SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: LTC	SERFF Tr Num: PHYS-126074608	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 42272
Sub-TOI: LTC03I.003 Other	Co Tr Num:	State Status: Closed
Filing Type: Rate		Reviewer(s): Harris Shearer
	Authors: Tracy Comba, Richie Hinman	Disposition Date: 10/19/2009
	Date Submitted: 05/04/2009	Disposition Status: Approved
Implementation Date Requested: 09/01/2009		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 03/06/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 19%	Group Market Type:
Filing Status Changed: 10/19/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/19/2009
Deemer Date:	Created By: Tracy Comba
Submitted By: Tracy Comba	Corresponding Filing Tracking Number:

Filing Description:
NAIC 80578

Rate Increase Filing for Long-Term Care Policies and Riders:
P124AR, R256, R257,
P130AR, R485, R486, R950, R951, R952, R959
P131AR, R493, R494, R495, R497, R953, R954, R960
P103AR, R962, R963, R965, R967, R968, R981
P104AR, R965, R967, R968, R977, R978, R982

This filing is submitted for your consideration and approval of a proposed rate revision on the above-captioned policy

forms and riders. With regard to the riders, the proposed increase applies only when the rider is attached to one of the above base policy forms. All above forms and riders are currently on file with your department. All of these policy forms are guaranteed renewable and are no longer issued.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in a proposed 19% rate increase. This is the first time we have requested a rate increase on long-term care forms.

Policyholders keeping their long-term care coverage is very important. We will offer policyholders an option to downgrade their coverage if they want to mitigate the impact of the rate increase. A dedicated toll-free customer service number will be available for a representative to answer policyholder questions.

We look forward to your approval of this filing. Please feel free to contact me by phone at (402) 633-1166, by fax at (402) 633-1096 or by email at mark.nelson@physiciansmutual.com.

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor	richie.hinman@physiciansmutual.com
2600 Dodge Street	402-633-5782 [Phone]
Omaha, NE 68131	402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

Filing Fees

Fee Required?	Yes
Fee Amount:	$250.00
Retaliatory?	No
Fee Explanation:	This is a rate filing; $50 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	$250.00	05/04/2009	27609573

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	10/19/2009	10/19/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Harris Shearer	09/28/2009	09/28/2009	Tracy Comba	10/02/2009	10/02/2009

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 10/19/2009
Implementation Date:
Status: Approved
Comment: A 10% RATE INCREASE IS APPROVED TO BE IMPLEMENTED AFTER PROPER NOTIFICATION TO POLICYHOLDERS.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Physicians Mutual Insurance Company	19.000%	19.000%	$7,227,162	24,211	$38,037,697	19.000%	19.000%

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Filed	No
Rate *(revised)*	Rate Pages	Approved	Yes
Rate	Rate Pages	Withdrawn	Yes
Rate *(revised)*	Rate Pages	Approved	Yes
Rate	Rate Pages	Withdrawn	Yes
Rate *(revised)*	Rate Pages	Approved	Yes
Rate	Rate Pages	Withdrawn	Yes
Rate *(revised)*	Rate Pages	Approved	Yes
Rate	Rate Pages	Withdrawn	Yes
Rate *(revised)*	Rate Pages	Approved	Yes
Rate	Rate Pages	Withdrawn	Yes

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/28/2009
Submitted Date	09/28/2009
Respond By Date	10/27/2009

Dear Richie Hinman,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: After review, the Department will approve a 10% rate increase. If you wish to accept this offer, please let us know.

Please feel free to contact me if you have questions.
Sincerely,
Harris Shearer

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/02/2009
Submitted Date	10/02/2009

Dear Harris Shearer,

Comments:
This is in response to your Objection of 09/28/09.

Response 1

Comments: We are in acceptance of your offer of a 10% rate increase. Attached are revised rate pages.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

After review, the Department will approve a 10% rate increase. If you wish to accept this offer, please let us know.

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Pages	R256,R257, P124AR	Revised	*Previous State Filing Number* *Percent Rate Change Request* 19	
Previous Version				
Rate Pages	*R257,P124AR, R256*	*Revised*	*Previous State Filing Number* *Percent Rate Change Request* *19*	
Rate Pages	R951, R952, R959, R485, R486,R950, P130AR	Revised	*Previous State Filing Number* *Percent Rate Change Request* 19	
Previous Version				
Rate Pages	*R950,P130AR, R951, R952, R959, R485, R486*	*Revised*	*Previous State Filing Number* *Percent Rate Change Request* *19*	
Rate Pages	P131AR, R493, R494, R495, R953, R960, R497, R954	Revised	*Previous State Filing Number* *Percent Rate Change Request* 19	
Previous Version				
Rate Pages	*P131AR, R493, R494, R495, R953, R960, R497, R954*	*Revised*	*Previous State Filing Number* *Percent Rate Change Request* *19*	
Rate Pages	P103AR, R962, R963, R965, R967, R968, R981	Revised	*Previous State Filing Number*	

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Percent Rate Change Request

19

Previous Version

Rate Pages	*P103AR, R962, R963, R965, R967, R968, R981*	*Revised*	*Previous State Filing Number*

Percent Rate Change Request

19

Rate Pages	R977, R978, R982, R965, R967,R968, P104AR	Revised	*Previous State Filing Number*

Percent Rate Change Request

19

Previous Version

Rate Pages	*R968, R977, R978, R982,P104AR, R965, R967*	*Revised*	*Previous State Filing Number*

Percent Rate Change Request

19

If possible, we respectfully request an explanation of how your Department arrived at approving a 10% increase instead of the 19% approved. We look forward to your approval of this filing.

Sincerely,
Richie Hinman, Tracy Comba

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	01/01/2009
Filing Method of Last Filing:	0

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	19.000%	19.000%	$7,227,162	24,211	$38,037,697	19.000%	19.000%

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved 10/19/2009	Rate Pages	R256, R257, P124AR	Revised	Previous State Filing Number: Percent Rate Change Request:	19.000	AR_2009_Exh4_P124 Rates 10%.pdf
Approved 10/19/2009	Rate Pages	R951, R952, R959, R485, R486, R950, P130AR	Revised	Previous State Filing Number: Percent Rate Change Request:	19.000	AR_2009_Exh4_P130 Rates 10%.pdf
Approved 10/19/2009	Rate Pages	P131AR, R493, R494, R495, R953, R960, R497, R954	Revised	Previous State Filing Number: Percent Rate Change Request:	19.000	AR_2009_Exh4_P131 Rates 10%.pdf
Approved 10/19/2009	Rate Pages	P103AR, R962, R963, R965, R967, R968, R981	Revised	Previous State Filing Number: Percent Rate Change Request:	19.000	AR_2009_Exh4_P103 Rates 10%.pdf
Approved 10/19/2009	Rate Pages	R977, R978, R982, R965, R967, R968, P104AR	Revised	Previous State Filing Number: Percent Rate Change Request:	19.000	AR_2009_Exh4_P104 Rates 10%.pdf

Physicians Mutual Insurance Company
Exhibit 4
Long Term Care Policy Form P124 - Proposed Rates
Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R257 (Optional Inflation Protection)	Yes
R256 (Return of Premium)	Yes
R260 (Spouse Discount)	Yes
Payment Mode	Annual

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	18.59
9 Additional $300 Units @ 10.98 per unit	98.82
Spouse Discount	(8.81)
A Total Base Premium	108.60
R297 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	0.84
9 Additional $300 Units @ 0.49 per unit	4.41
B Total Rider Premium	5.25
R256 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	9.06
9 Additional $300 Units @ 5.35 per unit	48.15
C. Total Rider Premium	57.21
Total Monthly Premium = A + B + C	171.06
Multiply by Annual Modal Factor of 11	1,881.66

Proposed New Premium with 10% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	20.45
9 Additional $300 Units @ 12.08 per unit	108.72
Spouse Discount	(9.69)
A Total Base Premium	119.48
R297 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	0.92
9 Additional $300 Units @ 0.54 per unit	4.86
B Total Rider Premium	5.78
R256 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	9.97
9 Additional $300 Units @ 5.89 per unit	53.01
C. Total Rider Premium	62.98
Total Monthly Premium = A + B + C	188.24
Multiply by Modal Factor of 11	2,070.64

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.10 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	7.89	0.56	7.82	0.49	7.75	0.43	7.71	0.39	7.66	0.34
26	7.94	0.61	7.86	0.54	7.79	0.47	7.75	0.43	7.69	0.37
27	7.99	0.66	7.91	0.58	7.83	0.51	7.78	0.46	7.72	0.40
28	8.04	0.72	7.95	0.63	7.86	0.54	7.82	0.50	7.76	0.44
29	8.09	0.77	8.00	0.67	7.90	0.58	7.85	0.53	7.79	0.47
30	8.14	0.82	8.04	0.72	7.94	0.62	7.89	0.57	7.82	0.50
31	8.21	0.89	8.10	0.78	7.99	0.67	7.94	0.62	7.86	0.54
32	8.28	0.96	8.16	0.84	8.05	0.73	7.99	0.67	7.91	0.58
33	8.36	1.03	8.23	0.91	8.10	0.78	8.04	0.72	7.95	0.63
34	8.43	1.10	8.29	0.97	8.16	0.84	8.09	0.77	8.00	0.67
35	8.50	1.17	8.35	1.03	8.21	0.89	8.14	0.82	8.04	0.71
36	8.59	1.26	8.43	1.11	8.28	0.96	8.21	0.88	8.10	0.77
37	8.68	1.36	8.51	1.19	8.35	1.03	8.27	0.95	8.15	0.83
38	8.78	1.45	8.60	1.28	8.43	1.10	8.34	1.01	8.21	0.88
39	8.87	1.55	8.68	1.36	8.50	1.17	8.40	1.08	8.26	0.94
40	8.96	1.64	8.76	1.44	8.57	1.24	8.47	1.14	8.32	1.00
41	9.08	1.76	8.86	1.54	8.66	1.33	8.55	1.22	8.39	1.07
42	9.20	1.88	8.96	1.64	8.75	1.42	8.63	1.30	8.46	1.14
43	9.31	1.99	9.07	1.75	8.83	1.51	8.71	1.39	8.54	1.21
44	9.43	2.11	9.17	1.85	8.92	1.60	8.79	1.47	8.61	1.28
45	9.55	2.23	9.27	1.95	9.01	1.69	8.87	1.55	8.68	1.35
46	9.70	2.38	9.40	2.08	9.12	1.80	8.97	1.65	8.77	1.44
47	9.84	2.52	9.53	2.20	9.23	1.91	9.07	1.75	8.86	1.53
48	9.99	2.67	9.65	2.33	9.35	2.02	9.18	1.86	8.94	1.62
49	10.13	2.81	9.78	2.45	9.46	2.13	9.28	1.96	9.03	1.71
50	10.28	2.96	9.91	2.58	9.57	2.24	9.38	2.06	9.12	1.80
51	10.48	3.15	10.08	2.75	9.71	2.39	9.52	2.20	9.24	1.92
52	10.67	3.35	10.25	2.92	9.86	2.53	9.66	2.33	9.36	2.04
53	10.87	3.54	10.42	3.09	10.00	2.68	9.79	2.47	9.48	2.15
54	11.06	3.74	10.59	3.26	10.15	2.82	9.93	2.60	9.60	2.27
55	11.26	3.93	10.76	3.43	10.29	2.97	10.07	2.74	9.72	2.39
56	11.57	4.24	11.02	3.69	10.52	3.20	10.28	2.95	9.90	2.57
57	11.88	4.55	11.28	3.95	10.76	3.43	10.49	3.16	10.08	2.75
58	12.19	4.86	11.54	4.21	10.99	3.67	10.69	3.36	10.27	2.93
59	12.50	5.17	11.80	4.47	11.23	3.90	10.90	3.57	10.45	3.11
60	12.81	5.48	12.06	4.73	11.46	4.13	11.11	3.78	10.63	3.29
61	13.31	5.92	12.50	5.11	11.85	4.46	11.47	4.08	10.95	3.55
62	13.81	6.37	12.93	5.49	12.23	4.79	11.83	4.38	11.26	3.81
63	14.32	6.81	13.37	5.86	12.62	5.11	12.19	4.69	11.58	4.07
64	14.82	7.26	13.80	6.24	13.00	5.44	12.55	4.99	11.89	4.33
65	15.32	7.70	14.24	6.62	13.39	5.77	12.91	5.29	12.21	4.59
66	16.24	8.61	15.03	7.41	14.08	6.46	13.54	5.92	12.75	5.13
67	17.15	9.52	15.82	8.19	14.77	7.14	14.17	6.55	13.30	5.67
68	18.07	10.44	16.61	8.98	15.45	7.83	14.81	7.17	13.84	6.21
69	18.98	11.35	17.40	9.76	16.14	8.51	15.44	7.80	14.39	6.75
70	19.90	12.26	18.19	10.55	16.83	9.20	16.07	8.43	14.93	7.29
71	21.41	13.76	19.50	11.85	17.97	10.33	17.12	9.47	15.82	8.18
72	22.92	15.27	20.80	13.15	19.11	11.46	18.17	10.51	16.72	9.06
73	24.44	16.77	22.11	14.44	20.26	12.60	19.21	11.55	17.61	9.95
74	25.95	18.28	23.41	15.74	21.40	13.73	20.26	12.59	18.51	10.83
75	27.46	19.78	24.72	17.04	22.54	14.86	21.31	13.63	19.40	11.72
76	29.83	22.15	26.76	19.08	24.32	16.64	22.95	15.27	20.81	13.13
77	32.21	24.53	28.81	21.13	26.11	18.43	24.58	16.90	22.21	14.53
78	34.58	26.90	30.85	23.17	27.89	20.21	26.22	18.54	23.62	15.94
79	36.96	29.28	32.90	25.22	29.68	22.00	27.85	20.17	25.02	17.34
80	N/A	31.65	N/A	27.26	N/A	23.78	N/A	21.81	N/A	18.75
81	N/A	34.62	N/A	29.82	N/A	26.01	N/A	23.85	N/A	20.51
82	N/A	37.58	N/A	32.37	N/A	28.24	N/A	25.90	N/A	22.27
83	N/A	40.55	N/A	34.93	N/A	30.46	N/A	27.94	N/A	24.02
84	N/A	43.51	N/A	37.48	N/A	32.69	N/A	29.99	N/A	25.78
85	N/A	46.48	N/A	40.04	N/A	34.92	N/A	32.03	N/A	27.54
86	N/A	49.45	N/A	42.60	N/A	37.15	N/A	34.07	N/A	29.30
87	N/A	52.42	N/A	45.15	N/A	39.38	N/A	36.12	N/A	31.06
88	N/A	55.38	N/A	47.71	N/A	41.61	N/A	38.16	N/A	32.81
89	N/A	58.35	N/A	50.26	N/A	43.84	N/A	40.21	N/A	34.57
90	N/A	61.32	N/A	52.82	N/A	46.07	N/A	42.25	N/A	36.33
91	N/A	62.51	N/A	53.84	N/A	46.96	N/A	43.07	N/A	37.03
92	N/A	63.69	N/A	54.87	N/A	47.85	N/A	43.89	N/A	37.74
93	N/A	64.88	N/A	55.89	N/A	48.74	N/A	44.70	N/A	38.44
94	N/A	66.06	N/A	56.92	N/A	49.63	N/A	45.52	N/A	39.15
95	N/A	67.25	N/A	57.94	N/A	50.52	N/A	46.34	N/A	39.85
96	N/A	67.65	N/A	58.28	N/A	50.82	N/A	46.61	N/A	40.08
97	N/A	68.04	N/A	58.62	N/A	51.12	N/A	46.89	N/A	40.32
98	N/A	68.44	N/A	58.96	N/A	51.41	N/A	47.16	N/A	40.55
99	N/A	68.83	N/A	59.30	N/A	51.71	N/A	47.44	N/A	40.79
100	N/A	69.23	N/A	59.64	N/A	52.01	N/A	47.71	N/A	41.02

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.10	0.78	8.00	0.68	7.92	0.60	7.86	0.54	7.80	0.48
26	8.17	0.85	8.06	0.74	7.97	0.65	7.91	0.59	7.84	0.52
27	8.24	0.92	8.12	0.80	8.03	0.70	7.96	0.64	7.89	0.56
28	8.31	0.99	8.18	0.86	8.08	0.76	8.01	0.68	7.93	0.61
29	8.38	1.06	8.24	0.92	8.14	0.81	8.06	0.73	7.98	0.65
30	8.45	1.13	8.30	0.98	8.19	0.86	8.11	0.78	8.02	0.69
31	8.55	1.23	8.39	1.06	8.26	0.94	8.18	0.85	8.08	0.75
32	8.65	1.33	8.47	1.15	8.34	1.01	8.25	0.92	8.14	0.81
33	8.74	1.42	8.56	1.23	8.41	1.09	8.31	0.98	8.20	0.87
34	8.84	1.52	8.64	1.32	8.49	1.16	8.38	1.05	8.26	0.93
35	8.94	1.62	8.73	1.40	8.56	1.24	8.45	1.12	8.32	0.99
36	9.07	1.75	8.84	1.51	8.66	1.34	8.54	1.21	8.40	1.07
37	9.19	1.87	8.95	1.62	8.75	1.43	8.63	1.30	8.48	1.15
38	9.32	2.00	9.05	1.73	8.85	1.53	8.71	1.38	8.55	1.22
39	9.44	2.12	9.16	1.84	8.94	1.62	8.80	1.47	8.63	1.30
40	9.57	2.25	9.27	1.95	9.04	1.72	8.89	1.56	8.71	1.38
41	9.73	2.41	9.41	2.09	9.16	1.84	9.00	1.67	8.81	1.48
42	9.89	2.56	9.55	2.22	9.28	1.96	9.11	1.78	8.90	1.58
43	10.04	2.72	9.68	2.36	9.41	2.08	9.22	1.89	9.00	1.67
44	10.20	2.87	9.82	2.49	9.53	2.20	9.33	2.00	9.09	1.77
45	10.36	3.03	9.96	2.63	9.65	2.32	9.44	2.11	9.19	1.87
46	10.55	3.23	10.13	2.80	9.80	2.47	9.58	2.25	9.31	1.99
47	10.75	3.42	10.30	2.97	9.95	2.62	9.71	2.39	9.43	2.11
48	10.94	3.62	10.47	3.14	10.09	2.77	9.85	2.52	9.55	2.22
49	11.14	3.81	10.64	3.31	10.24	2.92	9.98	2.66	9.67	2.34
50	11.33	4.01	10.81	3.48	10.39	3.07	10.12	2.80	9.79	2.46
51	11.59	4.27	11.04	3.71	10.59	3.27	10.30	2.98	9.95	2.62
52	11.86	4.53	11.27	3.94	10.79	3.47	10.49	3.16	10.11	2.78
53	12.12	4.80	11.49	4.16	10.98	3.66	10.67	3.35	10.26	2.93
54	12.39	5.06	11.72	4.39	11.18	3.86	10.86	3.53	10.42	3.09
55	12.65	5.32	11.95	4.62	11.38	4.06	11.04	3.71	10.58	3.25
56	13.05	5.72	12.30	4.97	11.68	4.36	11.32	3.99	10.82	3.49
57	13.45	6.12	12.64	5.31	11.98	4.66	11.60	4.27	11.07	3.74
58	13.84	6.51	12.99	5.66	12.29	4.96	11.88	4.54	11.31	3.98
59	14.24	6.91	13.33	6.00	12.59	5.26	12.16	4.82	11.56	4.23
60	14.64	7.31	13.68	6.35	12.89	5.56	12.44	5.10	11.80	4.47
61	15.28	7.89	14.24	6.85	13.39	6.00	12.90	5.50	12.21	4.82
62	15.91	8.47	14.80	7.36	13.88	6.44	13.36	5.91	12.62	5.18
63	16.55	9.04	15.36	7.86	14.38	6.88	13.82	6.31	13.04	5.53
64	17.18	9.62	15.92	8.37	14.87	7.32	14.28	6.72	13.45	5.89
65	17.82	10.20	16.48	8.87	15.37	7.76	14.74	7.12	13.86	6.24
66	19.03	11.40	17.53	9.92	16.29	8.67	15.58	7.96	14.60	6.98
67	20.24	12.61	18.58	10.96	17.21	9.59	16.42	8.80	15.35	7.72
68	21.44	13.81	19.64	12.01	18.13	10.50	17.27	9.63	16.09	8.47
69	22.65	15.02	20.69	13.05	19.05	11.42	18.11	10.47	16.84	9.21
70	23.86	16.22	21.74	14.10	19.97	12.33	18.95	11.31	17.58	9.95
71	25.84	18.20	23.46	15.82	21.48	13.83	20.33	12.68	18.81	11.17
72	27.83	20.17	25.19	17.53	22.99	15.33	21.71	14.06	20.04	12.39
73	29.81	22.15	26.91	19.25	24.49	16.83	23.10	15.43	21.27	13.61
74	31.80	24.12	28.64	20.96	26.00	18.33	24.48	16.81	22.50	14.83
75	33.78	26.10	30.36	22.68	27.51	19.83	25.86	18.18	23.73	16.05
76	36.91	29.23	33.08	25.40	29.89	22.21	28.04	20.36	25.66	17.98
77	40.04	32.36	35.80	28.12	32.27	24.59	30.22	22.54	27.58	19.90
78	43.18	35.50	38.53	30.85	34.65	26.97	32.41	24.73	29.51	21.83
79	46.31	38.63	41.25	33.57	37.03	29.35	34.59	26.91	31.43	23.75
80	N/A	41.76	N/A	36.29	N/A	31.73	N/A	29.09	N/A	25.68
81	N/A	45.68	N/A	39.69	N/A	34.70	N/A	31.82	N/A	28.09
82	N/A	49.59	N/A	43.09	N/A	37.68	N/A	34.54	N/A	30.50
83	N/A	53.51	N/A	46.50	N/A	40.65	N/A	37.27	N/A	32.90
84	N/A	57.42	N/A	49.90	N/A	43.63	N/A	39.99	N/A	35.31
85	N/A	61.34	N/A	53.30	N/A	46.60	N/A	42.72	N/A	37.72
86	N/A	65.25	N/A	56.70	N/A	49.57	N/A	45.45	N/A	40.13
87	N/A	69.17	N/A	60.10	N/A	52.55	N/A	48.18	N/A	42.54
88	N/A	73.08	N/A	63.51	N/A	55.52	N/A	50.90	N/A	44.94
89	N/A	77.00	N/A	66.91	N/A	58.50	N/A	53.63	N/A	47.35
90	N/A	80.91	N/A	70.31	N/A	61.47	N/A	56.36	N/A	49.76
91	N/A	82.48	N/A	71.67	N/A	62.66	N/A	57.45	N/A	50.72
92	N/A	84.04	N/A	73.03	N/A	63.85	N/A	58.54	N/A	51.68
93	N/A	85.61	N/A	74.39	N/A	65.04	N/A	59.63	N/A	52.65
94	N/A	87.17	N/A	75.75	N/A	66.23	N/A	60.72	N/A	53.61
95	N/A	88.74	N/A	77.11	N/A	67.42	N/A	61.81	N/A	54.57
96	N/A	89.26	N/A	77.56	N/A	67.82	N/A	62.17	N/A	54.89
97	N/A	89.78	N/A	78.02	N/A	68.22	N/A	62.54	N/A	55.21
98	N/A	90.31	N/A	78.47	N/A	68.61	N/A	62.90	N/A	55.54
99	N/A	90.83	N/A	78.93	N/A	69.01	N/A	63.27	N/A	55.86
100	N/A	91.35	N/A	79.38	N/A	69.41	N/A	63.63	N/A	56.18

