300 Days		350 Days	
	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual	MBD	Annual
50	0.94	11.20	1.13	13.50	1.27	15.20	1.50	18.00	1.62	19.40	1.78	21.30
51	0.98	11.70	1.18	14.10	1.33	15.90	1.59	19.00	1.72	20.60	1.89	22.60
52	1.01	12.10	1.24	14.80	1.40	16.80	1.69	20.20	1.84	22.00	2.01	24.10
53	1.06	12.70	1.30	15.60	1.49	17.80	1.78	21.30	1.95	23.40	2.15	25.70
54	1.10	13.20	1.37	16.40	1.57	18.80	1.90	22.70	2.07	24.80	2.28	27.30
55	1.15	13.80	1.45	17.30	1.65	19.80	2.00	24.00	2.20	26.30	2.43	29.10
56	1.20	14.30	1.50	17.90	1.71	20.50	2.09	25.00	2.29	27.40	2.54	30.40
57	1.23	14.70	1.55	18.50	1.79	21.40	2.18	26.10	2.40	28.70	2.65	31.80
58	1.27	15.20	1.60	19.10	1.85	22.20	2.26	27.10	2.50	29.90	2.76	33.10
59	1.30	15.60	1.65	19.80	1.92	23.00	2.35	28.20	2.60	31.10	2.88	34.50
60	1.39	16.60	1.78	21.30	2.07	24.80	2.56	30.70	2.82	33.80	3.15	37.70
61	1.44	17.20	1.85	22.10	2.15	25.80	2.67	32.00	2.95	35.30	3.28	39.30
62	1.49	17.80	1.92	23.00	2.25	26.90	2.79	33.40	3.08	36.90	3.42	41.00
63	1.54	18.40	2.00	23.90	2.34	28.00	2.90	34.80	3.21	38.50	3.58	42.90
64	1.59	19.00	2.07	24.80	2.44	29.20	3.04	36.40	3.36	40.30	3.75	45.00
65	1.65	19.80	2.17	26.00	2.55	30.50	3.18	38.10	3.52	42.20	3.94	47.20
66	1.72	20.60	2.27	27.20	2.67	32.00	3.35	40.10	3.70	44.40	4.15	49.70
67	1.80	21.60	2.38	28.50	2.81	33.70	3.52	42.20	3.90	46.80	4.37	52.40
68	1.88	22.50	2.50	29.90	2.96	35.50	3.72	44.60	4.14	49.60	4.62	55.40
69	1.98	23.70	2.65	31.70	3.14	37.60	3.94	47.20	4.39	52.60	4.91	58.90
70	2.18	26.10	2.92	35.00	3.46	41.50	4.38	52.50	4.90	58.80	5.45	65.30
71	2.31	27.70	3.10	37.20	3.70	44.30	4.69	56.20	5.25	63.00	5.83	69.90
72	2.47	29.60	3.32	39.80	3.94	47.20	5.01	60.10	5.66	67.90	6.28	75.30
73	2.72	32.60	3.71	44.50	4.45	53.30	5.65	67.80	6.30	75.60	7.10	85.10
74	3.03	36.30	4.13	49.50	4.95	59.40	6.30	75.50	7.02	84.20	7.90	94.70
75	3.34	40.00	4.55	54.60	5.45	65.40	6.93	83.10	7.73	92.70	8.69	104.20
76	3.64	43.60	4.96	59.50	5.95	71.30	7.56	90.70	8.43	101.10	9.48	113.70
77	3.94	47.20	5.37	64.40	6.44	77.20	8.19	98.20	9.13	109.50	10.27	123.20
78	4.30	51.60	5.93	71.10	7.13	85.50	9.09	109.00	10.10	121.20	11.46	137.50
79	4.64	55.60	6.40	76.70	7.70	92.40	9.83	117.90	10.94	131.20	12.40	148.80
80	5.00	60.00	6.93	83.10	8.35	100.10	10.66	127.90	11.90	142.70	13.46	161.50
81	5.38	64.50	7.47	89.60	9.01	108.10	11.53	138.30	12.85	154.10	14.55	174.60
82	5.80	69.50	8.07	96.80	9.74	116.80	12.47	149.60	13.90	166.80	15.75	189.00
83	6.26	75.10	8.73	104.70	10.55	126.50	13.51	162.10	15.07	180.80	17.09	205.00
84	6.76	81.10	9.44	113.20	11.41	136.90	14.63	175.50	16.33	195.90	18.51	222.10

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