

unum	RATE SHEET STATE OF SOUTH DAKOTA	<i>As of</i> 7/1/2021
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Base Plan		Options	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Monthly Duration	2 Years		
Home Benefit	50%		
Lifetime Maximum	24,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

	X		÷ \$1000 =		(A)
<small>Rate for Plan Chosen</small>		<small>Facility Monthly Benefit Amount</small>		<small>Your Premium</small>	

For Employees Only:

	X	1.5	=		(B)
<small>Rate for Plan 1 (2 Year Duration)</small>		<small>(Based on Funded Amount)</small>			

A MINUS B =

EMPLOYEE COST

Monthly Rates				
	Plan 1	Plan 2	Plan 3	Plan 4
Insurance	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
Age				
18-30	2.80	4.40	18.33	25.54
31	3.10	4.70	19.11	26.52
32	3.10	4.70	20.09	27.69
33	3.10	4.70	20.28	27.89
34	3.40	5.00	21.06	28.86
35	3.40	5.10	21.65	29.45
36	3.50	5.20	22.23	30.23
37	3.50	5.40	22.62	31.01
38	4.00	5.90	23.79	32.18
39	4.10	6.00	24.57	33.15
40	4.10	6.10	24.77	33.54
41	4.30	6.30	25.35	34.32
42	4.70	6.80	27.11	36.47
43	4.90	7.20	27.89	37.64
44	5.10	7.40	28.67	38.61
45	5.20	7.60	29.25	39.39
46	5.60	8.20	30.81	41.15
47	5.80	8.60	31.40	42.32
48	6.00	8.90	31.79	43.29
49	6.50	9.60	33.15	45.24
50	7.00	10.30	34.71	47.19
51	7.30	10.90	35.69	48.95
52	7.70	11.40	36.66	50.51
53	8.00	12.10	38.22	52.65
54	8.50	12.90	39.39	54.41
55	9.00	13.60	41.15	56.36
56	9.70	14.40	42.90	58.70
57	10.40	15.50	44.85	61.43
58	11.30	16.70	47.58	64.74
59	12.00	17.80	49.73	67.67

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Rate for Plan Chosen		Facility Monthly Benefit Amount		Your Premium	

For Employees Only:

	x	1.5	=		(B)
Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)			

A MINUS B =

EMPLOYEE COST

Monthly Rates					
Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4	
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option	
	Base Plan	Option	Option	Option	Option
60	13.20	19.30	52.46	71.18	
61	14.20	20.70	56.36	76.05	
62	15.70	22.60	60.45	81.12	
63	17.40	24.70	64.94	86.58	
64	18.90	26.50	69.42	91.65	
65	21.80	30.00	78.00	101.60	
66	24.00	32.40	84.24	108.22	
67	27.00	35.80	92.04	117.00	
68	29.80	39.00	99.45	124.80	
69	32.80	42.50	107.64	133.97	
70	36.70	46.60	116.03	142.94	
71	40.60	51.00	127.14	155.03	
72	45.00	55.90	138.26	167.12	
73	50.20	61.70	150.74	180.77	
74	55.40	67.40	162.83	193.83	
75	66.70	80.40	192.86	227.18	
76	73.40	87.50	209.24	244.73	
77	80.70	95.30	225.23	261.50	
78	88.50	103.60	243.95	280.61	
79	97.10	112.70	262.28	299.91	
80	106.70	122.70	283.92	322.14	

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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Monthly Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:			
	x		÷ \$1000 = _____ (A)
Rate for Plan Chosen		Facility Monthly Benefit Amount	Your Premium
For Employees Only:			
	x	1.5	= _____ (B)
Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)	
A MINUS B			= _____
			EMPLOYEE COST

Monthly Rates				
Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	18-30	5.30	8.20	32.96
31	5.40	4.70	33.93	47.39
32	5.50	4.70	34.32	48.17
33	5.60	4.70	35.30	49.34
34	5.60	5.00	35.88	50.51
35	6.10	5.10	37.64	52.46
36	6.20	5.20	38.22	53.24
37	6.40	5.40	39.39	54.60
38	6.60	5.90	40.56	56.36
39	6.90	6.00	41.34	57.72
40	7.20	6.10	43.10	59.48
41	7.40	6.30	43.88	61.23
42	7.90	6.80	45.44	63.18
43	8.20	7.20	47.00	64.94
44	8.70	7.40	48.36	66.89
45	9.10	7.60	49.92	67.28
46	9.60	8.20	51.68	71.57
47	10.10	8.60	52.85	73.91
48	10.70	8.90	54.80	76.83
49	11.00	9.60	56.36	79.37
50	11.60	10.30	57.72	81.90
51	12.20	10.90	59.67	84.83
52	12.90	11.40	61.82	88.34
53	13.70	12.10	63.96	91.65
54	14.40	12.90	65.91	95.16
55	15.50	13.60	69.03	98.57
56	16.60	14.40	72.15	103.15
57	17.60	15.50	75.08	108.03
58	18.80	16.70	78.59	113.10
59	20.30	17.80	82.29	118.56