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.22	0.89	8.10	0.78	8.01	0.69	7.95	0.62	7.88	0.54
26	8.30	0.97	8.17	0.85	8.07	0.75	8.01	0.68	7.93	0.59
27	8.38	1.05	8.24	0.92	8.13	0.81	8.06	0.73	7.97	0.64
28	8.46	1.14	8.31	0.99	8.20	0.87	8.12	0.79	8.02	0.68
29	8.54	1.22	8.38	1.06	8.26	0.93	8.17	0.84	8.06	0.73
30	8.62	1.30	8.45	1.13	8.32	0.99	8.23	0.90	8.11	0.78
31	8.73	1.41	8.55	1.23	8.40	1.08	8.31	0.98	8.18	0.85
32	8.84	1.52	8.65	1.32	8.49	1.16	8.39	1.06	8.25	0.92
33	8.96	1.63	8.74	1.42	8.57	1.25	8.46	1.13	8.31	0.98
34	9.07	1.74	8.84	1.51	8.66	1.33	8.54	1.21	8.38	1.05
35	9.18	1.85	8.94	1.61	8.74	1.42	8.62	1.29	8.45	1.12
36	9.33	2.00	9.07	1.74	8.85	1.53	8.72	1.39	8.54	1.21
37	9.47	2.14	9.19	1.86	8.96	1.64	8.82	1.49	8.63	1.30
38	9.62	2.29	9.32	1.99	9.08	1.75	8.93	1.60	8.71	1.38
39	9.76	2.43	9.44	2.11	9.19	1.86	9.03	1.70	8.80	1.47
40	9.91	2.58	9.57	2.24	9.30	1.97	9.13	1.80	8.89	1.56
41	10.09	2.76	9.73	2.40	9.44	2.11	9.26	1.93	9.00	1.67
42	10.28	2.95	9.88	2.56	9.58	2.25	9.39	2.06	9.11	1.78
43	10.46	3.13	10.04	2.71	9.71	2.38	9.51	2.19	9.22	1.90
44	10.65	3.32	10.19	2.87	9.85	2.52	9.64	2.32	9.33	2.01
45	10.83	3.50	10.35	3.03	9.99	2.66	9.77	2.45	9.44	2.12
46	11.06	3.73	10.55	3.22	10.16	2.83	9.93	2.61	9.58	2.26
47	11.29	3.96	10.74	3.42	10.33	3.00	10.09	2.77	9.72	2.39
48	11.51	4.18	10.94	3.61	10.50	3.18	10.25	2.92	9.85	2.53
49	11.74	4.41	11.13	3.81	10.67	3.35	10.41	3.08	9.99	2.66
50	11.97	4.64	11.33	4.00	10.84	3.52	10.57	3.24	10.13	2.80
51	12.27	4.94	11.59	4.26	11.07	3.75	10.78	3.45	10.31	2.99
52	12.57	5.25	11.85	4.52	11.30	3.98	10.99	3.66	10.50	3.17
53	12.88	5.55	12.12	4.79	11.53	4.20	11.20	3.88	10.68	3.36
54	13.18	5.86	12.38	5.05	11.76	4.43	11.41	4.09	10.87	3.54
55	13.48	6.16	12.64	5.31	11.99	4.66	11.62	4.30	11.05	3.73
56	13.94	6.62	13.04	5.71	12.34	5.01	11.94	4.62	11.33	4.01
57	14.41	7.08	13.44	6.11	12.69	5.36	12.26	4.94	11.62	4.29
58	14.87	7.55	13.84	6.51	13.03	5.70	12.59	5.26	11.90	4.57
59	15.34	8.01	14.24	6.91	13.38	6.05	12.91	5.58	12.19	4.85
60	15.80	8.47	14.64	7.31	13.73	6.40	13.23	5.90	12.47	5.13
61	16.53	9.14	15.28	7.89	14.29	6.90	13.75	6.37	12.94	5.54
62	17.26	9.81	15.91	8.47	14.85	7.41	14.28	6.83	13.40	5.95
63	17.98	10.48	16.55	9.04	15.42	7.91	14.80	7.30	13.87	6.36
64	18.71	11.15	17.18	9.62	15.98	8.42	15.33	7.76	14.33	6.77
65	19.44	11.82	17.82	10.20	16.54	8.92	15.85	8.23	14.80	7.18
66	20.83	13.21	19.02	11.40	17.59	9.97	16.82	9.20	15.65	8.03
67	22.22	14.60	20.23	12.60	18.64	11.02	17.79	10.16	16.50	8.88
68	23.61	15.98	21.43	13.80	19.70	12.06	18.76	11.13	17.35	9.72
69	25.00	17.37	22.64	15.00	20.75	13.11	19.73	12.09	18.20	10.57
70	26.39	18.76	23.84	16.20	21.80	14.16	20.70	13.06	19.05	11.42
71	28.67	21.03	25.81	18.16	23.52	15.87	22.29	14.64	20.45	12.81
72	30.94	23.29	27.78	20.12	25.25	17.59	23.87	16.22	21.84	14.19
73	33.22	25.56	29.75	22.09	26.97	19.30	25.46	17.79	23.24	15.58
74	35.49	27.82	31.72	24.05	28.70	21.02	27.04	19.37	24.63	16.96
75	37.77	30.09	33.69	26.01	30.42	22.73	28.63	20.95	26.03	18.35
76	41.38	33.70	36.81	29.13	33.15	25.46	31.14	23.46	28.23	20.55
77	44.99	37.31	39.93	32.25	35.88	28.19	33.66	25.98	30.43	22.75
78	48.60	40.92	43.06	35.38	38.60	30.91	36.17	28.49	32.64	24.96
79	52.21	44.53	46.18	38.50	41.33	33.64	38.69	31.01	34.84	27.16
80	N/A	48.14	N/A	41.62	N/A	36.37	N/A	33.52	N/A	29.36
81	N/A	52.65	N/A	45.52	N/A	39.78	N/A	36.66	N/A	32.11
82	N/A	57.17	N/A	49.42	N/A	43.19	N/A	39.80	N/A	34.86
83	N/A	61.68	N/A	53.32	N/A	46.60	N/A	42.95	N/A	37.62
84	N/A	66.20	N/A	57.22	N/A	50.01	N/A	46.09	N/A	40.37
85	N/A	70.71	N/A	61.12	N/A	53.42	N/A	49.23	N/A	43.12
86	N/A	75.22	N/A	65.02	N/A	56.83	N/A	52.37	N/A	45.87
87	N/A	79.74	N/A	68.92	N/A	60.24	N/A	55.52	N/A	48.63
88	N/A	84.25	N/A	72.83	N/A	63.64	N/A	58.66	N/A	51.38
89	N/A	88.77	N/A	76.73	N/A	67.05	N/A	61.81	N/A	54.14
90	N/A	93.28	N/A	80.63	N/A	70.46	N/A	64.95	N/A	56.89
91	N/A	95.09	N/A	82.19	N/A	71.82	N/A	66.21	N/A	57.99
92	N/A	96.89	N/A	83.75	N/A	73.19	N/A	67.46	N/A	59.09
93	N/A	98.70	N/A	85.31	N/A	74.55	N/A	68.72	N/A	60.19
94	N/A	100.50	N/A	86.87	N/A	75.92	N/A	69.97	N/A	61.29
95	N/A	102.31	N/A	88.43	N/A	77.28	N/A	71.23	N/A	62.39
96	N/A	102.91	N/A	88.95	N/A	77.74	N/A	71.65	N/A	62.76
97	N/A	103.51	N/A	89.47	N/A	78.19	N/A	72.07	N/A	63.13
98	N/A	104.12	N/A	90.00	N/A	78.65	N/A	72.49	N/A	63.49
99	N/A	104.72	N/A	90.52	N/A	79.10	N/A	72.91	N/A	63.86
100	N/A	105.32	N/A	91.04	N/A	79.56	N/A	73.33	N/A	64.23

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.30	0.98	8.18	0.86	8.07	0.75	8.00	0.68	7.92	0.60
26	8.39	1.07	8.26	0.94	8.14	0.82	8.06	0.74	7.97	0.65
27	8.48	1.16	8.33	1.01	8.21	0.89	8.12	0.80	8.03	0.71
28	8.56	1.24	8.41	1.09	8.27	0.95	8.18	0.86	8.08	0.76
29	8.65	1.33	8.48	1.16	8.34	1.02	8.24	0.92	8.14	0.82
30	8.74	1.42	8.56	1.24	8.41	1.09	8.30	0.98	8.19	0.87
31	8.86	1.54	8.67	1.35	8.51	1.18	8.39	1.06	8.27	0.94
32	8.98	1.66	8.78	1.45	8.60	1.28	8.47	1.15	8.34	1.02
33	9.11	1.78	8.88	1.56	8.70	1.37	8.56	1.23	8.42	1.09
34	9.23	1.90	8.99	1.66	8.79	1.47	8.64	1.32	8.49	1.17
35	9.35	2.02	9.10	1.77	8.89	1.56	8.73	1.40	8.57	1.24
36	9.51	2.18	9.24	1.91	9.01	1.68	8.84	1.51	8.67	1.34
37	9.67	2.34	9.38	2.05	9.14	1.81	8.95	1.62	8.76	1.44
38	9.83	2.50	9.51	2.19	9.26	1.93	9.06	1.74	8.86	1.53
39	9.99	2.66	9.65	2.33	9.39	2.06	9.17	1.85	8.95	1.63
40	10.15	2.82	9.79	2.47	9.51	2.18	9.28	1.96	9.05	1.73
41	10.35	3.02	9.97	2.65	9.66	2.34	9.42	2.10	9.17	1.85
42	10.55	3.22	10.15	2.82	9.82	2.49	9.56	2.24	9.30	1.97
43	10.76	3.43	10.32	3.00	9.97	2.65	9.71	2.38	9.42	2.10
44	10.96	3.63	10.50	3.17	10.13	2.80	9.85	2.52	9.55	2.22
45	11.16	3.83	10.68	3.35	10.28	2.96	9.99	2.66	9.67	2.34
46	11.41	4.08	10.90	3.57	10.47	3.15	10.16	2.84	9.82	2.49
47	11.66	4.33	11.12	3.79	10.66	3.33	10.34	3.01	9.97	2.65
48	11.92	4.59	11.33	4.01	10.84	3.52	10.51	3.19	10.13	2.80
49	12.17	4.84	11.55	4.23	11.03	3.70	10.69	3.36	10.28	2.96
50	12.42	5.09	11.77	4.45	11.22	3.89	10.86	3.54	10.43	3.11
51	12.75	5.42	12.06	4.73	11.47	4.14	11.09	3.77	10.64	3.32
52	13.08	5.75	12.34	5.02	11.72	4.39	11.32	4.00	10.85	3.52
53	13.42	6.09	12.63	5.30	11.96	4.64	11.55	4.22	11.05	3.73
54	13.75	6.42	12.91	5.59	12.21	4.89	11.78	4.45	11.26	3.93
55	14.08	6.75	13.20	5.87	12.46	5.14	12.01	4.68	11.47	4.14
56	14.60	7.27	13.65	6.32	12.85	5.53	12.37	5.04	11.78	4.45
57	15.12	7.79	14.10	6.77	13.24	5.92	12.73	5.40	12.09	4.76
58	15.65	8.32	14.55	7.21	13.63	6.30	13.10	5.77	12.41	5.08
59	16.17	8.84	15.00	7.66	14.02	6.69	13.46	6.13	12.72	5.39
60	16.69	9.36	15.45	8.11	14.41	7.08	13.82	6.49	13.03	5.70
61	17.49	10.10	16.15	8.75	15.03	7.64	14.39	7.01	13.53	6.15
62	18.28	10.84	16.85	9.39	15.65	8.20	14.97	7.52	14.04	6.60
63	19.08	11.57	17.54	10.03	16.26	8.77	15.54	8.04	14.54	7.04
64	19.87	12.31	18.24	10.67	16.88	9.33	16.12	8.55	15.05	7.49
65	20.67	13.05	18.94	11.31	17.50	9.89	16.69	9.07	15.55	7.94
66	22.19	14.57	20.26	12.63	18.66	11.05	17.76	10.13	16.48	8.87
67	23.71	16.08	21.58	13.95	19.82	12.21	18.83	11.20	17.42	9.80
68	25.23	17.60	22.90	15.26	20.99	13.36	19.89	12.26	18.35	10.72
69	26.75	19.11	24.22	16.58	22.15	14.52	20.96	13.33	19.29	11.65
70	28.27	20.63	25.54	17.90	23.31	15.68	22.03	14.39	20.22	12.58
71	30.74	23.09	27.68	20.04	25.20	17.56	23.78	16.13	21.75	14.10
72	33.20	25.55	29.83	22.17	27.09	19.44	25.52	17.87	23.28	15.62
73	35.67	28.00	31.97	24.31	28.98	21.32	27.27	19.60	24.81	17.15
74	38.13	30.46	34.12	26.44	30.87	23.20	29.01	21.34	26.34	18.67
75	40.60	32.92	36.26	28.58	32.76	25.08	30.76	23.08	27.87	20.19
76	44.55	36.87	39.69	32.01	35.77	28.09	33.53	25.85	30.29	22.61
77	48.50	40.82	43.12	35.44	38.78	31.10	36.30	28.62	32.71	25.03
78	52.45	44.77	46.55	38.87	41.79	34.11	39.07	31.39	35.14	27.46
79	56.40	48.72	49.98	42.30	44.80	37.12	41.84	34.16	37.56	29.88
80	N/A	52.67	N/A	45.73	N/A	40.13	N/A	36.93	N/A	32.30
81	N/A	57.61	N/A	50.02	N/A	43.89	N/A	40.39	N/A	35.33
82	N/A	62.55	N/A	54.30	N/A	47.65	N/A	43.85	N/A	38.36
83	N/A	67.48	N/A	58.59	N/A	51.42	N/A	47.32	N/A	41.39
84	N/A	72.42	N/A	62.87	N/A	55.18	N/A	50.78	N/A	44.42
85	N/A	77.36	N/A	67.16	N/A	58.94	N/A	54.24	N/A	47.45
86	N/A	82.30	N/A	71.45	N/A	62.70	N/A	57.70	N/A	50.48
87	N/A	87.24	N/A	75.74	N/A	66.46	N/A	61.16	N/A	53.51
88	N/A	92.17	N/A	80.02	N/A	70.23	N/A	64.63	N/A	56.53
89	N/A	97.11	N/A	84.31	N/A	73.99	N/A	68.09	N/A	59.56
90	N/A	102.05	N/A	88.60	N/A	77.75	N/A	71.55	N/A	62.59
91	N/A	104.03	N/A	90.31	N/A	79.25	N/A	72.93	N/A	63.80
92	N/A	106.00	N/A	92.03	N/A	80.76	N/A	74.32	N/A	65.01
93	N/A	107.98	N/A	93.74	N/A	82.26	N/A	75.70	N/A	66.23
94	N/A	109.95	N/A	95.46	N/A	83.77	N/A	77.09	N/A	67.44
95	N/A	111.93	N/A	97.17	N/A	85.27	N/A	78.47	N/A	68.65
96	N/A	112.59	N/A	97.74	N/A	85.77	N/A	78.93	N/A	69.05
97	N/A	113.25	N/A	98.31	N/A	86.27	N/A	79.39	N/A	69.46
98	N/A	113.90	N/A	98.89	N/A	86.78	N/A	79.86	N/A	69.86
99	N/A	114.56	N/A	99.46	N/A	87.28	N/A	80.32	N/A	70.27
100	N/A	115.22	N/A	100.03	N/A	87.78	N/A	80.78	N/A	70.67

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	11.71	4.38	11.14	3.81	10.71	3.38	10.44	3.11	10.05	2.72
46	12.01	4.68	11.39	4.06	10.93	3.60	10.64	3.31	10.23	2.90
47	12.31	4.98	11.65	4.32	11.14	3.82	10.84	3.52	10.40	3.07
48	12.61	5.29	11.90	4.57	11.37	4.04	11.05	3.72	10.57	3.25
49	12.91	5.59	12.16	4.83	11.58	4.26	11.24	3.92	10.75	3.43
50	13.21	5.89	12.41	5.08	11.80	4.48	11.44	4.12	10.92	3.60
51	13.61	6.29	12.74	5.41	12.08	4.76	11.70	4.38	11.15	3.83
52	14.01	6.68	13.07	5.74	12.37	5.05	11.97	4.65	11.38	4.06
53	14.41	7.09	13.41	6.08	12.66	5.34	12.22	4.90	11.60	4.28
54	14.82	7.49	13.74	6.41	12.95	5.63	12.49	5.17	11.83	4.51
55	15.23	7.90	14.07	6.74	13.23	5.91	12.75	5.43	12.05	4.73
56	15.87	8.54	14.63	7.30	13.72	6.39	13.19	5.87	12.43	5.11
57	16.52	9.19	15.20	7.87	14.20	6.88	13.65	6.33	12.81	5.49
58	17.19	9.85	15.78	8.45	14.69	7.36	14.10	6.77	13.21	5.88
59	17.86	10.52	16.36	9.03	15.18	7.86	14.56	7.23	13.60	6.27
60	18.53	11.19	16.95	9.62	15.69	8.36	15.02	7.69	13.98	6.65
61	19.54	12.14	17.82	10.44	16.45	9.07	15.72	8.34	14.59	7.20
62	20.56	13.10	18.71	11.27	17.23	9.79	16.43	8.99	15.21	7.76
63	21.58	14.08	19.62	12.12	18.00	10.50	17.15	9.65	15.82	8.33
64	22.63	15.07	20.52	12.96	18.79	11.23	17.87	10.31	16.44	8.89
65	23.68	16.06	21.43	13.82	19.58	11.97	18.59	10.98	17.06	9.45
66	25.76	18.14	23.23	15.62	21.14	13.53	20.02	12.40	18.29	10.68
67	27.90	20.27	25.08	17.46	22.73	15.11	21.48	13.86	19.56	11.94
68	30.07	22.44	26.95	19.32	24.36	16.74	22.97	15.34	20.84	13.22
69	32.28	24.64	28.87	21.23	26.01	18.38	24.49	16.86	22.16	14.53
70	34.53	26.89	30.81	23.17	27.69	20.06	26.03	18.39	23.49	15.86
71	38.06	30.41	33.85	26.20	30.32	22.68	28.43	20.78	25.56	17.92
72	41.65	33.99	36.95	29.30	33.00	25.35	30.87	23.21	27.67	20.02
73	45.30	37.64	40.11	32.44	35.73	28.06	33.36	25.70	29.82	22.16
74	49.03	41.36	43.31	35.64	38.50	30.82	35.90	28.23	32.01	24.34
75	52.82	45.14	46.59	38.91	41.33	33.64	38.48	30.80	34.24	26.56
76	58.24	50.56	51.26	43.58	45.37	37.68	42.18	34.50	37.43	29.75
77	63.65	55.97	55.93	48.25	49.40	41.71	45.87	38.19	40.62	32.94
78	69.07	61.39	60.60	52.92	53.44	45.75	49.57	41.89	43.80	36.12
79	74.48	66.80	65.27	57.59	57.47	49.78	53.26	45.58	46.99	39.31
80	N/A	72.22	N/A	62.26	N/A	53.82	N/A	49.28	N/A	42.50
81	N/A	78.99	N/A	68.10	N/A	58.87	N/A	53.90	N/A	46.48
82	N/A	85.76	N/A	73.93	N/A	63.91	N/A	58.52	N/A	50.47
83	N/A	92.54	N/A	79.77	N/A	68.96	N/A	63.14	N/A	54.45
84	N/A	99.31	N/A	85.60	N/A	74.00	N/A	67.76	N/A	58.44
85	N/A	106.08	N/A	91.44	N/A	79.05	N/A	72.38	N/A	62.42
86	N/A	112.85	N/A	97.28	N/A	84.10	N/A	77.00	N/A	66.40
87	N/A	119.62	N/A	103.11	N/A	89.14	N/A	81.62	N/A	70.39
88	N/A	126.39	N/A	108.95	N/A	94.19	N/A	86.24	N/A	74.37
89	N/A	133.16	N/A	114.78	N/A	99.23	N/A	90.86	N/A	78.36
90	N/A	139.93	N/A	120.62	N/A	104.28	N/A	95.48	N/A	82.34
91	N/A	142.64	N/A	122.95	N/A	106.30	N/A	97.33	N/A	83.93
92	N/A	145.35	N/A	125.29	N/A	108.32	N/A	99.18	N/A	85.52
93	N/A	148.06	N/A	127.62	N/A	110.34	N/A	101.02	N/A	87.12
94	N/A	150.77	N/A	129.96	N/A	112.36	N/A	102.87	N/A	88.71
95	N/A	153.48	N/A	132.29	N/A	114.38	N/A	104.72	N/A	90.30
96	N/A	154.38	N/A	133.07	N/A	115.05	N/A	105.34	N/A	90.83
97	N/A	155.28	N/A	133.85	N/A	115.72	N/A	105.95	N/A	91.36
98	N/A	156.19	N/A	134.63	N/A	116.40	N/A	106.57	N/A	91.90
99	N/A	157.09	N/A	135.41	N/A	117.07	N/A	107.18	N/A	92.43
100	N/A	157.99	N/A	136.19	N/A	117.74	N/A	107.80	N/A	92.96

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.08	0.29	4.04	0.25	4.01	0.22	3.99	0.20	3.96	0.18
26	4.11	0.32	4.06	0.28	4.03	0.24	4.01	0.22	3.98	0.19
27	4.13	0.34	4.09	0.30	4.05	0.26	4.02	0.24	3.99	0.21
28	4.16	0.37	4.11	0.33	4.06	0.28	4.04	0.26	4.01	0.23
29	4.18	0.40	4.14	0.35	4.08	0.30	4.06	0.27	4.03	0.24
30	4.21	0.42	4.16	0.37	4.11	0.32	4.08	0.29	4.04	0.26
31	4.25	0.46	4.19	0.40	4.13	0.35	4.11	0.32	4.06	0.28
32	4.28	0.50	4.22	0.43	4.16	0.38	4.13	0.35	4.09	0.30
33	4.32	0.53	4.26	0.47	4.19	0.40	4.16	0.37	4.11	0.33
34	4.36	0.57	4.29	0.50	4.22	0.43	4.18	0.40	4.14	0.35
35	4.40	0.60	4.32	0.53	4.25	0.46	4.21	0.42	4.16	0.37
36	4.44	0.65	4.36	0.57	4.28	0.50	4.25	0.46	4.19	0.40
37	4.49	0.70	4.40	0.62	4.32	0.53	4.28	0.49	4.21	0.43
38	4.54	0.75	4.45	0.66	4.36	0.57	4.31	0.52	4.25	0.46
39	4.59	0.80	4.49	0.70	4.40	0.60	4.34	0.56	4.27	0.49
40	4.63	0.85	4.53	0.74	4.43	0.64	4.38	0.59	4.30	0.52
41	4.69	0.91	4.58	0.80	4.48	0.69	4.42	0.63	4.34	0.55
42	4.76	0.97	4.63	0.85	4.52	0.73	4.46	0.67	4.37	0.59
43	4.81	1.03	4.69	0.90	4.57	0.78	4.50	0.72	4.42	0.63
44	4.88	1.09	4.74	0.96	4.61	0.83	4.54	0.76	4.45	0.66
45	4.94	1.15	4.79	1.01	4.66	0.87	4.59	0.80	4.49	0.70
46	5.02	1.23	4.86	1.08	4.72	0.93	4.64	0.85	4.53	0.74
47	5.09	1.30	4.93	1.14	4.77	0.99	4.69	0.90	4.58	0.79
48	5.17	1.38	4.99	1.20	4.83	1.04	4.75	0.96	4.62	0.84
49	5.24	1.45	5.06	1.27	4.89	1.10	4.80	1.01	4.67	0.88
50	5.32	1.53	5.12	1.33	4.95	1.16	4.85	1.07	4.72	0.93
51	5.42	1.63	5.21	1.42	5.02	1.24	4.92	1.14	4.78	0.99
52	5.52	1.73	5.30	1.51	5.10	1.31	4.99	1.20	4.84	1.05
53	5.62	1.83	5.39	1.60	5.17	1.39	5.06	1.28	4.90	1.11
54	5.72	1.93	5.48	1.69	5.25	1.46	5.13	1.34	4.96	1.17
55	5.82	2.03	5.56	1.77	5.32	1.54	5.21	1.42	5.03	1.24
56	5.98	2.19	5.70	1.91	5.44	1.65	5.31	1.52	5.12	1.33
57	6.14	2.35	5.83	2.04	5.56	1.77	5.42	1.63	5.21	1.42
58	6.30	2.51	5.96	2.17	5.68	1.90	5.52	1.74	5.30	1.51
59	6.45	2.67	6.08	2.30	5.79	2.01	5.62	1.84	5.39	1.60
60	6.58	2.82	6.20	2.43	5.89	2.12	5.71	1.94	5.46	1.69
61	6.81	3.03	6.40	2.61	6.06	2.28	5.87	2.09	5.60	1.82
62	7.01	3.23	6.57	2.79	6.21	2.43	6.01	2.22	5.72	1.93
63	7.19	3.42	6.72	2.94	6.34	2.57	6.12	2.36	5.82	2.04
64	7.34	3.60	6.83	3.09	6.44	2.69	6.22	2.47	5.89	2.14
65	7.47	3.75	6.94	3.23	6.53	2.81	6.29	2.58	5.95	2.24
66	7.77	4.12	7.19	3.54	6.73	3.09	6.48	2.83	6.10	2.45
67	8.01	4.45	7.39	3.83	6.90	3.33	6.62	3.06	6.21	2.65
68	8.23	4.75	7.56	4.09	7.03	3.56	6.74	3.26	6.30	2.83
69	8.38	5.01	7.68	4.31	7.13	3.76	6.82	3.44	6.35	2.98
70	8.48	5.22	7.75	4.49	7.17	3.92	6.84	3.59	6.36	3.11
71	8.78	5.64	7.99	4.86	7.37	4.24	7.02	3.88	6.49	3.35
72	9.00	5.99	8.16	5.16	7.50	4.50	7.13	4.12	6.56	3.56
73	9.16	6.29	8.29	5.41	7.60	4.72	7.20	4.33	6.60	3.73
74	9.28	6.54	8.37	5.63	7.65	4.91	7.25	4.50	6.62	3.87
75	9.47	6.82	8.53	5.88	7.78	5.13	7.35	4.70	6.69	4.04
76	9.61	7.14	8.62	6.15	7.84	5.36	7.39	4.92	6.71	4.23
77	9.79	7.46	8.76	6.42	7.94	5.60	7.47	5.14	6.75	4.42
78	9.90	7.70	8.84	6.64	7.99	5.79	7.51	5.31	6.76	4.57
79	9.91	7.85	8.82	6.76	7.96	5.90	7.47	5.41	6.71	4.65
80	N/A	7.91	N/A	6.82	N/A	5.95	N/A	5.45	N/A	4.69
81	N/A	8.66	N/A	7.46	N/A	6.50	N/A	5.96	N/A	5.13
82	N/A	9.40	N/A	8.09	N/A	7.06	N/A	6.48	N/A	5.57
83	N/A	10.14	N/A	8.73	N/A	7.62	N/A	6.99	N/A	6.01
84	N/A	10.88	N/A	9.37	N/A	8.17	N/A	7.50	N/A	6.45
85	N/A	11.62	N/A	10.01	N/A	8.73	N/A	8.01	N/A	6.89
86	N/A	12.36	N/A	10.65	N/A	9.29	N/A	8.52	N/A	7.33
87	N/A	13.11	N/A	11.29	N/A	9.85	N/A	9.03	N/A	7.77
88	N/A	13.85	N/A	11.93	N/A	10.40	N/A	9.54	N/A	8.20
89	N/A	14.59	N/A	12.57	N/A	10.96	N/A	10.05	N/A	8.64
90	N/A	15.33	N/A	13.21	N/A	11.52	N/A	10.56	N/A	9.08
91	N/A	15.63	N/A	13.46	N/A	11.74	N/A	10.77	N/A	9.26
92	N/A	15.92	N/A	13.72	N/A	11.96	N/A	10.97	N/A	9.44
93	N/A	16.22	N/A	13.97	N/A	12.19	N/A	11.18	N/A	9.61
94	N/A	16.52	N/A	14.23	N/A	12.41	N/A	11.38	N/A	9.79
95	N/A	16.81	N/A	14.49	N/A	12.63	N/A	11.59	N/A	9.96
96	N/A	16.91	N/A	14.57	N/A	12.71	N/A	11.65	N/A	10.02
97	N/A	17.01	N/A	14.66	N/A	12.78	N/A	11.72	N/A	10.08
98	N/A	17.11	N/A	14.74	N/A	12.85	N/A	11.79	N/A	10.14
99	N/A	17.21	N/A	14.83	N/A	12.93	N/A	11.86	N/A	10.20
100	N/A	17.31	N/A	14.91	N/A	13.00	N/A	11.93	N/A	10.26

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.19	0.40	4.14	0.35	4.10	0.31	4.06	0.28	4.03	0.25
26	4.22	0.44	4.17	0.38	4.12	0.34	4.09	0.31	4.05	0.27
27	4.26	0.48	4.20	0.41	4.15	0.36	4.12	0.33	4.08	0.29
28	4.30	0.51	4.23	0.44	4.18	0.39	4.14	0.35	4.10	0.32
29	4.33	0.55	4.26	0.48	4.21	0.42	4.17	0.38	4.13	0.34
30	4.37	0.58	4.29	0.51	4.23	0.44	4.19	0.40	4.15	0.36
31	4.42	0.64	4.34	0.55	4.27	0.49	4.23	0.44	4.18	0.39
32	4.47	0.69	4.38	0.59	4.31	0.52	4.27	0.48	4.21	0.42
33	4.52	0.73	4.43	0.64	4.35	0.56	4.30	0.51	4.24	0.45
34	4.57	0.79	4.47	0.68	4.39	0.60	4.33	0.54	4.27	0.48
35	4.62	0.84	4.51	0.72	4.43	0.64	4.37	0.58	4.30	0.51
36	4.69	0.90	4.57	0.78	4.48	0.69	4.42	0.63	4.34	0.55
37	4.75	0.97	4.63	0.84	4.52	0.74	4.46	0.67	4.38	0.59
38	4.82	1.03	4.68	0.89	4.58	0.79	4.50	0.71	4.42	0.63
39	4.88	1.10	4.74	0.95	4.62	0.84	4.55	0.76	4.46	0.67
40	4.95	1.16	4.79	1.01	4.67	0.89	4.60	0.81	4.50	0.71
41	5.03	1.25	4.87	1.08	4.74	0.95	4.65	0.86	4.56	0.77
42	5.11	1.32	4.94	1.15	4.80	1.01	4.71	0.92	4.60	0.82
43	5.19	1.41	5.01	1.22	4.87	1.08	4.77	0.98	4.65	0.86
44	5.27	1.48	5.08	1.29	4.93	1.14	4.82	1.03	4.70	0.92
45	5.36	1.57	5.15	1.36	4.99	1.20	4.88	1.09	4.75	0.97
46	5.46	1.67	5.24	1.45	5.07	1.28	4.95	1.16	4.81	1.03
47	5.56	1.77	5.33	1.54	5.14	1.35	5.02	1.24	4.88	1.09
48	5.66	1.87	5.41	1.62	5.22	1.43	5.09	1.30	4.94	1.15
49	5.76	1.97	5.50	1.71	5.29	1.51	5.16	1.38	5.00	1.21
50	5.86	2.07	5.59	1.80	5.37	1.59	5.23	1.45	5.06	1.27
51	5.99	2.21	5.71	1.92	5.48	1.69	5.33	1.54	5.14	1.35
52	6.13	2.34	5.83	2.04	5.58	1.79	5.42	1.63	5.23	1.44
53	6.27	2.48	5.94	2.15	5.68	1.89	5.52	1.73	5.31	1.51
54	6.41	2.62	6.06	2.27	5.78	2.00	5.62	1.83	5.39	1.60
55	6.54	2.75	6.18	2.39	5.88	2.10	5.71	1.92	5.47	1.68
56	6.75	2.96	6.36	2.57	6.04	2.25	5.85	2.06	5.59	1.80
57	6.95	3.16	6.53	2.74	6.19	2.41	5.99	2.21	5.72	1.93
58	7.15	3.36	6.71	2.92	6.35	2.56	6.14	2.34	5.84	2.06
59	7.34	3.56	6.87	3.09	6.49	2.71	6.27	2.49	5.96	2.18
60	7.52	3.76	7.03	3.26	6.62	2.86	6.39	2.62	6.06	2.30
61	7.82	4.04	7.29	3.50	6.85	3.07	6.60	2.81	6.25	2.47
62	8.08	4.30	7.52	3.74	7.05	3.27	6.78	3.00	6.41	2.63
63	8.31	4.54	7.72	3.95	7.22	3.46	6.94	3.17	6.55	2.78
64	8.51	4.76	7.88	4.14	7.36	3.63	7.07	3.33	6.66	2.92
65	8.69	4.97	8.04	4.33	7.49	3.78	7.19	3.47	6.76	3.04
66	9.10	5.45	8.38	4.74	7.79	4.15	7.45	3.81	6.98	3.34
67	9.45	5.89	8.68	5.12	8.04	4.48	7.67	4.11	7.17	3.61
68	9.76	6.29	8.94	5.47	8.25	4.78	7.86	4.38	7.33	3.86
69	10.00	6.63	9.14	5.76	8.41	5.04	8.00	4.62	7.44	4.07
70	10.16	6.91	9.26	6.01	8.51	5.25	8.07	4.82	7.49	4.24
71	10.59	7.46	9.62	6.49	8.81	5.67	8.33	5.20	7.71	4.58
72	10.92	7.92	9.89	6.88	9.02	6.02	8.52	5.52	7.87	4.86
73	11.18	8.31	10.09	7.22	9.18	6.31	8.66	5.79	7.98	5.10
74	11.38	8.63	10.24	7.50	9.30	6.56	8.76	6.01	8.05	5.30
75	11.65	9.00	10.47	7.82	9.49	6.84	8.92	6.27	8.19	5.54
76	11.89	9.42	10.66	8.18	9.63	7.16	9.04	6.56	8.27	5.79
77	12.17	9.83	10.88	8.55	9.81	7.47	9.18	6.85	8.38	6.05
78	12.37	10.17	11.04	8.84	9.92	7.72	9.28	7.08	8.45	6.25
79	12.42	10.36	11.06	9.00	9.93	7.87	9.27	7.22	8.43	6.37
80	N/A	10.44	N/A	9.07	N/A	7.93	N/A	7.27	N/A	6.42
81	N/A	11.42	N/A	9.92	N/A	8.68	N/A	7.96	N/A	7.02
82	N/A	12.40	N/A	10.77	N/A	9.42	N/A	8.64	N/A	7.63
83	N/A	13.38	N/A	11.63	N/A	10.16	N/A	9.32	N/A	8.23
84	N/A	14.36	N/A	12.48	N/A	10.91	N/A	10.00	N/A	8.83
85	N/A	15.34	N/A	13.33	N/A	11.65	N/A	10.68	N/A	9.43
86	N/A	16.31	N/A	14.18	N/A	12.39	N/A	11.36	N/A	10.03
87	N/A	17.29	N/A	15.03	N/A	13.14	N/A	12.05	N/A	10.64
88	N/A	18.27	N/A	15.88	N/A	13.88	N/A	12.73	N/A	11.24
89	N/A	19.25	N/A	16.73	N/A	14.63	N/A	13.41	N/A	11.84
90	N/A	20.23	N/A	17.58	N/A	15.37	N/A	14.09	N/A	12.44
91	N/A	20.62	N/A	17.92	N/A	15.67	N/A	14.36	N/A	12.68
92	N/A	21.01	N/A	18.26	N/A	15.96	N/A	14.64	N/A	12.92
93	N/A	21.40	N/A	18.60	N/A	16.26	N/A	14.91	N/A	13.16
94	N/A	21.79	N/A	18.94	N/A	16.56	N/A	15.18	N/A	13.40
95	N/A	22.19	N/A	19.28	N/A	16.86	N/A	15.45	N/A	13.64
96	N/A	22.32	N/A	19.39	N/A	16.96	N/A	15.54	N/A	13.72
97	N/A	22.45	N/A	19.51	N/A	17.06	N/A	15.64	N/A	13.80
98	N/A	22.58	N/A	19.62	N/A	17.15	N/A	15.73	N/A	13.89
99	N/A	22.71	N/A	19.73	N/A	17.25	N/A	15.82	N/A	13.97
100	N/A	22.84	N/A	19.85	N/A	17.35	N/A	15.91	N/A	14.05