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Home Monthly Benefit	\$500	Inflation Protection	
Facility Monthly Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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	x		÷ \$1000 =		(A)
Rate for Plan Chosen		Facility Monthly Benefit Amount		Your Premium	

For Employees Only:

	x	1.5	=		(B)
Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)			

A MINUS B	=		EMPLOYEE COST
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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	60	21.80	34.20	86.38
61	23.80	37.20	92.82	133.38
62	26.00	40.40	99.65	142.94
63	28.80	44.30	106.67	152.30
64	31.40	48.10	114.66	168.29
65	35.70	53.90	126.95	179.21
66	39.60	58.90	137.67	192.27
67	43.90	64.40	149.76	207.29
68	48.30	70.00	160.68	220.35
69	53.50	76.50	173.75	236.54
70	59.20	83.80	187.40	253.31
71	65.80	91.80	204.95	274.56
72	72.90	100.70	222.89	296.01
73	80.60	110.40	240.63	318.44
74	89.00	120.80	260.91	342.62
75	107.00	144.20	307.71	401.70
76	117.70	157.10	333.84	432.71
77	129.00	170.80	359.00	462.54
78	141.60	186.00	387.85	496.28
79	155.20	202.60	417.11	531.77
80	170.20	220.40	451.23	571.74

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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Monthly Duration	Unlimited		
Home Benefit	50%		
Lifetime Maximum	N/A		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

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Rate for Plan Chosen		Facility Monthly Benefit Amount		Your Premium	

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Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)			

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EMPLOYEE COST

Monthly Rates					
		Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Total Home Care		Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
Insurance	Age	Base Plan	Option	Option	Option
	18-30	7.20	11.50	43.68	63.77
	31	7.20	11.60	44.85	65.33
	32	7.50	11.90	46.02	66.69
	33	7.60	12.10	47.19	68.44
	34	7.80	12.50	48.36	70.01
	35	8.00	12.80	49.14	71.37
	36	8.30	13.30	50.89	73.71
	37	8.50	13.60	51.87	74.88
	38	8.90	14.10	53.43	77.22
	39	9.40	14.70	55.19	79.37
	40	9.60	15.20	56.55	81.51
	41	10.20	16.00	58.70	84.24
	42	10.50	16.60	60.06	86.39
	43	11.10	17.40	61.82	89.12
	44	11.50	18.10	63.57	91.46
	45	12.20	19.20	65.91	94.58
	46	12.70	20.00	67.67	97.70
	47	13.30	21.10	69.23	100.62
	48	14.10	22.50	71.96	105.11
	49	14.60	23.60	73.52	108.23
	50	15.60	25.30	76.05	112.71
	51	16.30	26.70	78.20	116.81
	52	17.20	28.30	80.73	121.29
	53	18.30	30.20	83.85	126.75
	54	19.10	31.90	86.19	130.85
	55	20.00	33.60	88.53	133.97
	56	21.40	36.00	92.92	140.60
	57	23.00	38.70	97.11	148.20
	58	24.40	41.30	101.01	154.83
	59	26.30	44.50	106.08	162.63

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Home Monthly Benefit	\$500	Inflation Protection	
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Home Benefit	50%		
Lifetime Maximum	N/A		
Elimination Period	90 Days		
Home Care Level	Professional		

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Rate for Plan 1 (2 Year Duration)		(Based on Funded Amount)			

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EMPLOYEE COST

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	60	28.00	47.50	110.18
61	30.70	51.90	117.98	182.33
62	33.50	56.50	126.75	195.78
63	36.60	61.50	134.55	207.87
64	39.90	66.90	143.91	222.30
65	45.10	74.80	159.32	244.34
66	50.10	81.80	172.97	262.47
67	55.30	89.20	187.20	282.36
68	61.30	97.50	201.83	301.47
69	67.70	106.40	218.01	323.90
70	74.60	116.00	234.78	346.32
71	82.90	127.30	256.43	375.18
72	91.40	139.00	277.68	403.87
73	100.80	151.90	299.72	433.10
74	111.00	165.60	323.70	464.30
75	133.20	197.10	381.23	543.27
76	146.40	214.50	413.60	585.00
77	160.40	233.20	444.41	624.78
78	175.40	253.40	479.31	669.05
79	192.20	275.40	514.61	715.85
80	210.20	298.90	768.11	768.11