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.25	0.46	4.19	0.40	4.14	0.36	4.11	0.32	4.07	0.28
26	4.29	0.50	4.22	0.44	4.17	0.39	4.14	0.35	4.10	0.31
27	4.33	0.54	4.26	0.48	4.20	0.42	4.17	0.38	4.12	0.33
28	4.37	0.59	4.30	0.51	4.24	0.45	4.20	0.41	4.15	0.35
29	4.42	0.63	4.33	0.55	4.27	0.48	4.22	0.43	4.17	0.38
30	4.46	0.67	4.37	0.58	4.30	0.51	4.26	0.47	4.19	0.40
31	4.51	0.73	4.42	0.64	4.34	0.56	4.30	0.51	4.23	0.44
32	4.57	0.79	4.47	0.68	4.39	0.60	4.34	0.55	4.27	0.48
33	4.63	0.84	4.52	0.73	4.43	0.65	4.37	0.58	4.30	0.51
34	4.69	0.90	4.57	0.78	4.48	0.69	4.42	0.63	4.33	0.54
35	4.75	0.96	4.62	0.83	4.52	0.73	4.46	0.67	4.37	0.58
36	4.82	1.03	4.69	0.90	4.58	0.79	4.51	0.72	4.42	0.63
37	4.90	1.11	4.75	0.96	4.63	0.85	4.56	0.77	4.46	0.67
38	4.97	1.18	4.82	1.03	4.69	0.90	4.62	0.83	4.50	0.71
39	5.05	1.26	4.88	1.09	4.75	0.96	4.67	0.88	4.55	0.76
40	5.12	1.33	4.95	1.16	4.81	1.02	4.72	0.93	4.60	0.81
41	5.22	1.43	5.03	1.24	4.88	1.09	4.79	1.00	4.65	0.86
42	5.32	1.53	5.11	1.32	4.95	1.16	4.86	1.07	4.71	0.92
43	5.41	1.62	5.19	1.40	5.02	1.23	4.92	1.13	4.77	0.98
44	5.51	1.72	5.27	1.48	5.09	1.30	4.98	1.20	4.82	1.04
45	5.60	1.81	5.35	1.57	5.17	1.38	5.05	1.27	4.88	1.10
46	5.72	1.93	5.46	1.66	5.25	1.46	5.13	1.35	4.95	1.17
47	5.84	2.05	5.55	1.77	5.34	1.55	5.22	1.43	5.03	1.24
48	5.95	2.16	5.66	1.87	5.43	1.64	5.30	1.51	5.09	1.31
49	6.07	2.28	5.75	1.97	5.52	1.73	5.38	1.59	5.17	1.38
50	6.19	2.40	5.86	2.07	5.60	1.82	5.47	1.68	5.24	1.45
51	6.34	2.55	5.99	2.20	5.72	1.94	5.57	1.78	5.33	1.55
52	6.50	2.71	6.13	2.34	5.84	2.06	5.68	1.89	5.43	1.64
53	6.66	2.87	6.27	2.48	5.96	2.17	5.79	2.01	5.52	1.74
54	6.81	3.03	6.40	2.61	6.08	2.29	5.90	2.11	5.62	1.83
55	6.97	3.19	6.54	2.75	6.20	2.41	6.01	2.22	5.71	1.93
56	7.21	3.42	6.74	2.95	6.38	2.59	6.17	2.39	5.86	2.07
57	7.45	3.66	6.94	3.16	6.56	2.77	6.33	2.55	6.00	2.22
58	7.68	3.90	7.15	3.36	6.73	2.94	6.50	2.72	6.15	2.36
59	7.91	4.13	7.34	3.56	6.90	3.12	6.66	2.88	6.29	2.50
60	8.12	4.35	7.52	3.76	7.06	3.29	6.80	3.03	6.41	2.64
61	8.46	4.68	7.82	4.04	7.31	3.53	7.03	3.26	6.62	2.83
62	8.76	4.98	8.08	4.30	7.54	3.76	7.25	3.47	6.80	3.02
63	9.03	5.26	8.31	4.54	7.75	3.97	7.43	3.67	6.97	3.20
64	9.27	5.52	8.51	4.76	7.91	4.17	7.59	3.84	7.10	3.35
65	9.48	5.76	8.69	4.97	8.07	4.35	7.73	4.01	7.22	3.50
66	9.96	6.32	9.10	5.45	8.41	4.77	8.04	4.40	7.48	3.84
67	10.38	6.82	9.45	5.88	8.71	5.15	8.31	4.75	7.71	4.15
68	10.75	7.28	9.76	6.28	8.97	5.49	8.54	5.07	7.90	4.43
69	11.04	7.67	10.00	6.62	9.16	5.79	8.71	5.34	8.04	4.67
70	11.24	7.99	10.15	6.90	9.29	6.03	8.82	5.56	8.11	4.86
71	11.75	8.62	10.58	7.45	9.64	6.51	9.14	6.00	8.38	5.25
72	12.14	9.14	10.90	7.90	9.91	6.90	9.37	6.37	8.57	5.57
73	12.46	9.58	11.16	8.28	10.11	7.24	9.55	6.67	8.71	5.84
74	12.70	9.95	11.35	8.60	10.27	7.52	9.67	6.93	8.81	6.07
75	13.03	10.38	11.62	8.97	10.49	7.84	9.88	7.23	8.98	6.33
76	13.33	10.86	11.86	9.39	10.68	8.20	10.03	7.56	9.10	6.62
77	13.67	11.34	12.14	9.80	10.90	8.57	10.23	7.90	9.25	6.91
78	13.92	11.72	12.33	10.13	11.06	8.85	10.36	8.16	9.35	7.15
79	14.00	11.94	12.38	10.32	11.08	9.02	10.37	8.31	9.34	7.28
80	N/A	12.04	N/A	10.41	N/A	9.09	N/A	8.38	N/A	7.34
81	N/A	13.16	N/A	11.38	N/A	9.95	N/A	9.17	N/A	8.03
82	N/A	14.29	N/A	12.36	N/A	10.80	N/A	9.95	N/A	8.72
83	N/A	15.42	N/A	13.33	N/A	11.65	N/A	10.74	N/A	9.41
84	N/A	16.55	N/A	14.31	N/A	12.50	N/A	11.52	N/A	10.09
85	N/A	17.68	N/A	15.28	N/A	13.36	N/A	12.31	N/A	10.78
86	N/A	18.81	N/A	16.26	N/A	14.21	N/A	13.09	N/A	11.47
87	N/A	19.94	N/A	17.23	N/A	15.06	N/A	13.88	N/A	12.16
88	N/A	21.06	N/A	18.21	N/A	15.91	N/A	14.67	N/A	12.85
89	N/A	22.19	N/A	19.18	N/A	16.76	N/A	15.45	N/A	13.54
90	N/A	23.32	N/A	20.16	N/A	17.62	N/A	16.24	N/A	14.22
91	N/A	23.77	N/A	20.55	N/A	17.96	N/A	16.55	N/A	14.50
92	N/A	24.22	N/A	20.94	N/A	18.30	N/A	16.87	N/A	14.77
93	N/A	24.68	N/A	21.33	N/A	18.64	N/A	17.18	N/A	15.05
94	N/A	25.13	N/A	21.72	N/A	18.98	N/A	17.49	N/A	15.32
95	N/A	25.58	N/A	22.11	N/A	19.32	N/A	17.81	N/A	15.60
96	N/A	25.73	N/A	22.24	N/A	19.44	N/A	17.91	N/A	15.69
97	N/A	25.88	N/A	22.37	N/A	19.55	N/A	18.02	N/A	15.78
98	N/A	26.03	N/A	22.50	N/A	19.66	N/A	18.12	N/A	15.87
99	N/A	26.18	N/A	22.63	N/A	19.78	N/A	18.23	N/A	15.97
100	N/A	26.33	N/A	22.76	N/A	19.89	N/A	18.33	N/A	16.06

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.29	0.51	4.23	0.44	4.17	0.39	4.14	0.35	4.10	0.31
26	4.34	0.55	4.27	0.49	4.21	0.42	4.17	0.38	4.12	0.34
27	4.38	0.60	4.31	0.52	4.25	0.46	4.20	0.41	4.15	0.37
28	4.43	0.64	4.35	0.56	4.28	0.49	4.23	0.44	4.18	0.39
29	4.47	0.69	4.38	0.60	4.31	0.53	4.26	0.48	4.21	0.42
30	4.52	0.73	4.43	0.64	4.35	0.56	4.29	0.51	4.23	0.45
31	4.58	0.80	4.48	0.70	4.40	0.61	4.34	0.55	4.28	0.49
32	4.64	0.86	4.54	0.75	4.45	0.66	4.38	0.59	4.31	0.53
33	4.71	0.92	4.59	0.81	4.50	0.71	4.43	0.64	4.35	0.56
34	4.77	0.98	4.65	0.86	4.54	0.76	4.47	0.68	4.39	0.60
35	4.83	1.04	4.71	0.92	4.60	0.81	4.51	0.72	4.43	0.64
36	4.92	1.13	4.78	0.99	4.66	0.87	4.57	0.78	4.48	0.69
37	5.00	1.21	4.85	1.06	4.73	0.94	4.63	0.84	4.53	0.74
38	5.08	1.29	4.92	1.13	4.79	1.00	4.68	0.90	4.58	0.79
39	5.17	1.38	4.99	1.20	4.86	1.07	4.74	0.96	4.63	0.84
40	5.25	1.46	5.06	1.28	4.92	1.13	4.80	1.01	4.68	0.89
41	5.35	1.56	5.16	1.37	4.99	1.21	4.87	1.09	4.74	0.96
42	5.46	1.66	5.25	1.46	5.08	1.29	4.94	1.16	4.81	1.02
43	5.56	1.77	5.34	1.55	5.16	1.37	5.02	1.23	4.87	1.09
44	5.67	1.88	5.43	1.64	5.24	1.45	5.09	1.30	4.94	1.15
45	5.77	1.98	5.52	1.73	5.32	1.53	5.17	1.38	5.00	1.21
46	5.90	2.11	5.64	1.85	5.41	1.63	5.25	1.47	5.08	1.29
47	6.03	2.24	5.75	1.96	5.51	1.72	5.35	1.56	5.16	1.37
48	6.16	2.37	5.86	2.07	5.60	1.82	5.43	1.65	5.24	1.45
49	6.29	2.50	5.97	2.19	5.70	1.91	5.53	1.74	5.32	1.53
50	6.42	2.63	6.09	2.30	5.80	2.01	5.62	1.83	5.39	1.61
51	6.59	2.80	6.24	2.45	5.93	2.14	5.73	1.95	5.50	1.72
52	6.76	2.97	6.38	2.60	6.06	2.27	5.85	2.07	5.61	1.82
53	6.94	3.15	6.53	2.74	6.18	2.40	5.97	2.18	5.71	1.93
54	7.11	3.32	6.68	2.89	6.31	2.53	6.09	2.30	5.82	2.03
55	7.28	3.49	6.83	3.04	6.44	2.66	6.21	2.42	5.93	2.14
56	7.55	3.76	7.06	3.27	6.64	2.86	6.39	2.60	6.09	2.30
57	7.81	4.02	7.28	3.50	6.84	3.06	6.58	2.79	6.25	2.46
58	8.08	4.30	7.51	3.72	7.04	3.25	6.77	2.98	6.41	2.62
59	8.34	4.56	7.73	3.95	7.23	3.45	6.94	3.16	6.56	2.78
60	8.58	4.81	7.94	4.17	7.41	3.64	7.10	3.34	6.70	2.93
61	8.95	5.17	8.26	4.48	7.69	3.91	7.36	3.59	6.92	3.15
62	9.28	5.50	8.56	4.77	7.95	4.16	7.60	3.82	7.13	3.35
63	9.59	5.81	8.81	5.04	8.17	4.41	7.81	4.04	7.30	3.54
64	9.84	6.10	9.03	5.28	8.36	4.62	7.98	4.23	7.45	3.71
65	10.08	6.36	9.24	5.51	8.53	4.82	8.14	4.42	7.58	3.87
66	10.61	6.97	9.69	6.04	8.92	5.28	8.49	4.84	7.88	4.24
67	11.07	7.51	10.08	6.52	9.26	5.70	8.79	5.23	8.14	4.58
68	11.49	8.01	10.43	6.95	9.56	6.08	9.06	5.58	8.35	4.88
69	11.81	8.44	10.69	7.32	9.78	6.41	9.26	5.89	8.52	5.14
70	12.04	8.79	10.88	7.62	9.93	6.68	9.38	6.13	8.61	5.36
71	12.60	9.47	11.35	8.22	10.33	7.20	9.75	6.61	8.92	5.78
72	13.03	10.03	11.71	8.70	10.63	7.63	10.02	7.01	9.14	6.13
73	13.38	10.50	11.99	9.12	10.87	7.99	10.23	7.35	9.30	6.43
74	13.64	10.90	12.21	9.46	11.04	8.30	10.38	7.63	9.42	6.68
75	14.01	11.36	12.51	9.86	11.30	8.65	10.61	7.96	9.62	6.97
76	14.35	11.88	12.79	10.31	11.53	9.05	10.80	8.33	9.76	7.29
77	14.74	12.41	13.11	10.77	11.79	9.45	11.03	8.70	9.94	7.61
78	15.02	12.82	13.33	11.13	11.97	9.77	11.19	8.99	10.06	7.86
79	15.12	13.06	13.40	11.34	12.01	9.95	11.22	9.16	10.07	8.01
80	N/A	13.17	N/A	11.43	N/A	10.03	N/A	9.23	N/A	8.08
81	N/A	14.40	N/A	12.51	N/A	10.97	N/A	10.10	N/A	8.83
82	N/A	15.64	N/A	13.58	N/A	11.91	N/A	10.96	N/A	9.59
83	N/A	16.87	N/A	14.65	N/A	12.86	N/A	11.83	N/A	10.35
84	N/A	18.11	N/A	15.72	N/A	13.80	N/A	12.70	N/A	11.11
85	N/A	19.34	N/A	16.79	N/A	14.74	N/A	13.56	N/A	11.86
86	N/A	20.58	N/A	17.86	N/A	15.68	N/A	14.43	N/A	12.62
87	N/A	21.81	N/A	18.94	N/A	16.62	N/A	15.29	N/A	13.38
88	N/A	23.04	N/A	20.01	N/A	17.56	N/A	16.16	N/A	14.13
89	N/A	24.28	N/A	21.08	N/A	18.50	N/A	17.02	N/A	14.89
90	N/A	25.51	N/A	22.15	N/A	19.44	N/A	17.89	N/A	15.65
91	N/A	26.01	N/A	22.58	N/A	19.81	N/A	18.23	N/A	15.95
92	N/A	26.50	N/A	23.01	N/A	20.19	N/A	18.58	N/A	16.25
93	N/A	27.00	N/A	23.44	N/A	20.57	N/A	18.93	N/A	16.56
94	N/A	27.49	N/A	23.87	N/A	20.94	N/A	19.27	N/A	16.86
95	N/A	27.98	N/A	24.29	N/A	21.32	N/A	19.62	N/A	17.16
96	N/A	28.15	N/A	24.44	N/A	21.44	N/A	19.73	N/A	17.26
97	N/A	28.31	N/A	24.58	N/A	21.57	N/A	19.85	N/A	17.37
98	N/A	28.48	N/A	24.72	N/A	21.70	N/A	19.97	N/A	17.47
99	N/A	28.64	N/A	24.87	N/A	21.82	N/A	20.08	N/A	17.57
100	N/A	28.81	N/A	25.01	N/A	21.95	N/A	20.20	N/A	17.67

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	6.05	2.26	5.76	1.97	5.54	1.75	5.40	1.61	5.20	1.41
46	6.21	2.42	5.89	2.10	5.65	1.86	5.50	1.71	5.29	1.50
47	6.37	2.57	6.02	2.23	5.76	1.98	5.60	1.82	5.38	1.59
48	6.52	2.74	6.15	2.36	5.88	2.09	5.71	1.92	5.47	1.68
49	6.68	2.89	6.29	2.50	5.99	2.20	5.81	2.03	5.56	1.77
50	6.83	3.05	6.42	2.63	6.10	2.32	5.92	2.13	5.65	1.86
51	7.04	3.25	6.59	2.80	6.25	2.46	6.05	2.26	5.77	1.98
52	7.24	3.45	6.76	2.97	6.40	2.61	6.19	2.40	5.88	2.10
53	7.45	3.67	6.93	3.14	6.55	2.76	6.32	2.53	6.00	2.21
54	7.66	3.87	7.10	3.31	6.70	2.91	6.46	2.67	6.12	2.33
55	7.87	4.08	7.28	3.49	6.84	3.06	6.59	2.81	6.23	2.45
56	8.20	4.41	7.56	3.77	7.09	3.30	6.82	3.03	6.42	2.64
57	8.54	4.75	7.85	4.07	7.34	3.55	7.05	3.27	6.62	2.84
58	8.88	5.09	8.15	4.36	7.59	3.80	7.28	3.50	6.82	3.04
59	9.21	5.42	8.44	4.66	7.83	4.05	7.51	3.73	7.01	3.23
60	9.52	5.75	8.71	4.94	8.06	4.30	7.72	3.95	7.18	3.42
61	10.00	6.21	9.12	5.34	8.42	4.64	8.04	4.27	7.46	3.68
62	10.44	6.65	9.50	5.72	8.75	4.97	8.34	4.56	7.72	3.94
63	10.84	7.07	9.86	6.09	9.04	5.27	8.62	4.85	7.95	4.18
64	11.21	7.46	10.16	6.42	9.31	5.56	8.85	5.11	8.14	4.40
65	11.55	7.83	10.45	6.74	9.55	5.84	9.06	5.35	8.32	4.61
66	12.32	8.68	11.11	7.47	10.11	6.47	9.57	5.93	8.75	5.11
67	13.03	9.47	11.71	8.15	10.62	7.06	10.03	6.47	9.14	5.58
68	13.69	10.22	12.27	8.80	11.09	7.62	10.46	6.98	9.49	6.02
69	14.25	10.88	12.75	9.37	11.48	8.12	10.81	7.44	9.78	6.42
70	14.71	11.45	13.12	9.87	11.79	8.54	11.09	7.83	10.01	6.76
71	15.60	12.47	13.88	10.74	12.43	9.30	11.66	8.52	10.48	7.35
72	16.35	13.34	14.50	11.50	12.95	9.95	12.12	9.11	10.86	7.86
73	16.99	14.11	15.04	12.16	13.40	10.52	12.51	9.64	11.18	8.31
74	17.54	14.79	15.49	12.75	13.77	11.02	12.84	10.10	11.45	8.71
75	18.22	15.57	16.07	13.42	14.26	11.61	13.28	10.63	11.81	9.16
76	18.77	16.29	16.52	14.04	14.62	12.14	13.59	11.12	12.06	9.59
77	19.34	17.01	17.00	14.66	15.01	12.68	13.94	11.61	12.35	10.01
78	19.78	17.58	17.36	15.16	15.31	13.10	14.20	12.00	12.54	10.35
79	19.97	17.91	17.50	15.44	15.41	13.35	14.28	12.22	12.60	10.54
80	N/A	18.06	N/A	15.57	N/A	13.46	N/A	12.32	N/A	10.63
81	N/A	19.75	N/A	17.03	N/A	14.72	N/A	13.48	N/A	11.62
82	N/A	21.44	N/A	18.48	N/A	15.98	N/A	14.63	N/A	12.62
83	N/A	23.14	N/A	19.94	N/A	17.24	N/A	15.79	N/A	13.61
84	N/A	24.83	N/A	21.40	N/A	18.50	N/A	16.94	N/A	14.61
85	N/A	26.52	N/A	22.86	N/A	19.76	N/A	18.10	N/A	15.61
86	N/A	28.21	N/A	24.32	N/A	21.03	N/A	19.25	N/A	16.60
87	N/A	29.91	N/A	25.78	N/A	22.29	N/A	20.41	N/A	17.60
88	N/A	31.60	N/A	27.24	N/A	23.55	N/A	21.56	N/A	18.59
89	N/A	33.29	N/A	28.70	N/A	24.81	N/A	22.72	N/A	19.59
90	N/A	34.98	N/A	30.16	N/A	26.07	N/A	23.87	N/A	20.59
91	N/A	35.66	N/A	30.74	N/A	26.58	N/A	24.33	N/A	20.98
92	N/A	36.34	N/A	31.32	N/A	27.08	N/A	24.80	N/A	21.38
93	N/A	37.02	N/A	31.91	N/A	27.59	N/A	25.26	N/A	21.78
94	N/A	37.69	N/A	32.49	N/A	28.09	N/A	25.72	N/A	22.18
95	N/A	38.37	N/A	33.07	N/A	28.60	N/A	26.18	N/A	22.58
96	N/A	38.60	N/A	33.27	N/A	28.76	N/A	26.34	N/A	22.71
97	N/A	38.82	N/A	33.46	N/A	28.93	N/A	26.49	N/A	22.84
98	N/A	39.05	N/A	33.66	N/A	29.10	N/A	26.64	N/A	22.98
99	N/A	39.27	N/A	33.85	N/A	29.27	N/A	26.80	N/A	23.11
100	N/A	39.50	N/A	34.05	N/A	29.44	N/A	26.95	N/A	23.24

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02	0.34	0.02
26	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02	0.35	0.02
27	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02
28	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02
29	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02
30	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02
31	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02
32	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
33	0.38	0.05	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03
34	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
35	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
36	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
37	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
38	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
39	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
40	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.05
41	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
42	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
43	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
44	0.42	0.09	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
45	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
46	0.44	0.11	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
47	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
48	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
49	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
50	0.46	0.13	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08
51	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10	0.42	0.09
52	0.48	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
53	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10
54	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.43	0.10
55	0.51	0.18	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
56	0.52	0.19	0.50	0.17	0.47	0.14	0.46	0.13	0.45	0.12
57	0.53	0.20	0.51	0.18	0.48	0.15	0.47	0.14	0.45	0.12
58	0.55	0.22	0.52	0.19	0.49	0.17	0.48	0.15	0.46	0.13
59	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14
60	0.58	0.25	0.54	0.21	0.52	0.19	0.50	0.17	0.48	0.15
61	0.60	0.27	0.56	0.23	0.53	0.20	0.52	0.18	0.49	0.16
62	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.17
63	0.64	0.31	0.60	0.26	0.57	0.23	0.55	0.21	0.52	0.18
64	0.67	0.33	0.62	0.28	0.59	0.24	0.56	0.22	0.54	0.19
65	0.69	0.35	0.64	0.30	0.60	0.26	0.58	0.24	0.55	0.21
66	0.73	0.39	0.68	0.33	0.63	0.29	0.61	0.27	0.57	0.23
67	0.77	0.43	0.71	0.37	0.66	0.32	0.64	0.29	0.60	0.26
68	0.81	0.47	0.75	0.40	0.70	0.35	0.67	0.32	0.62	0.28
69	0.85	0.51	0.78	0.44	0.73	0.38	0.69	0.35	0.65	0.30
70	0.90	0.55	0.82	0.47	0.76	0.41	0.72	0.38	0.67	0.33
71	0.96	0.62	0.88	0.53	0.81	0.46	0.77	0.43	0.71	0.37
72	1.03	0.69	0.94	0.59	0.86	0.52	0.82	0.47	0.75	0.41
73	1.10	0.75	0.99	0.65	0.91	0.57	0.86	0.52	0.79	0.45
74	1.17	0.82	1.05	0.71	0.96	0.62	0.91	0.57	0.83	0.49
75	1.24	0.89	1.11	0.77	1.01	0.67	0.96	0.61	0.87	0.53
76	1.34	1.00	1.20	0.86	1.09	0.75	1.03	0.69	0.94	0.59
77	1.45	1.10	1.30	0.95	1.17	0.83	1.11	0.76	1.00	0.65
78	1.56	1.21	1.39	1.04	1.26	0.91	1.18	0.83	1.06	0.72
79	1.66	1.32	1.48	1.13	1.34	0.99	1.25	0.91	1.13	0.78
80	N/A	1.42	N/A	1.23	N/A	1.07	N/A	0.98	N/A	0.84
81	N/A	1.56	N/A	1.34	N/A	1.17	N/A	1.07	N/A	0.92
82	N/A	1.69	N/A	1.46	N/A	1.27	N/A	1.17	N/A	1.00
83	N/A	1.82	N/A	1.57	N/A	1.37	N/A	1.26	N/A	1.08
84	N/A	1.96	N/A	1.69	N/A	1.47	N/A	1.35	N/A	1.16
85	N/A	2.09	N/A	1.80	N/A	1.57	N/A	1.44	N/A	1.24
86	N/A	2.23	N/A	1.92	N/A	1.67	N/A	1.53	N/A	1.32
87	N/A	2.36	N/A	2.03	N/A	1.77	N/A	1.63	N/A	1.40
88	N/A	2.49	N/A	2.15	N/A	1.87	N/A	1.72	N/A	1.48
89	N/A	2.63	N/A	2.26	N/A	1.97	N/A	1.81	N/A	1.56
90	N/A	2.76	N/A	2.38	N/A	2.07	N/A	1.90	N/A	1.63
91	N/A	2.81	N/A	2.42	N/A	2.11	N/A	1.94	N/A	1.67
92	N/A	2.87	N/A	2.47	N/A	2.15	N/A	1.98	N/A	1.70
93	N/A	2.92	N/A	2.52	N/A	2.19	N/A	2.01	N/A	1.73
94	N/A	2.97	N/A	2.56	N/A	2.23	N/A	2.05	N/A	1.76
95	N/A	3.03	N/A	2.61	N/A	2.27	N/A	2.09	N/A	1.79
96	N/A	3.04	N/A	2.62	N/A	2.29	N/A	2.10	N/A	1.80
97	N/A	3.06	N/A	2.64	N/A	2.30	N/A	2.11	N/A	1.81
98	N/A	3.08	N/A	2.65	N/A	2.31	N/A	2.12	N/A	1.82
99	N/A	3.10	N/A	2.67	N/A	2.33	N/A	2.13	N/A	1.84
100	N/A	3.12	N/A	2.68	N/A	2.34	N/A	2.15	N/A	1.85

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02
26	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02
27	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
28	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
29	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
30	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.04	0.36	0.03
31	0.38	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
32	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
33	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04
34	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
35	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04
36	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
37	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
38	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
39	0.42	0.10	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
40	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
41	0.44	0.11	0.42	0.09	0.41	0.08	0.41	0.08	0.40	0.07
42	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
43	0.45	0.12	0.44	0.11	0.42	0.09	0.41	0.09	0.41	0.08
44	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
45	0.47	0.14	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08
46	0.47	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
47	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11	0.42	0.09
48	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10
49	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
50	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
51	0.52	0.19	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12
52	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14	0.45	0.13
53	0.55	0.22	0.52	0.19	0.49	0.16	0.48	0.15	0.46	0.13
54	0.56	0.23	0.53	0.20	0.50	0.17	0.49	0.16	0.47	0.14
55	0.57	0.24	0.54	0.21	0.51	0.18	0.50	0.17	0.48	0.15
56	0.59	0.26	0.55	0.22	0.53	0.20	0.51	0.18	0.49	0.16
57	0.61	0.28	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
58	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.18
59	0.64	0.31	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
60	0.66	0.33	0.62	0.29	0.58	0.25	0.56	0.23	0.53	0.20
61	0.69	0.36	0.64	0.31	0.60	0.27	0.58	0.25	0.55	0.22
62	0.72	0.38	0.67	0.33	0.62	0.29	0.60	0.27	0.57	0.23
63	0.74	0.41	0.69	0.35	0.65	0.31	0.62	0.28	0.59	0.25
64	0.77	0.43	0.72	0.38	0.67	0.33	0.64	0.30	0.61	0.27
65	0.80	0.46	0.74	0.40	0.69	0.35	0.66	0.32	0.62	0.28
66	0.86	0.51	0.79	0.45	0.73	0.39	0.70	0.36	0.66	0.31
67	0.91	0.57	0.84	0.49	0.77	0.43	0.74	0.40	0.69	0.35
68	0.96	0.62	0.88	0.54	0.82	0.47	0.78	0.43	0.72	0.38
69	1.02	0.68	0.93	0.59	0.86	0.51	0.81	0.47	0.76	0.41
70	1.07	0.73	0.98	0.63	0.90	0.55	0.85	0.51	0.79	0.45
71	1.16	0.82	1.06	0.71	0.97	0.62	0.91	0.57	0.85	0.50
72	1.25	0.91	1.13	0.79	1.03	0.69	0.98	0.63	0.90	0.56
73	1.34	1.00	1.21	0.87	1.10	0.76	1.04	0.69	0.96	0.61
74	1.43	1.09	1.29	0.94	1.17	0.82	1.10	0.76	1.01	0.67
75	1.52	1.17	1.37	1.02	1.24	0.89	1.16	0.82	1.07	0.72
76	1.66	1.32	1.49	1.14	1.35	1.00	1.26	0.92	1.15	0.81
77	1.80	1.46	1.61	1.27	1.45	1.11	1.36	1.01	1.24	0.90
78	1.94	1.60	1.73	1.39	1.56	1.21	1.46	1.11	1.33	0.98
79	2.08	1.74	1.86	1.51	1.67	1.32	1.56	1.21	1.41	1.07
80	N/A	1.88	N/A	1.63	N/A	1.43	N/A	1.31	N/A	1.16
81	N/A	2.06	N/A	1.79	N/A	1.56	N/A	1.43	N/A	1.26
82	N/A	2.23	N/A	1.94	N/A	1.70	N/A	1.55	N/A	1.37
83	N/A	2.41	N/A	2.09	N/A	1.83	N/A	1.68	N/A	1.48
84	N/A	2.58	N/A	2.25	N/A	1.96	N/A	1.80	N/A	1.59
85	N/A	2.76	N/A	2.40	N/A	2.10	N/A	1.92	N/A	1.70
86	N/A	2.94	N/A	2.55	N/A	2.23	N/A	2.05	N/A	1.81
87	N/A	3.11	N/A	2.70	N/A	2.36	N/A	2.17	N/A	1.91
88	N/A	3.29	N/A	2.86	N/A	2.50	N/A	2.29	N/A	2.02
89	N/A	3.47	N/A	3.01	N/A	2.63	N/A	2.41	N/A	2.13
90	N/A	3.64	N/A	3.16	N/A	2.77	N/A	2.54	N/A	2.24
91	N/A	3.71	N/A	3.23	N/A	2.82	N/A	2.59	N/A	2.28
92	N/A	3.78	N/A	3.29	N/A	2.87	N/A	2.63	N/A	2.33
93	N/A	3.85	N/A	3.35	N/A	2.93	N/A	2.68	N/A	2.37
94	N/A	3.92	N/A	3.41	N/A	2.98	N/A	2.73	N/A	2.41
95	N/A	3.99	N/A	3.47	N/A	3.03	N/A	2.78	N/A	2.46
96	N/A	4.02	N/A	3.49	N/A	3.05	N/A	2.80	N/A	2.47
97	N/A	4.04	N/A	3.51	N/A	3.07	N/A	2.81	N/A	2.48
98	N/A	4.06	N/A	3.53	N/A	3.09	N/A	2.83	N/A	2.50
99	N/A	4.09	N/A	3.55	N/A	3.11	N/A	2.85	N/A	2.51
100	N/A	4.11	N/A	3.57	N/A	3.12	N/A	2.86	N/A	2.53

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02
26	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
27	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
28	0.38	0.05	0.37	0.04	0.37	0.04	0.37	0.04	0.36	0.03
29	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
30	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.04
31	0.39	0.06	0.38	0.06	0.38	0.05	0.37	0.04	0.37	0.04
32	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
33	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04
34	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
35	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
36	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
37	0.43	0.10	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
38	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
39	0.44	0.11	0.42	0.09	0.41	0.08	0.41	0.08	0.40	0.07
40	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
41	0.45	0.12	0.44	0.11	0.42	0.09	0.42	0.09	0.41	0.08
42	0.46	0.13	0.44	0.12	0.43	0.10	0.42	0.09	0.41	0.08
43	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10	0.41	0.09
44	0.48	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
45	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.42	0.10
46	0.50	0.17	0.47	0.14	0.46	0.13	0.45	0.12	0.43	0.10
47	0.51	0.18	0.48	0.15	0.46	0.14	0.45	0.12	0.44	0.11
48	0.52	0.19	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
49	0.53	0.20	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
50	0.54	0.21	0.51	0.18	0.49	0.16	0.48	0.15	0.46	0.13
51	0.55	0.22	0.52	0.19	0.50	0.17	0.49	0.16	0.46	0.13
52	0.57	0.24	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14
53	0.58	0.25	0.55	0.22	0.52	0.19	0.50	0.17	0.48	0.15
54	0.59	0.26	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16
55	0.61	0.28	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
56	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.51	0.18
57	0.65	0.32	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
58	0.67	0.34	0.62	0.29	0.59	0.26	0.57	0.24	0.54	0.21
59	0.69	0.36	0.64	0.31	0.60	0.27	0.58	0.25	0.55	0.22
60	0.71	0.38	0.66	0.33	0.62	0.29	0.60	0.27	0.56	0.23
61	0.74	0.41	0.69	0.36	0.64	0.31	0.62	0.29	0.58	0.25
62	0.78	0.44	0.72	0.38	0.67	0.33	0.64	0.31	0.60	0.27
63	0.81	0.47	0.74	0.41	0.69	0.36	0.67	0.33	0.62	0.29
64	0.84	0.50	0.77	0.43	0.72	0.38	0.69	0.35	0.64	0.30
65	0.87	0.53	0.80	0.46	0.74	0.40	0.71	0.37	0.67	0.32
66	0.94	0.59	0.86	0.51	0.79	0.45	0.76	0.41	0.70	0.36
67	1.00	0.66	0.91	0.57	0.84	0.50	0.80	0.46	0.74	0.40
68	1.06	0.72	0.96	0.62	0.89	0.54	0.84	0.50	0.78	0.44
69	1.13	0.78	1.02	0.68	0.93	0.59	0.89	0.54	0.82	0.48
70	1.19	0.84	1.07	0.73	0.98	0.64	0.93	0.59	0.86	0.51
71	1.29	0.95	1.16	0.82	1.06	0.71	1.00	0.66	0.92	0.58
72	1.39	1.05	1.25	0.91	1.14	0.79	1.07	0.73	0.98	0.64
73	1.49	1.15	1.34	0.99	1.21	0.87	1.15	0.80	1.05	0.70
74	1.60	1.25	1.43	1.08	1.29	0.95	1.22	0.87	1.11	0.76
75	1.70	1.35	1.52	1.17	1.37	1.02	1.29	0.94	1.17	0.83
76	1.86	1.52	1.66	1.31	1.49	1.15	1.40	1.06	1.27	0.92
77	2.02	1.68	1.80	1.45	1.61	1.27	1.51	1.17	1.37	1.02
78	2.19	1.84	1.94	1.59	1.74	1.39	1.63	1.28	1.47	1.12
79	2.35	2.00	2.08	1.73	1.86	1.51	1.74	1.40	1.57	1.22
80	N/A	2.17	N/A	1.87	N/A	1.64	N/A	1.51	N/A	1.32
81	N/A	2.37	N/A	2.05	N/A	1.79	N/A	1.65	N/A	1.44
82	N/A	2.57	N/A	2.22	N/A	1.94	N/A	1.79	N/A	1.57
83	N/A	2.78	N/A	2.40	N/A	2.10	N/A	1.93	N/A	1.69
84	N/A	2.98	N/A	2.57	N/A	2.25	N/A	2.07	N/A	1.82
85	N/A	3.18	N/A	2.75	N/A	2.40	N/A	2.22	N/A	1.94
86	N/A	3.38	N/A	2.93	N/A	2.56	N/A	2.36	N/A	2.06
87	N/A	3.59	N/A	3.10	N/A	2.71	N/A	2.50	N/A	2.19
88	N/A	3.79	N/A	3.28	N/A	2.86	N/A	2.64	N/A	2.31
89	N/A	3.99	N/A	3.45	N/A	3.02	N/A	2.78	N/A	2.44
90	N/A	4.20	N/A	3.63	N/A	3.17	N/A	2.92	N/A	2.56
91	N/A	4.28	N/A	3.70	N/A	3.23	N/A	2.98	N/A	2.61
92	N/A	4.36	N/A	3.77	N/A	3.29	N/A	3.04	N/A	2.66
93	N/A	4.44	N/A	3.84	N/A	3.35	N/A	3.09	N/A	2.71
94	N/A	4.52	N/A	3.91	N/A	3.42	N/A	3.15	N/A	2.76
95	N/A	4.60	N/A	3.98	N/A	3.48	N/A	3.21	N/A	2.81
96	N/A	4.63	N/A	4.00	N/A	3.50	N/A	3.22	N/A	2.82
97	N/A	4.66	N/A	4.03	N/A	3.52	N/A	3.24	N/A	2.84
98	N/A	4.69	N/A	4.05	N/A	3.54	N/A	3.26	N/A	2.86
99	N/A	4.71	N/A	4.07	N/A	3.56	N/A	3.28	N/A	2.87
100	N/A	4.74	N/A	4.10	N/A	3.58	N/A	3.30	N/A	2.89

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
26	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
27	0.38	0.05	0.37	0.05	0.37	0.04	0.37	0.04	0.36	0.03
28	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
29	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
30	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04
31	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
32	0.40	0.07	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
33	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
34	0.42	0.09	0.40	0.07	0.40	0.07	0.39	0.06	0.38	0.05
35	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06
36	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
37	0.44	0.11	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
38	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
39	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
40	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
41	0.47	0.14	0.45	0.12	0.43	0.11	0.42	0.09	0.41	0.08
42	0.47	0.14	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
43	0.48	0.15	0.46	0.14	0.45	0.12	0.44	0.11	0.42	0.09
44	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11	0.43	0.10
45	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
46	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
47	0.52	0.19	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
48	0.54	0.21	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13
49	0.55	0.22	0.52	0.19	0.50	0.17	0.48	0.15	0.46	0.13
50	0.56	0.23	0.53	0.20	0.50	0.18	0.49	0.16	0.47	0.14
51	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17	0.48	0.15
52	0.59	0.26	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16
53	0.60	0.27	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
54	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.18
55	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.52	0.19
56	0.66	0.33	0.61	0.28	0.58	0.25	0.56	0.23	0.53	0.20
57	0.68	0.35	0.63	0.30	0.60	0.27	0.57	0.24	0.54	0.21
58	0.70	0.37	0.65	0.32	0.61	0.28	0.59	0.26	0.56	0.23
59	0.73	0.40	0.68	0.34	0.63	0.30	0.61	0.28	0.57	0.24
60	0.75	0.42	0.70	0.36	0.65	0.32	0.62	0.29	0.59	0.26
61	0.79	0.45	0.73	0.39	0.68	0.34	0.65	0.32	0.61	0.28
62	0.82	0.49	0.76	0.42	0.70	0.37	0.67	0.34	0.63	0.30
63	0.86	0.52	0.79	0.45	0.73	0.39	0.70	0.36	0.65	0.32
64	0.89	0.55	0.82	0.48	0.76	0.42	0.73	0.38	0.68	0.34
65	0.93	0.59	0.85	0.51	0.79	0.45	0.75	0.41	0.70	0.36
66	1.00	0.66	0.91	0.57	0.84	0.50	0.80	0.46	0.74	0.40
67	1.07	0.72	0.97	0.63	0.89	0.55	0.85	0.50	0.78	0.44
68	1.14	0.79	1.03	0.69	0.94	0.60	0.90	0.55	0.83	0.48
69	1.20	0.86	1.09	0.75	1.00	0.65	0.94	0.60	0.87	0.52
70	1.27	0.93	1.15	0.81	1.05	0.71	0.99	0.65	0.91	0.57
71	1.38	1.04	1.25	0.90	1.13	0.79	1.07	0.73	0.98	0.63
72	1.49	1.15	1.34	1.00	1.22	0.87	1.15	0.80	1.05	0.70
73	1.61	1.26	1.44	1.09	1.30	0.96	1.23	0.88	1.12	0.77
74	1.72	1.37	1.54	1.19	1.39	1.04	1.31	0.96	1.19	0.84
75	1.83	1.48	1.63	1.29	1.47	1.13	1.38	1.04	1.25	0.91
76	2.00	1.66	1.79	1.44	1.61	1.26	1.51	1.16	1.36	1.02
77	2.18	1.84	1.94	1.59	1.75	1.40	1.63	1.29	1.47	1.13
78	2.36	2.01	2.09	1.75	1.88	1.53	1.76	1.41	1.58	1.24
79	2.54	2.19	2.25	1.90	2.02	1.67	1.88	1.54	1.69	1.34
80	N/A	2.37	N/A	2.06	N/A	1.81	N/A	1.66	N/A	1.45
81	N/A	2.59	N/A	2.25	N/A	1.98	N/A	1.82	N/A	1.59
82	N/A	2.81	N/A	2.44	N/A	2.14	N/A	1.97	N/A	1.73
83	N/A	3.04	N/A	2.64	N/A	2.31	N/A	2.13	N/A	1.86
84	N/A	3.26	N/A	2.83	N/A	2.48	N/A	2.29	N/A	2.00
85	N/A	3.48	N/A	3.02	N/A	2.65	N/A	2.44	N/A	2.14
86	N/A	3.70	N/A	3.22	N/A	2.82	N/A	2.60	N/A	2.27
87	N/A	3.93	N/A	3.41	N/A	2.99	N/A	2.75	N/A	2.41
88	N/A	4.15	N/A	3.60	N/A	3.16	N/A	2.91	N/A	2.54
89	N/A	4.37	N/A	3.79	N/A	3.33	N/A	3.06	N/A	2.68
90	N/A	4.59	N/A	3.99	N/A	3.50	N/A	3.22	N/A	2.82
91	N/A	4.68	N/A	4.06	N/A	3.57	N/A	3.28	N/A	2.87
92	N/A	4.77	N/A	4.14	N/A	3.63	N/A	3.34	N/A	2.93
93	N/A	4.86	N/A	4.22	N/A	3.70	N/A	3.41	N/A	2.98
94	N/A	4.95	N/A	4.30	N/A	3.77	N/A	3.47	N/A	3.03
95	N/A	5.04	N/A	4.37	N/A	3.84	N/A	3.53	N/A	3.09
96	N/A	5.07	N/A	4.40	N/A	3.86	N/A	3.55	N/A	3.11
97	N/A	5.10	N/A	4.42	N/A	3.88	N/A	3.57	N/A	3.13
98	N/A	5.13	N/A	4.45	N/A	3.91	N/A	3.59	N/A	3.14
99	N/A	5.16	N/A	4.48	N/A	3.93	N/A	3.61	N/A	3.16
100	N/A	5.18	N/A	4.50	N/A	3.95	N/A	3.64	N/A	3.18

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.53	0.20	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
46	0.54	0.21	0.51	0.18	0.49	0.16	0.48	0.15	0.46	0.13
47	0.55	0.22	0.52	0.19	0.50	0.17	0.49	0.16	0.47	0.14
48	0.57	0.24	0.54	0.21	0.51	0.18	0.50	0.17	0.48	0.15
49	0.58	0.25	0.55	0.22	0.52	0.19	0.51	0.18	0.48	0.15
50	0.59	0.27	0.56	0.23	0.53	0.20	0.51	0.19	0.49	0.16
51	0.61	0.28	0.57	0.24	0.54	0.21	0.53	0.20	0.50	0.17
52	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.51	0.18
53	0.65	0.32	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
54	0.67	0.34	0.62	0.29	0.58	0.25	0.56	0.23	0.53	0.20
55	0.69	0.36	0.63	0.30	0.60	0.27	0.57	0.24	0.54	0.21
56	0.71	0.38	0.66	0.33	0.62	0.29	0.59	0.26	0.56	0.23
57	0.74	0.41	0.68	0.35	0.64	0.31	0.61	0.28	0.58	0.25
58	0.77	0.44	0.71	0.38	0.66	0.33	0.63	0.30	0.59	0.26
59	0.80	0.47	0.74	0.41	0.68	0.35	0.66	0.33	0.61	0.28
60	0.83	0.50	0.76	0.43	0.71	0.38	0.68	0.35	0.63	0.30
61	0.88	0.55	0.80	0.47	0.74	0.41	0.71	0.38	0.66	0.32
62	0.93	0.59	0.84	0.51	0.78	0.44	0.74	0.40	0.68	0.35
63	0.97	0.63	0.88	0.55	0.81	0.47	0.77	0.43	0.71	0.37
64	1.02	0.68	0.92	0.58	0.85	0.51	0.80	0.46	0.74	0.40
65	1.07	0.72	0.96	0.62	0.88	0.54	0.84	0.49	0.77	0.43
66	1.16	0.82	1.05	0.70	0.95	0.61	0.90	0.56	0.82	0.48
67	1.26	0.91	1.13	0.79	1.02	0.68	0.97	0.62	0.88	0.54
68	1.35	1.01	1.21	0.87	1.10	0.75	1.03	0.69	0.94	0.59
69	1.45	1.11	1.30	0.96	1.17	0.83	1.10	0.76	1.00	0.65
70	1.55	1.21	1.39	1.04	1.25	0.90	1.17	0.83	1.06	0.71
71	1.71	1.37	1.52	1.18	1.36	1.02	1.28	0.94	1.15	0.81
72	1.87	1.53	1.66	1.32	1.49	1.14	1.39	1.04	1.25	0.90
73	2.04	1.69	1.80	1.46	1.61	1.26	1.50	1.16	1.34	1.00
74	2.21	1.86	1.95	1.60	1.73	1.39	1.62	1.27	1.44	1.10
75	2.38	2.03	2.10	1.75	1.86	1.51	1.73	1.39	1.54	1.20
76	2.62	2.28	2.31	1.96	2.04	1.70	1.90	1.55	1.68	1.34
77	2.86	2.52	2.52	2.17	2.22	1.88	2.06	1.72	1.83	1.48
78	3.11	2.76	2.73	2.38	2.40	2.06	2.23	1.89	1.97	1.63
79	3.35	3.01	2.94	2.59	2.59	2.24	2.40	2.05	2.11	1.77
80	N/A	3.25	N/A	2.80	N/A	2.42	N/A	2.22	N/A	1.91
81	N/A	3.55	N/A	3.06	N/A	2.65	N/A	2.43	N/A	2.09
82	N/A	3.86	N/A	3.33	N/A	2.88	N/A	2.63	N/A	2.27
83	N/A	4.16	N/A	3.59	N/A	3.10	N/A	2.84	N/A	2.45
84	N/A	4.47	N/A	3.85	N/A	3.33	N/A	3.05	N/A	2.63
85	N/A	4.77	N/A	4.11	N/A	3.56	N/A	3.26	N/A	2.81
86	N/A	5.08	N/A	4.38	N/A	3.78	N/A	3.47	N/A	2.99
87	N/A	5.38	N/A	4.64	N/A	4.01	N/A	3.67	N/A	3.17
88	N/A	5.69	N/A	4.90	N/A	4.24	N/A	3.88	N/A	3.35
89	N/A	5.99	N/A	5.17	N/A	4.47	N/A	4.09	N/A	3.53
90	N/A	6.30	N/A	5.43	N/A	4.69	N/A	4.30	N/A	3.71
91	N/A	6.42	N/A	5.53	N/A	4.78	N/A	4.38	N/A	3.78
92	N/A	6.54	N/A	5.64	N/A	4.87	N/A	4.46	N/A	3.85
93	N/A	6.66	N/A	5.74	N/A	4.97	N/A	4.55	N/A	3.92
94	N/A	6.78	N/A	5.85	N/A	5.06	N/A	4.63	N/A	3.99
95	N/A	6.91	N/A	5.95	N/A	5.15	N/A	4.71	N/A	4.06
96	N/A	6.95	N/A	5.99	N/A	5.18	N/A	4.74	N/A	4.09
97	N/A	6.99	N/A	6.02	N/A	5.21	N/A	4.77	N/A	4.11
98	N/A	7.03	N/A	6.06	N/A	5.24	N/A	4.80	N/A	4.14
99	N/A	7.07	N/A	6.09	N/A	5.27	N/A	4.82	N/A	4.16
100	N/A	7.11	N/A	6.13	N/A	5.30	N/A	4.85	N/A	4.18

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.68	0.62	8.60	0.54	8.53	0.47	8.48	0.43	8.43	0.37
26	8.73	0.67	8.65	0.59	8.57	0.52	8.53	0.47	8.46	0.41
27	8.79	0.73	8.70	0.64	8.61	0.56	8.56	0.51	8.49	0.44
28	8.84	0.79	8.75	0.69	8.65	0.59	8.60	0.55	8.54	0.48
29	8.90	0.85	8.80	0.74	8.69	0.64	8.64	0.58	8.57	0.52
30	8.95	0.90	8.84	0.79	8.73	0.68	8.68	0.63	8.60	0.55
31	9.03	0.98	8.91	0.86	8.79	0.74	8.73	0.68	8.65	0.59
32	9.11	1.06	8.98	0.92	8.86	0.80	8.79	0.74	8.70	0.64
33	9.20	1.13	9.05	1.00	8.91	0.86	8.84	0.79	8.75	0.69
34	9.27	1.21	9.12	1.07	8.98	0.92	8.90	0.85	8.80	0.74
35	9.35	1.29	9.19	1.13	9.03	0.98	8.95	0.90	8.84	0.78
36	9.45	1.39	9.27	1.22	9.11	1.06	9.03	0.97	8.91	0.85
37	9.55	1.50	9.36	1.31	9.19	1.13	9.10	1.05	8.97	0.91
38	9.66	1.60	9.46	1.41	9.27	1.21	9.17	1.11	9.03	0.97
39	9.76	1.71	9.55	1.50	9.35	1.29	9.24	1.19	9.09	1.03
40	9.86	1.80	9.64	1.58	9.43	1.36	9.32	1.25	9.15	1.10
41	9.99	1.94	9.75	1.69	9.53	1.46	9.41	1.34	9.23	1.18
42	10.12	2.07	9.86	1.80	9.63	1.56	9.49	1.43	9.31	1.25
43	10.24	2.19	9.98	1.93	9.71	1.66	9.58	1.53	9.39	1.33
44	10.37	2.32	10.09	2.04	9.81	1.76	9.67	1.62	9.47	1.41
45	10.51	2.45	10.20	2.15	9.91	1.86	9.76	1.71	9.55	1.49
46	10.67	2.62	10.34	2.29	10.03	1.98	9.87	1.82	9.65	1.58
47	10.82	2.77	10.48	2.42	10.15	2.10	9.98	1.93	9.75	1.68
48	10.99	2.94	10.62	2.56	10.29	2.22	10.10	2.05	9.83	1.78
49	11.14	3.09	10.76	2.70	10.41	2.34	10.21	2.16	9.93	1.88
50	11.31	3.26	10.90	2.84	10.53	2.46	10.32	2.27	10.03	1.98
51	11.53	3.47	11.09	3.03	10.68	2.63	10.47	2.42	10.16	2.11
52	11.74	3.69	11.28	3.21	10.85	2.78	10.63	2.56	10.30	2.24
53	11.96	3.89	11.46	3.40	11.00	2.95	10.77	2.72	10.43	2.37
54	12.17	4.11	11.65	3.59	11.17	3.10	10.92	2.86	10.56	2.50
55	12.39	4.32	11.84	3.77	11.32	3.27	11.08	3.01	10.69	2.63
56	12.73	4.66	12.12	4.06	11.57	3.52	11.31	3.25	10.89	2.83
57	13.07	5.01	12.41	4.35	11.84	3.77	11.54	3.48	11.09	3.03
58	13.41	5.35	12.69	4.63	12.09	4.04	11.76	3.70	11.30	3.22
59	13.75	5.69	12.98	4.92	12.35	4.29	11.99	3.93	11.50	3.42
60	14.09	6.03	13.27	5.20	12.61	4.54	12.22	4.16	11.69	3.62
61	14.64	6.51	13.75	5.62	13.04	4.91	12.62	4.49	12.05	3.91
62	15.19	7.01	14.22	6.04	13.45	5.27	13.01	4.82	12.39	4.19
63	15.75	7.49	14.71	6.45	13.88	5.62	13.41	5.16	12.74	4.48
64	16.30	7.99	15.18	6.86	14.30	5.98	13.81	5.49	13.08	4.76
65	16.85	8.47	15.66	7.28	14.73	6.35	14.20	5.82	13.43	5.05
66	17.86	9.47	16.53	8.15	15.49	7.11	14.89	6.51	14.03	5.64
67	18.87	10.47	17.40	9.01	16.25	7.85	15.59	7.21	14.63	6.24
68	19.88	11.48	18.27	9.88	17.00	8.61	16.29	7.89	15.22	6.83
69	20.88	12.49	19.14	10.74	17.75	9.36	16.98	8.58	15.83	7.43
70	21.89	13.49	20.01	11.61	18.51	10.12	17.68	9.27	16.42	8.02
71	23.55	15.14	21.45	13.04	19.77	11.36	18.83	10.42	17.40	9.00
72	25.21	16.80	22.88	14.47	21.02	12.61	19.99	11.56	18.39	9.97
73	26.88	18.45	24.32	15.88	22.29	13.86	21.13	12.71	19.37	10.95
74	28.55	20.11	25.75	17.31	23.54	15.10	22.29	13.85	20.36	11.91
75	30.21	21.76	27.19	18.74	24.79	16.35	23.44	14.99	21.34	12.89
76	32.81	24.37	29.44	20.99	26.75	18.30	25.25	16.80	22.89	14.44
77	35.43	26.98	31.69	23.24	28.72	20.27	27.04	18.59	24.43	15.98
78	38.04	29.59	33.94	25.49	30.68	22.23	28.84	20.39	25.98	17.53
79	40.66	32.21	36.19	27.74	32.65	24.20	30.64	22.19	27.52	19.07
80	N/A	34.82	N/A	29.99	N/A	26.16	N/A	23.99	N/A	20.63
81	N/A	38.08	N/A	32.80	N/A	28.61	N/A	26.24	N/A	22.56
82	N/A	41.34	N/A	35.61	N/A	31.06	N/A	28.49	N/A	24.50
83	N/A	44.61	N/A	38.42	N/A	33.51	N/A	30.73	N/A	26.42
84	N/A	47.86	N/A	41.23	N/A	35.96	N/A	32.99	N/A	28.36
85	N/A	51.13	N/A	44.04	N/A	38.41	N/A	35.23	N/A	30.29
86	N/A	54.40	N/A	46.86	N/A	40.87	N/A	37.48	N/A	32.23
87	N/A	57.66	N/A	49.67	N/A	43.32	N/A	39.73	N/A	34.17
88	N/A	60.92	N/A	52.48	N/A	45.77	N/A	41.98	N/A	36.09
89	N/A	64.19	N/A	55.29	N/A	48.22	N/A	44.23	N/A	38.03
90	N/A	67.45	N/A	58.10	N/A	50.68	N/A	46.48	N/A	39.96
91	N/A	68.76	N/A	59.22	N/A	51.66	N/A	47.38	N/A	40.73
92	N/A	70.06	N/A	60.36	N/A	52.64	N/A	48.28	N/A	41.51
93	N/A	71.37	N/A	61.48	N/A	53.61	N/A	49.17	N/A	42.28
94	N/A	72.67	N/A	62.61	N/A	54.59	N/A	50.07	N/A	43.07
95	N/A	73.98	N/A	63.73	N/A	55.57	N/A	50.97	N/A	43.84
96	N/A	74.42	N/A	64.11	N/A	55.90	N/A	51.27	N/A	44.09
97	N/A	74.84	N/A	64.48	N/A	56.23	N/A	51.58	N/A	44.35
98	N/A	75.28	N/A	64.86	N/A	56.55	N/A	51.88	N/A	44.61
99	N/A	75.71	N/A	65.23	N/A	56.88	N/A	52.18	N/A	44.87
100	N/A	76.15	N/A	65.60	N/A	57.21	N/A	52.48	N/A	45.12

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.91	0.86	8.80	0.75	8.71	0.66	8.65	0.59	8.58	0.53
26	8.99	0.94	8.87	0.81	8.77	0.72	8.70	0.65	8.62	0.57
27	9.06	1.01	8.93	0.88	8.83	0.77	8.76	0.70	8.68	0.62
28	9.14	1.09	9.00	0.95	8.89	0.84	8.81	0.75	8.72	0.67
29	9.22	1.17	9.06	1.01	8.95	0.89	8.87	0.80	8.78	0.72
30	9.30	1.24	9.13	1.08	9.01	0.95	8.92	0.86	8.82	0.76
31	9.41	1.35	9.23	1.17	9.09	1.03	9.00	0.94	8.89	0.83
32	9.52	1.46	9.32	1.27	9.17	1.11	9.08	1.01	8.95	0.89
33	9.61	1.56	9.42	1.35	9.25	1.20	9.14	1.08	9.02	0.96
34	9.72	1.67	9.50	1.45	9.34	1.28	9.22	1.16	9.09	1.02
35	9.83	1.78	9.60	1.54	9.42	1.36	9.30	1.23	9.15	1.09
36	9.98	1.93	9.72	1.66	9.53	1.47	9.39	1.33	9.24	1.18
37	10.11	2.06	9.85	1.78	9.63	1.57	9.49	1.43	9.33	1.27
38	10.25	2.20	9.96	1.90	9.74	1.68	9.58	1.52	9.41	1.34
39	10.38	2.33	10.08	2.02	9.83	1.78	9.68	1.62	9.49	1.43
40	10.53	2.48	10.20	2.15	9.94	1.89	9.78	1.72	9.58	1.52
41	10.70	2.65	10.35	2.30	10.08	2.02	9.90	1.84	9.69	1.63
42	10.88	2.82	10.51	2.44	10.21	2.16	10.02	1.96	9.79	1.74
43	11.04	2.99	10.65	2.60	10.35	2.29	10.14	2.08	9.90	1.84
44	11.22	3.16	10.80	2.74	10.48	2.42	10.26	2.20	10.00	1.95
45	11.40	3.33	10.96	2.89	10.62	2.55	10.38	2.32	10.11	2.06
46	11.61	3.55	11.14	3.08	10.78	2.72	10.54	2.48	10.24	2.19
47	11.83	3.76	11.33	3.27	10.95	2.88	10.68	2.63	10.37	2.32
48	12.03	3.98	11.52	3.45	11.10	3.05	10.84	2.77	10.51	2.44
49	12.25	4.19	11.70	3.64	11.26	3.21	10.98	2.93	10.64	2.57
50	12.46	4.41	11.89	3.83	11.43	3.38	11.13	3.08	10.77	2.71
51	12.75	4.70	12.14	4.08	11.65	3.60	11.33	3.28	10.95	2.88
52	13.05	4.98	12.40	4.33	11.87	3.82	11.54	3.48	11.12	3.06
53	13.33	5.28	12.64	4.58	12.08	4.03	11.74	3.69	11.29	3.22
54	13.63	5.57	12.89	4.83	12.30	4.25	11.95	3.88	11.46	3.40
55	13.92	5.85	13.15	5.08	12.52	4.47	12.14	4.08	11.64	3.58
56	14.36	6.29	13.53	5.47	12.85	4.80	12.45	4.39	11.90	3.84
57	14.80	6.73	13.90	5.84	13.18	5.13	12.76	4.70	12.18	4.11
58	15.22	7.16	14.29	6.23	13.52	5.46	13.07	4.99	12.44	4.38
59	15.66	7.60	14.66	6.60	13.85	5.79	13.38	5.30	12.72	4.65
60	16.10	8.04	15.05	6.99	14.18	6.12	13.68	5.61	12.98	4.92
61	16.81	8.68	15.66	7.54	14.73	6.60	14.19	6.05	13.43	5.30
62	17.50	9.32	16.28	8.10	15.27	7.08	14.70	6.50	13.88	5.70
63	18.21	9.94	16.90	8.65	15.82	7.57	15.20	6.94	14.34	6.08
64	18.90	10.58	17.51	9.21	16.36	8.05	15.71	7.39	14.80	6.48
65	19.60	11.22	18.13	9.76	16.91	8.54	16.21	7.83	15.25	6.86
66	20.93	12.54	19.28	10.91	17.92	9.54	17.14	8.76	16.06	7.68
67	22.26	13.87	20.44	12.06	18.93	10.55	18.06	9.68	16.89	8.49
68	23.58	15.19	21.60	13.21	19.94	11.55	19.00	10.59	17.70	9.32
69	24.92	16.52	22.76	14.36	20.96	12.56	19.92	11.52	18.52	10.13
70	26.25	17.84	23.91	15.51	21.97	13.56	20.85	12.44	19.34	10.95
71	28.42	20.02	25.81	17.40	23.63	15.21	22.36	13.95	20.69	12.29
72	30.61	22.19	27.71	19.28	25.29	16.86	23.88	15.47	22.04	13.63
73	32.79	24.37	29.60	21.18	26.94	18.51	25.41	16.97	23.40	14.97
74	34.98	26.53	31.50	23.06	28.60	20.16	26.93	18.49	24.75	16.31
75	37.16	28.71	33.40	24.95	30.26	21.81	28.45	20.00	26.10	17.66
76	40.60	32.15	36.39	27.94	32.88	24.43	30.84	22.40	28.23	19.78
77	44.04	35.60	39.38	30.93	35.50	27.05	33.24	24.79	30.34	21.89
78	47.50	39.05	42.38	33.94	38.12	29.67	35.65	27.20	32.46	24.01
79	50.94	42.49	45.38	36.93	40.73	32.29	38.05	29.60	34.57	26.13
80	N/A	45.94	N/A	39.92	N/A	34.90	N/A	32.00	N/A	28.25
81	N/A	50.25	N/A	43.66	N/A	38.17	N/A	35.00	N/A	30.90
82	N/A	54.55	N/A	47.40	N/A	41.45	N/A	37.99	N/A	33.55
83	N/A	58.86	N/A	51.15	N/A	44.72	N/A	41.00	N/A	36.19
84	N/A	63.16	N/A	54.89	N/A	47.99	N/A	43.99	N/A	38.84
85	N/A	67.47	N/A	58.63	N/A	51.26	N/A	46.99	N/A	41.49
86	N/A	71.78	N/A	62.37	N/A	54.53	N/A	50.00	N/A	44.14
87	N/A	76.09	N/A	66.11	N/A	57.81	N/A	53.00	N/A	46.79
88	N/A	80.39	N/A	69.86	N/A	61.07	N/A	55.99	N/A	49.43
89	N/A	84.70	N/A	73.60	N/A	64.35	N/A	58.99	N/A	52.09
90	N/A	89.00	N/A	77.34	N/A	67.62	N/A	62.00	N/A	54.74
91	N/A	90.73	N/A	78.84	N/A	68.93	N/A	63.20	N/A	55.79
92	N/A	92.44	N/A	80.33	N/A	70.24	N/A	64.39	N/A	56.85
93	N/A	94.17	N/A	81.83	N/A	71.54	N/A	65.59	N/A	57.92
94	N/A	95.89	N/A	83.33	N/A	72.85	N/A	66.79	N/A	58.97
95	N/A	97.61	N/A	84.82	N/A	74.16	N/A	67.99	N/A	60.03
96	N/A	98.19	N/A	85.32	N/A	74.60	N/A	68.39	N/A	60.38
97	N/A	98.76	N/A	85.82	N/A	75.04	N/A	68.79	N/A	60.73
98	N/A	99.34	N/A	86.32	N/A	75.47	N/A	69.19	N/A	61.09
99	N/A	99.91	N/A	86.82	N/A	75.91	N/A	69.60	N/A	61.45
100	N/A	100.49	N/A	87.32	N/A	76.35	N/A	69.99	N/A	61.80

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	9.04	0.98	8.91	0.86	8.81	0.76	8.75	0.68	8.67	0.59
26	9.13	1.07	8.99	0.94	8.88	0.83	8.81	0.75	8.72	0.65
27	9.22	1.16	9.06	1.01	8.94	0.89	8.87	0.80	8.77	0.70
28	9.31	1.25	9.14	1.09	9.02	0.96	8.93	0.87	8.82	0.75
29	9.39	1.34	9.22	1.17	9.09	1.02	8.99	0.92	8.87	0.80
30	9.48	1.43	9.30	1.24	9.15	1.09	9.05	0.99	8.92	0.86
31	9.60	1.55	9.41	1.35	9.24	1.19	9.14	1.08	9.00	0.94
32	9.72	1.67	9.52	1.45	9.34	1.28	9.23	1.17	9.08	1.01
33	9.86	1.79	9.61	1.56	9.43	1.38	9.31	1.24	9.14	1.08
34	9.98	1.91	9.72	1.66	9.53	1.46	9.39	1.33	9.22	1.16
35	10.10	2.04	9.83	1.77	9.61	1.56	9.48	1.42	9.30	1.23
36	10.26	2.20	9.98	1.91	9.74	1.68	9.59	1.53	9.39	1.33
37	10.42	2.35	10.11	2.05	9.86	1.80	9.70	1.64	9.49	1.43
38	10.58	2.52	10.25	2.19	9.99	1.93	9.82	1.76	9.58	1.52
39	10.74	2.67	10.38	2.32	10.11	2.05	9.93	1.87	9.68	1.62
40	10.90	2.84	10.53	2.46	10.23	2.17	10.04	1.98	9.78	1.72
41	11.10	3.04	10.70	2.64	10.38	2.32	10.19	2.12	9.90	1.84
42	11.31	3.25	10.87	2.82	10.54	2.48	10.33	2.27	10.02	1.96
43	11.51	3.44	11.04	2.98	10.68	2.62	10.46	2.41	10.14	2.09
44	11.72	3.65	11.21	3.16	10.84	2.77	10.60	2.55	10.26	2.21
45	11.91	3.85	11.39	3.33	10.99	2.93	10.75	2.70	10.38	2.33
46	12.17	4.10	11.61	3.54	11.18	3.11	10.92	2.87	10.54	2.49
47	12.42	4.36	11.81	3.76	11.36	3.30	11.10	3.05	10.69	2.63
48	12.66	4.60	12.03	3.97	11.55	3.50	11.28	3.21	10.84	2.78
49	12.91	4.85	12.24	4.19	11.74	3.69	11.45	3.39	10.99	2.93
50	13.17	5.10	12.46	4.40	11.92	3.87	11.63	3.56	11.14	3.08
51	13.50	5.43	12.75	4.69	12.18	4.13	11.86	3.80	11.34	3.29
52	13.83	5.78	13.04	4.97	12.43	4.38	12.09	4.03	11.55	3.49
53	14.17	6.11	13.33	5.27	12.68	4.62	12.32	4.27	11.75	3.70
54	14.50	6.45	13.62	5.56	12.94	4.87	12.55	4.50	11.96	3.89
55	14.83	6.78	13.90	5.84	13.19	5.13	12.78	4.73	12.16	4.10
56	15.33	7.28	14.34	6.28	13.57	5.51	13.13	5.08	12.46	4.41
57	15.85	7.79	14.78	6.72	13.96	5.90	13.49	5.43	12.78	4.72
58	16.36	8.31	15.22	7.16	14.33	6.27	13.85	5.79	13.09	5.03
59	16.87	8.81	15.66	7.60	14.72	6.66	14.20	6.14	13.41	5.34
60	17.38	9.32	16.10	8.04	15.10	7.04	14.55	6.49	13.72	5.64
61	18.18	10.05	16.81	8.68	15.72	7.59	15.13	7.01	14.23	6.09
62	18.99	10.79	17.50	9.32	16.34	8.15	15.71	7.51	14.74	6.55
63	19.78	11.53	18.21	9.94	16.96	8.70	16.28	8.03	15.26	7.00
64	20.58	12.27	18.90	10.58	17.58	9.26	16.86	8.54	15.76	7.45
65	21.38	13.00	19.60	11.22	18.19	9.81	17.44	9.05	16.28	7.90
66	22.91	14.53	20.92	12.54	19.35	10.97	18.50	10.12	17.22	8.83
67	24.44	16.06	22.25	13.86	20.50	12.12	19.57	11.18	18.15	9.77
68	25.97	17.58	23.57	15.18	21.67	13.27	20.64	12.24	19.09	10.69
69	27.50	19.11	24.90	16.50	22.83	14.42	21.70	13.30	20.02	11.63
70	29.03	20.64	26.22	17.82	23.98	15.58	22.77	14.37	20.96	12.56
71	31.54	23.13	28.39	19.98	25.87	17.46	24.52	16.10	22.50	14.09
72	34.03	25.62	30.56	22.13	27.78	19.35	26.26	17.84	24.02	15.61
73	36.54	28.12	32.73	24.30	29.67	21.23	28.01	19.57	25.56	17.14
74	39.04	30.60	34.89	26.46	31.57	23.12	29.74	21.31	27.09	18.66
75	41.55	33.10	37.06	28.61	33.46	25.00	31.49	23.05	28.63	20.19
76	45.52	37.07	40.49	32.04	36.47	28.01	34.25	25.81	31.05	22.61
77	49.49	41.04	43.92	35.48	39.47	31.01	37.03	28.58	33.47	25.03
78	53.46	45.01	47.37	38.92	42.46	34.00	39.79	31.34	35.90	27.46
79	57.43	48.98	50.80	42.35	45.46	37.00	42.56	34.11	38.32	29.88
80	N/A	52.95	N/A	45.78	N/A	40.01	N/A	36.87	N/A	32.30
81	N/A	57.92	N/A	50.07	N/A	43.76	N/A	40.33	N/A	35.32
82	N/A	62.89	N/A	54.36	N/A	47.51	N/A	43.78	N/A	38.35
83	N/A	67.85	N/A	58.65	N/A	51.26	N/A	47.25	N/A	41.38
84	N/A	72.82	N/A	62.94	N/A	55.01	N/A	50.70	N/A	44.41
85	N/A	77.78	N/A	67.23	N/A	58.76	N/A	54.15	N/A	47.43
86	N/A	82.74	N/A	71.52	N/A	62.51	N/A	57.61	N/A	50.46
87	N/A	87.71	N/A	75.81	N/A	66.26	N/A	61.07	N/A	53.49
88	N/A	92.68	N/A	80.11	N/A	70.00	N/A	64.53	N/A	56.52
89	N/A	97.65	N/A	84.40	N/A	73.76	N/A	67.99	N/A	59.55
90	N/A	102.61	N/A	88.69	N/A	77.51	N/A	71.45	N/A	62.58
91	N/A	104.60	N/A	90.41	N/A	79.00	N/A	72.83	N/A	63.79
92	N/A	106.58	N/A	92.13	N/A	80.51	N/A	74.21	N/A	65.00
93	N/A	108.57	N/A	93.84	N/A	82.01	N/A	75.59	N/A	66.21
94	N/A	110.55	N/A	95.56	N/A	83.51	N/A	76.97	N/A	67.42
95	N/A	112.54	N/A	97.27	N/A	85.01	N/A	78.35	N/A	68.63
96	N/A	113.20	N/A	97.85	N/A	85.51	N/A	78.82	N/A	69.04
97	N/A	113.86	N/A	98.42	N/A	86.01	N/A	79.28	N/A	69.44
98	N/A	114.53	N/A	99.00	N/A	86.52	N/A	79.74	N/A	69.84
99	N/A	115.19	N/A	99.57	N/A	87.01	N/A	80.20	N/A	70.25
100	N/A	115.85	N/A	100.14	N/A	87.52	N/A	80.66	N/A	70.65

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	9.13	1.08	9.00	0.95	8.88	0.83	8.80	0.75	8.71	0.66
26	9.23	1.18	9.09	1.03	8.95	0.90	8.87	0.81	8.77	0.72
27	9.33	1.28	9.16	1.11	9.03	0.98	8.93	0.88	8.83	0.78
28	9.42	1.36	9.25	1.20	9.10	1.05	9.00	0.95	8.89	0.84
29	9.52	1.46	9.33	1.28	9.17	1.12	9.06	1.01	8.95	0.90
30	9.61	1.56	9.42	1.36	9.25	1.20	9.13	1.08	9.01	0.96
31	9.75	1.69	9.54	1.49	9.36	1.30	9.23	1.17	9.10	1.03
32	9.88	1.83	9.66	1.60	9.46	1.41	9.32	1.27	9.17	1.12
33	10.02	1.96	9.77	1.72	9.57	1.51	9.42	1.35	9.26	1.20
34	10.15	2.09	9.89	1.83	9.67	1.62	9.50	1.45	9.34	1.29
35	10.29	2.22	10.01	1.95	9.78	1.72	9.60	1.54	9.43	1.36
36	10.46	2.40	10.16	2.10	9.91	1.85	9.72	1.66	9.54	1.47
37	10.64	2.57	10.32	2.26	10.05	1.99	9.85	1.78	9.64	1.58
38	10.81	2.75	10.46	2.41	10.19	2.12	9.97	1.91	9.75	1.68
39	10.99	2.93	10.62	2.56	10.33	2.27	10.09	2.04	9.85	1.79
40	11.17	3.10	10.77	2.72	10.46	2.40	10.21	2.16	9.96	1.90
41	11.39	3.32	10.97	2.92	10.63	2.57	10.36	2.31	10.09	2.04
42	11.61	3.54	11.17	3.10	10.80	2.74	10.52	2.46	10.23	2.17
43	11.84	3.77	11.35	3.30	10.97	2.92	10.68	2.62	10.36	2.31
44	12.06	3.99	11.55	3.49	11.14	3.08	10.84	2.77	10.51	2.44
45	12.28	4.21	11.75	3.69	11.31	3.26	10.99	2.93	10.64	2.57
46	12.55	4.49	11.99	3.93	11.52	3.47	11.18	3.12	10.80	2.74
47	12.83	4.76	12.23	4.17	11.73	3.66	11.37	3.31	10.97	2.92
48	13.11	5.05	12.46	4.41	11.92	3.87	11.56	3.51	11.14	3.08
49	13.39	5.32	12.71	4.65	12.13	4.07	11.76	3.70	11.31	3.26
50	13.66	5.60	12.95	4.90	12.34	4.28	11.95	3.89	11.47	3.42
51	14.03	5.96	13.27	5.20	12.62	4.55	12.20	4.15	11.70	3.65
52	14.39	6.33	13.57	5.52	12.89	4.83	12.45	4.40	11.94	3.87
53	14.76	6.70	13.89	5.83	13.16	5.10	12.71	4.64	12.16	4.10
54	15.13	7.06	14.20	6.15	13.43	5.38	12.96	4.90	12.39	4.32
55	15.49	7.43	14.52	6.46	13.71	5.65	13.21	5.15	12.62	4.55
56	16.06	8.00	15.02	6.95	14.14	6.08	13.61	5.54	12.96	4.90
57	16.63	8.57	15.51	7.45	14.56	6.51	14.00	5.94	13.30	5.24
58	17.22	9.15	16.01	7.93	14.99	6.93	14.41	6.35	13.65	5.59
59	17.79	9.72	16.50	8.43	15.42	7.36	14.81	6.74	13.99	5.93
60	18.36	10.30	17.00	8.92	15.85	7.79	15.20	7.14	14.33	6.27
61	19.24	11.11	17.77	9.63	16.53	8.40	15.83	7.71	14.88	6.77
62	20.11	11.92	18.54	10.33	17.22	9.02	16.47	8.27	15.44	7.26
63	20.99	12.73	19.29	11.03	17.89	9.65	17.09	8.84	15.99	7.74
64	21.86	13.54	20.06	11.74	18.57	10.26	17.73	9.41	16.56	8.24
65	22.74	14.36	20.83	12.44	19.25	10.88	18.36	9.98	17.11	8.73
66	24.41	16.03	22.29	13.89	20.53	12.16	19.54	11.14	18.13	9.76
67	26.08	17.69	23.74	15.35	21.80	13.43	20.71	12.32	19.16	10.78
68	27.75	19.36	25.19	16.79	23.09	14.70	21.88	13.49	20.19	11.79
69	29.43	21.02	26.64	18.24	24.37	15.97	23.06	14.66	21.22	12.82
70	31.10	22.69	28.09	19.69	25.64	17.25	24.23	15.83	22.24	13.84
71	33.81	25.40	30.45	22.04	27.72	19.32	26.16	17.74	23.93	15.51
72	36.52	28.11	32.81	24.39	29.80	21.38	28.07	19.66	25.61	17.18
73	39.24	30.80	35.17	26.74	31.88	23.45	30.00	21.56	27.29	18.87
74	41.94	33.51	37.53	29.08	33.96	25.52	31.91	23.47	28.97	20.54
75	44.66	36.21	39.89	31.44	36.04	27.59	33.84	25.39	30.66	22.21
76	49.01	40.56	43.66	35.21	39.35	30.90	36.88	28.44	33.32	24.87
77	53.35	44.90	47.43	38.98	42.66	34.21	39.93	31.48	35.98	27.53
78	57.70	49.25	51.21	42.76	45.97	37.52	42.98	34.53	38.65	30.21
79	62.04	53.59	54.98	46.53	49.28	40.83	46.02	37.58	41.32	32.87
80	N/A	57.94	N/A	50.30	N/A	44.14	N/A	40.62	N/A	35.53
81	N/A	63.37	N/A	55.02	N/A	48.28	N/A	44.43	N/A	38.86
82	N/A	68.81	N/A	59.73	N/A	52.42	N/A	48.24	N/A	42.20
83	N/A	74.23	N/A	64.45	N/A	56.56	N/A	52.05	N/A	45.53
84	N/A	79.66	N/A	69.16	N/A	60.70	N/A	55.86	N/A	48.86
85	N/A	85.10	N/A	73.88	N/A	64.83	N/A	59.66	N/A	52.20
86	N/A	90.53	N/A	78.60	N/A	68.97	N/A	63.47	N/A	55.53
87	N/A	95.96	N/A	83.31	N/A	73.11	N/A	67.28	N/A	58.86
88	N/A	101.39	N/A	88.02	N/A	77.25	N/A	71.09	N/A	62.18
89	N/A	106.82	N/A	92.74	N/A	81.39	N/A	74.90	N/A	65.52
90	N/A	112.26	N/A	97.46	N/A	85.53	N/A	78.71	N/A	68.85
91	N/A	114.43	N/A	99.34	N/A	87.18	N/A	80.22	N/A	70.18
92	N/A	116.60	N/A	101.23	N/A	88.84	N/A	81.75	N/A	71.51
93	N/A	118.78	N/A	103.11	N/A	90.49	N/A	83.27	N/A	72.85
94	N/A	120.95	N/A	105.01	N/A	92.15	N/A	84.80	N/A	74.18
95	N/A	123.12	N/A	106.89	N/A	93.80	N/A	86.32	N/A	75.52
96	N/A	123.85	N/A	107.51	N/A	94.35	N/A	86.82	N/A	75.96
97	N/A	124.58	N/A	108.14	N/A	94.90	N/A	87.33	N/A	76.41
98	N/A	125.29	N/A	108.78	N/A	95.46	N/A	87.85	N/A	76.85
99	N/A	126.02	N/A	109.41	N/A	96.01	N/A	88.35	N/A	77.30
100	N/A	126.74	N/A	110.03	N/A	96.56	N/A	88.86	N/A	77.74

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	12.88	4.82	12.25	4.19	11.78	3.72	11.48	3.42	11.06	2.99
46	13.21	5.15	12.53	4.47	12.02	3.96	11.70	3.64	11.25	3.19
47	13.54	5.48	12.82	4.75	12.25	4.20	11.92	3.87	11.44	3.38
48	13.87	5.82	13.09	5.03	12.51	4.44	12.16	4.09	11.63	3.58
49	14.20	6.15	13.38	5.31	12.74	4.69	12.36	4.31	11.83	3.77
50	14.53	6.48	13.65	5.59	12.98	4.93	12.58	4.53	12.01	3.96
51	14.97	6.92	14.01	5.95	13.29	5.24	12.87	4.82	12.27	4.21
52	15.41	7.35	14.38	6.31	13.61	5.56	13.17	5.12	12.52	4.47
53	15.85	7.80	14.75	6.69	13.93	5.87	13.44	5.39	12.76	4.71
54	16.30	8.24	15.11	7.05	14.25	6.19	13.74	5.69	13.01	4.96
55	16.75	8.69	15.48	7.41	14.55	6.50	14.03	5.97	13.26	5.20
56	17.46	9.39	16.09	8.03	15.09	7.03	14.51	6.46	13.67	5.62
57	18.17	10.11	16.72	8.66	15.62	7.57	15.02	6.96	14.09	6.04
58	18.91	10.84	17.36	9.30	16.16	8.10	15.51	7.45	14.53	6.47
59	19.65	11.57	18.00	9.93	16.70	8.65	16.02	7.95	14.96	6.90
60	20.38	12.31	18.65	10.58	17.26	9.20	16.52	8.46	15.38	7.32
61	21.49	13.35	19.60	11.48	18.10	9.98	17.29	9.17	16.05	7.92
62	22.62	14.41	20.58	12.40	18.95	10.77	18.07	9.89	16.73	8.54
63	23.74	15.49	21.58	13.33	19.80	11.55	18.87	10.62	17.40	9.16
64	24.89	16.58	22.57	14.26	20.67	12.35	19.66	11.34	18.08	9.78
65	26.05	17.67	23.57	15.20	21.54	13.17	20.45	12.08	18.77	10.40
66	28.34	19.95	25.55	17.18	23.25	14.88	22.02	13.64	20.12	11.75
67	30.69	22.30	27.59	19.21	25.00	16.62	23.63	15.25	21.52	13.13
68	33.08	24.68	29.65	21.25	26.80	18.41	25.27	16.87	22.92	14.54
69	35.51	27.10	31.76	23.35	28.61	20.22	26.94	18.55	24.38	15.98
70	37.98	29.58	33.89	25.49	30.46	22.07	28.63	20.23	25.84	17.45
71	41.87	33.45	37.24	28.82	33.35	24.95	31.27	22.86	28.12	19.71
72	45.82	37.39	40.65	32.23	36.30	27.89	33.96	25.53	30.44	22.02
73	49.83	41.40	44.12	35.68	39.30	30.87	36.70	28.27	32.80	24.38
74	53.93	45.50	47.64	39.20	42.35	33.90	39.49	31.05	35.21	26.77
75	58.10	49.65	51.25	42.80	45.46	37.00	42.33	33.88	37.66	29.22
76	64.06	55.62	56.39	47.94	49.91	41.45	46.40	37.95	41.17	32.73
77	70.02	61.57	61.52	53.08	54.34	45.88	50.46	42.01	44.68	36.23
78	75.98	67.53	66.66	58.21	58.78	50.33	54.53	46.08	48.18	39.73
79	81.93	73.48	71.80	63.35	63.22	54.76	58.59	50.14	51.69	43.24
80	N/A	79.44	N/A	68.49	N/A	59.20	N/A	54.21	N/A	46.75
81	N/A	86.89	N/A	74.91	N/A	64.76	N/A	59.29	N/A	51.13
82	N/A	94.34	N/A	81.32	N/A	70.30	N/A	64.37	N/A	55.52
83	N/A	101.79	N/A	87.75	N/A	75.86	N/A	69.45	N/A	59.90
84	N/A	109.24	N/A	94.16	N/A	81.40	N/A	74.54	N/A	64.28
85	N/A	116.69	N/A	100.58	N/A	86.96	N/A	79.62	N/A	68.66
86	N/A	124.14	N/A	107.01	N/A	92.51	N/A	84.70	N/A	73.04
87	N/A	131.58	N/A	113.42	N/A	98.05	N/A	89.78	N/A	77.43
88	N/A	139.03	N/A	119.85	N/A	103.61	N/A	94.86	N/A	81.81
89	N/A	146.48	N/A	126.26	N/A	109.15	N/A	99.95	N/A	86.20
90	N/A	153.92	N/A	132.68	N/A	114.71	N/A	105.03	N/A	90.57
91	N/A	156.90	N/A	135.25	N/A	116.93	N/A	107.06	N/A	92.32
92	N/A	159.89	N/A	137.82	N/A	119.15	N/A	109.10	N/A	94.07
93	N/A	162.87	N/A	140.38	N/A	121.37	N/A	111.12	N/A	95.83
94	N/A	165.85	N/A	142.96	N/A	123.60	N/A	113.16	N/A	97.58
95	N/A	168.83	N/A	145.52	N/A	125.82	N/A	115.19	N/A	99.33
96	N/A	169.82	N/A	146.38	N/A	126.56	N/A	115.87	N/A	99.91
97	N/A	170.81	N/A	147.24	N/A	127.29	N/A	116.55	N/A	100.50
98	N/A	171.81	N/A	148.09	N/A	128.04	N/A	117.23	N/A	101.09
99	N/A	172.80	N/A	148.95	N/A	128.78	N/A	117.90	N/A	101.67
100	N/A	173.79	N/A	149.81	N/A	129.51	N/A	118.58	N/A	102.26

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.49	0.32	4.44	0.28	4.41	0.24	4.39	0.22	4.36	0.20
26	4.52	0.35	4.47	0.31	4.43	0.26	4.41	0.24	4.38	0.21
27	4.54	0.37	4.50	0.33	4.46	0.29	4.42	0.26	4.39	0.23
28	4.58	0.41	4.52	0.36	4.47	0.31	4.44	0.29	4.41	0.25
29	4.60	0.44	4.55	0.39	4.49	0.33	4.47	0.30	4.43	0.26
30	4.63	0.46	4.58	0.41	4.52	0.35	4.49	0.32	4.44	0.29
31	4.68	0.51	4.61	0.44	4.54	0.39	4.52	0.35	4.47	0.31
32	4.71	0.55	4.64	0.47	4.58	0.42	4.54	0.39	4.50	0.33
33	4.75	0.58	4.69	0.52	4.61	0.44	4.58	0.41	4.52	0.36
34	4.80	0.63	4.72	0.55	4.64	0.47	4.60	0.44	4.55	0.39
35	4.84	0.66	4.75	0.58	4.68	0.51	4.63	0.46	4.58	0.41
36	4.88	0.72	4.80	0.63	4.71	0.55	4.68	0.51	4.61	0.44
37	4.94	0.77	4.84	0.68	4.75	0.58	4.71	0.54	4.63	0.47
38	4.99	0.83	4.90	0.73	4.80	0.63	4.74	0.57	4.68	0.51
39	5.05	0.88	4.94	0.77	4.84	0.66	4.77	0.62	4.70	0.54
40	5.09	0.94	4.98	0.81	4.87	0.70	4.82	0.65	4.73	0.57
41	5.16	1.00	5.04	0.88	4.93	0.76	4.86	0.69	4.77	0.61
42	5.24	1.07	5.09	0.94	4.97	0.80	4.91	0.74	4.81	0.65
43	5.29	1.13	5.16	0.99	5.03	0.86	4.95	0.79	4.86	0.69
44	5.37	1.20	5.21	1.06	5.07	0.91	4.99	0.84	4.90	0.73
45	5.43	1.27	5.27	1.11	5.13	0.96	5.05	0.88	4.94	0.77
46	5.52	1.35	5.35	1.19	5.19	1.02	5.10	0.94	4.98	0.81
47	5.60	1.43	5.42	1.25	5.25	1.09	5.16	0.99	5.04	0.87
48	5.69	1.52	5.49	1.32	5.31	1.14	5.23	1.06	5.08	0.92
49	5.76	1.60	5.57	1.40	5.38	1.21	5.28	1.11	5.14	0.97
50	5.85	1.68	5.63	1.46	5.45	1.28	5.34	1.18	5.19	1.02
51	5.96	1.79	5.73	1.56	5.52	1.36	5.41	1.25	5.26	1.09
52	6.07	1.90	5.83	1.66	5.61	1.44	5.49	1.32	5.32	1.16
53	6.18	2.01	5.93	1.76	5.69	1.53	5.57	1.41	5.39	1.22
54	6.29	2.12	6.03	1.86	5.78	1.61	5.64	1.47	5.46	1.29
55	6.40	2.23	6.12	1.95	5.85	1.69	5.73	1.56	5.53	1.36
56	6.58	2.41	6.27	2.10	5.98	1.82	5.84	1.67	5.63	1.46
57	6.75	2.59	6.41	2.24	6.12	1.95	5.96	1.79	5.73	1.56
58	6.93	2.76	6.56	2.39	6.25	2.09	6.07	1.91	5.83	1.66
59	7.10	2.94	6.69	2.53	6.37	2.21	6.18	2.02	5.93	1.76
60	7.24	3.10	6.82	2.67	6.48	2.33	6.28	2.13	6.01	1.86
61	7.49	3.33	7.04	2.87	6.67	2.51	6.46	2.30	6.16	2.00
62	7.71	3.55	7.23	3.07	6.83	2.67	6.61	2.44	6.29	2.12
63	7.91	3.76	7.39	3.23	6.97	2.83	6.73	2.60	6.40	2.24
64	8.07	3.96	7.51	3.40	7.08	2.96	6.84	2.72	6.48	2.35
65	8.22	4.13	7.63	3.55	7.18	3.09	6.92	2.84	6.55	2.46
66	8.55	4.53	7.91	3.89	7.40	3.40	7.13	3.11	6.71	2.70
67	8.81	4.90	8.13	4.21	7.59	3.66	7.28	3.37	6.83	2.92
68	9.05	5.23	8.32	4.50	7.73	3.92	7.41	3.59	6.93	3.11
69	9.22	5.51	8.45	4.74	7.84	4.14	7.50	3.78	6.99	3.28
70	9.33	5.74	8.53	4.94	7.89	4.31	7.52	3.95	7.00	3.42
71	9.66	6.20	8.79	5.35	8.11	4.66	7.72	4.27	7.14	3.69
72	9.90	6.59	8.98	5.68	8.25	4.95	7.84	4.53	7.22	3.92
73	10.08	6.92	9.12	5.95	8.36	5.19	7.92	4.76	7.26	4.10
74	10.21	7.19	9.21	6.19	8.42	5.40	7.98	4.95	7.28	4.26
75	10.42	7.50	9.38	6.47	8.56	5.64	8.09	5.17	7.36	4.44
76	10.57	7.85	9.48	6.77	8.62	5.90	8.13	5.41	7.38	4.65
77	10.77	8.21	9.64	7.06	8.73	6.16	8.22	5.65	7.43	4.86
78	10.89	8.47	9.72	7.30	8.79	6.37	8.26	5.84	7.44	5.03
79	10.90	8.64	9.70	7.44	8.76	6.49	8.22	5.95	7.38	5.12
80	N/A	8.70	N/A	7.50	N/A	6.55	N/A	6.00	N/A	5.16
81	N/A	9.53	N/A	8.21	N/A	7.15	N/A	6.56	N/A	5.64
82	N/A	10.34	N/A	8.90	N/A	7.77	N/A	7.13	N/A	6.13
83	N/A	11.15	N/A	9.60	N/A	8.38	N/A	7.69	N/A	6.61
84	N/A	11.97	N/A	10.31	N/A	8.99	N/A	8.25	N/A	7.10
85	N/A	12.78	N/A	11.01	N/A	9.60	N/A	8.81	N/A	7.58
86	N/A	13.60	N/A	11.72	N/A	10.22	N/A	9.37	N/A	8.06
87	N/A	14.42	N/A	12.42	N/A	10.84	N/A	9.93	N/A	8.55
88	N/A	15.24	N/A	13.12	N/A	11.44	N/A	10.49	N/A	9.02
89	N/A	16.05	N/A	13.83	N/A	12.06	N/A	11.06	N/A	9.50
90	N/A	16.86	N/A	14.53	N/A	12.67	N/A	11.62	N/A	9.99
91	N/A	17.19	N/A	14.81	N/A	12.91	N/A	11.85	N/A	10.19
92	N/A	17.51	N/A	15.09	N/A	13.16	N/A	12.07	N/A	10.38
93	N/A	17.84	N/A	15.37	N/A	13.41	N/A	12.30	N/A	10.57
94	N/A	18.17	N/A	15.65	N/A	13.65	N/A	12.52	N/A	10.77
95	N/A	18.49	N/A	15.94	N/A	13.89	N/A	12.75	N/A	10.96
96	N/A	18.60	N/A	16.03	N/A	13.98	N/A	12.82	N/A	11.02
97	N/A	18.71	N/A	16.13	N/A	14.06	N/A	12.89	N/A	11.09
98	N/A	18.82	N/A	16.21	N/A	14.14	N/A	12.97	N/A	11.15
99	N/A	18.93	N/A	16.31	N/A	14.22	N/A	13.05	N/A	11.22
100	N/A	19.04	N/A	16.40	N/A	14.30	N/A	13.12	N/A	11.29

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.61	0.44	4.55	0.39	4.51	0.34	4.47	0.31	4.43	0.28
26	4.64	0.48	4.59	0.42	4.53	0.37	4.50	0.34	4.46	0.30
27	4.69	0.53	4.62	0.45	4.57	0.40	4.53	0.36	4.49	0.32
28	4.73	0.56	4.65	0.48	4.60	0.43	4.55	0.39	4.51	0.35
29	4.76	0.61	4.69	0.53	4.63	0.46	4.59	0.42	4.54	0.37
30	4.81	0.64	4.72	0.56	4.65	0.48	4.61	0.44	4.57	0.40
31	4.86	0.70	4.77	0.61	4.70	0.54	4.65	0.48	4.60	0.43
32	4.92	0.76	4.82	0.65	4.74	0.57	4.70	0.53	4.63	0.46
33	4.97	0.80	4.87	0.70	4.79	0.62	4.73	0.56	4.66	0.50
34	5.03	0.87	4.92	0.75	4.83	0.66	4.76	0.59	4.70	0.53
35	5.08	0.92	4.96	0.79	4.87	0.70	4.81	0.64	4.73	0.56
36	5.16	0.99	5.03	0.86	4.93	0.76	4.86	0.69	4.77	0.61
37	5.23	1.07	5.09	0.92	4.97	0.81	4.91	0.74	4.82	0.65
38	5.30	1.13	5.15	0.98	5.04	0.87	4.95	0.78	4.86	0.69
39	5.37	1.21	5.21	1.05	5.08	0.92	5.01	0.84	4.91	0.74
40	5.45	1.28	5.27	1.11	5.14	0.98	5.06	0.89	4.95	0.78
41	5.53	1.38	5.36	1.19	5.21	1.05	5.12	0.95	5.02	0.85
42	5.62	1.45	5.43	1.27	5.28	1.11	5.18	1.01	5.06	0.90
43	5.71	1.55	5.51	1.34	5.36	1.19	5.25	1.08	5.12	0.95
44	5.80	1.63	5.59	1.42	5.42	1.25	5.30	1.13	5.17	1.01
45	5.90	1.73	5.67	1.50	5.49	1.32	5.37	1.20	5.23	1.07
46	6.01	1.84	5.76	1.60	5.58	1.41	5.45	1.28	5.29	1.13
47	6.12	1.95	5.86	1.69	5.65	1.49	5.52	1.36	5.37	1.20
48	6.23	2.06	5.95	1.78	5.74	1.57	5.60	1.43	5.43	1.27
49	6.34	2.17	6.05	1.88	5.82	1.66	5.68	1.52	5.50	1.33
50	6.45	2.28	6.15	1.98	5.91	1.75	5.75	1.60	5.57	1.40
51	6.59	2.43	6.28	2.11	6.03	1.86	5.86	1.69	5.65	1.49
52	6.74	2.57	6.41	2.24	6.14	1.97	5.96	1.79	5.75	1.58
53	6.90	2.73	6.53	2.37	6.25	2.08	6.07	1.90	5.84	1.66
54	7.05	2.88	6.67	2.50	6.36	2.20	6.18	2.01	5.93	1.76
55	7.19	3.03	6.80	2.63	6.47	2.31	6.28	2.11	6.02	1.85
56	7.43	3.26	7.00	2.83	6.64	2.48	6.44	2.27	6.15	1.98
57	7.65	3.48	7.18	3.01	6.81	2.65	6.59	2.43	6.29	2.12
58	7.87	3.70	7.38	3.21	6.99	2.82	6.75	2.57	6.42	2.27
59	8.07	3.92	7.56	3.40	7.14	2.98	6.90	2.74	6.56	2.40
60	8.27	4.14	7.73	3.59	7.28	3.15	7.03	2.88	6.67	2.53
61	8.60	4.44	8.02	3.85	7.54	3.38	7.26	3.09	6.88	2.72
62	8.89	4.73	8.27	4.11	7.76	3.60	7.46	3.30	7.05	2.89
63	9.14	4.99	8.49	4.35	7.94	3.81	7.63	3.49	7.21	3.06
64	9.36	5.24	8.67	4.55	8.10	3.99	7.78	3.66	7.33	3.21
65	9.56	5.47	8.84	4.76	8.24	4.16	7.91	3.82	7.44	3.34
66	10.01	6.00	9.22	5.21	8.57	4.57	8.20	4.19	7.68	3.67
67	10.40	6.48	9.55	5.63	8.84	4.93	8.44	4.52	7.89	3.97
68	10.74	6.92	9.83	6.02	9.08	5.26	8.65	4.82	8.06	4.25
69	11.00	7.29	10.05	6.34	9.25	5.54	8.80	5.08	8.18	4.48
70	11.18	7.60	10.19	6.61	9.36	5.78	8.88	5.30	8.24	4.66
71	11.65	8.21	10.58	7.14	9.69	6.24	9.16	5.72	8.48	5.04
72	12.01	8.71	10.88	7.57	9.92	6.62	9.37	6.07	8.66	5.35
73	12.30	9.14	11.10	7.94	10.10	6.94	9.53	6.37	8.78	5.61
74	12.52	9.49	11.26	8.25	10.23	7.22	9.64	6.61	8.86	5.83
75	12.82	9.90	11.52	8.60	10.44	7.52	9.81	6.90	9.01	6.09
76	13.08	10.36	11.73	9.00	10.59	7.88	9.94	7.22	9.10	6.37
77	13.39	10.81	11.97	9.41	10.79	8.22	10.10	7.54	9.22	6.66
78	13.61	11.19	12.14	9.72	10.91	8.49	10.21	7.79	9.30	6.88
79	13.66	11.40	12.17	9.90	10.92	8.66	10.20	7.94	9.27	7.01
80	N/A	11.48	N/A	9.98	N/A	8.72	N/A	8.00	N/A	7.06
81	N/A	12.56	N/A	10.91	N/A	9.55	N/A	8.76	N/A	7.72
82	N/A	13.64	N/A	11.85	N/A	10.36	N/A	9.50	N/A	8.39
83	N/A	14.72	N/A	12.79	N/A	11.18	N/A	10.25	N/A	9.05
84	N/A	15.80	N/A	13.73	N/A	12.00	N/A	11.00	N/A	9.71
85	N/A	16.87	N/A	14.66	N/A	12.82	N/A	11.75	N/A	10.37
86	N/A	17.94	N/A	15.60	N/A	13.63	N/A	12.50	N/A	11.03
87	N/A	19.02	N/A	16.53	N/A	14.45	N/A	13.26	N/A	11.70
88	N/A	20.10	N/A	17.47	N/A	15.27	N/A	14.00	N/A	12.36
89	N/A	21.18	N/A	18.40	N/A	16.09	N/A	14.75	N/A	13.02
90	N/A	22.25	N/A	19.34	N/A	16.91	N/A	15.50	N/A	13.68
91	N/A	22.68	N/A	19.71	N/A	17.24	N/A	15.80	N/A	13.95
92	N/A	23.11	N/A	20.09	N/A	17.56	N/A	16.10	N/A	14.21
93	N/A	23.54	N/A	20.46	N/A	17.89	N/A	16.40	N/A	14.48
94	N/A	23.97	N/A	20.83	N/A	18.22	N/A	16.70	N/A	14.74
95	N/A	24.41	N/A	21.21	N/A	18.55	N/A	17.00	N/A	15.00
96	N/A	24.55	N/A	21.33	N/A	18.66	N/A	17.09	N/A	15.09
97	N/A	24.70	N/A	21.46	N/A	18.77	N/A	17.20	N/A	15.18
98	N/A	24.84	N/A	21.58	N/A	18.87	N/A	17.30	N/A	15.28
99	N/A	24.98	N/A	21.70	N/A	18.98	N/A	17.40	N/A	15.37
100	N/A	25.12	N/A	21.84	N/A	19.09	N/A	17.50	N/A	15.46

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.68	0.51	4.61	0.44	4.55	0.40	4.52	0.35	4.48	0.31
26	4.72	0.55	4.64	0.48	4.59	0.43	4.55	0.39	4.51	0.34
27	4.76	0.59	4.69	0.53	4.62	0.46	4.59	0.42	4.53	0.36
28	4.81	0.65	4.73	0.56	4.66	0.50	4.62	0.45	4.57	0.39
29	4.86	0.69	4.76	0.61	4.70	0.53	4.64	0.47	4.59	0.42
30	4.91	0.74	4.81	0.64	4.73	0.56	4.69	0.52	4.61	0.44
31	4.96	0.80	4.86	0.70	4.77	0.62	4.73	0.56	4.65	0.48
32	5.03	0.87	4.92	0.75	4.83	0.66	4.77	0.61	4.70	0.53
33	5.09	0.92	4.97	0.80	4.87	0.72	4.81	0.64	4.73	0.56
34	5.16	0.99	5.03	0.86	4.93	0.76	4.86	0.69	4.76	0.59
35	5.23	1.06	5.08	0.91	4.97	0.80	4.91	0.74	4.81	0.64
36	5.30	1.13	5.16	0.99	5.04	0.87	4.96	0.79	4.86	0.69
37	5.39	1.22	5.23	1.06	5.09	0.94	5.02	0.85	4.91	0.74
38	5.47	1.30	5.30	1.13	5.16	0.99	5.08	0.91	4.95	0.78
39	5.56	1.39	5.37	1.20	5.23	1.06	5.14	0.97	5.01	0.84
40	5.63	1.46	5.45	1.28	5.29	1.12	5.19	1.02	5.06	0.89
41	5.74	1.57	5.53	1.36	5.37	1.20	5.27	1.10	5.12	0.95
42	5.85	1.68	5.62	1.45	5.45	1.28	5.35	1.18	5.18	1.01
43	5.95	1.78	5.71	1.54	5.52	1.35	5.41	1.24	5.25	1.08
44	6.06	1.89	5.80	1.63	5.60	1.43	5.48	1.32	5.30	1.14
45	6.16	1.99	5.89	1.73	5.69	1.52	5.56	1.40	5.37	1.21
46	6.29	2.12	6.01	1.83	5.78	1.61	5.64	1.49	5.45	1.29
47	6.42	2.26	6.11	1.95	5.87	1.71	5.74	1.57	5.53	1.36
48	6.55	2.38	6.23	2.06	5.97	1.80	5.83	1.66	5.60	1.44
49	6.68	2.51	6.33	2.17	6.07	1.90	5.92	1.75	5.69	1.52
50	6.81	2.64	6.45	2.28	6.16	2.00	6.02	1.85	5.76	1.60
51	6.97	2.81	6.59	2.42	6.29	2.13	6.13	1.96	5.86	1.71
52	7.15	2.98	6.74	2.57	6.42	2.27	6.25	2.08	5.97	1.80
53	7.33	3.16	6.90	2.73	6.56	2.39	6.37	2.21	6.07	1.91
54	7.49	3.33	7.04	2.87	6.69	2.52	6.49	2.32	6.18	2.01
55	7.67	3.51	7.19	3.03	6.82	2.65	6.61	2.44	6.28	2.12
56	7.93	3.76	7.41	3.25	7.02	2.85	6.79	2.63	6.45	2.28
57	8.20	4.03	7.63	3.48	7.22	3.05	6.96	2.81	6.60	2.44
58	8.45	4.29	7.87	3.70	7.40	3.23	7.15	2.99	6.77	2.60
59	8.70	4.54	8.07	3.92	7.59	3.43	7.33	3.17	6.92	2.75
60	8.93	4.79	8.27	4.14	7.77	3.62	7.48	3.33	7.05	2.90
61	9.31	5.15	8.60	4.44	8.04	3.88	7.73	3.59	7.28	3.11
62	9.64	5.48	8.89	4.73	8.29	4.14	7.98	3.82	7.48	3.32
63	9.93	5.79	9.14	4.99	8.53	4.37	8.17	4.04	7.67	3.52
64	10.20	6.07	9.36	5.24	8.70	4.59	8.35	4.22	7.81	3.69
65	10.43	6.34	9.56	5.47	8.88	4.79	8.50	4.41	7.94	3.85
66	10.96	6.95	10.01	6.00	9.25	5.25	8.84	4.84	8.23	4.22
67	11.42	7.50	10.40	6.47	9.58	5.67	9.14	5.23	8.48	4.57
68	11.83	8.01	10.74	6.91	9.87	6.04	9.39	5.58	8.69	4.87
69	12.14	8.44	11.00	7.28	10.08	6.37	9.58	5.87	8.84	5.14
70	12.36	8.79	11.17	7.59	10.22	6.63	9.70	6.12	8.92	5.35
71	12.93	9.48	11.64	8.20	10.60	7.16	10.05	6.60	9.22	5.78
72	13.35	10.05	11.99	8.69	10.90	7.59	10.31	7.01	9.43	6.13
73	13.71	10.54	12.28	9.11	11.12	7.96	10.51	7.34	9.58	6.42
74	13.97	10.95	12.49	9.46	11.30	8.27	10.64	7.62	9.69	6.68
75	14.33	11.42	12.78	9.87	11.54	8.62	10.87	7.95	9.88	6.96
76	14.66	11.95	13.05	10.33	11.75	9.02	11.03	8.32	10.01	7.28
77	15.04	12.47	13.35	10.78	11.99	9.43	11.25	8.69	10.18	7.60
78	15.31	12.89	13.56	11.14	12.17	9.74	11.40	8.98	10.29	7.87
79	15.40	13.13	13.62	11.35	12.19	9.92	11.41	9.14	10.27	8.01
80	N/A	13.24	N/A	11.45	N/A	10.00	N/A	9.22	N/A	8.07
81	N/A	14.48	N/A	12.52	N/A	10.95	N/A	10.09	N/A	8.83
82	N/A	15.72	N/A	13.60	N/A	11.88	N/A	10.95	N/A	9.59
83	N/A	16.96	N/A	14.66	N/A	12.82	N/A	11.81	N/A	10.35
84	N/A	18.21	N/A	15.74	N/A	13.75	N/A	12.67	N/A	11.10
85	N/A	19.45	N/A	16.81	N/A	14.70	N/A	13.54	N/A	11.86
86	N/A	20.69	N/A	17.89	N/A	15.63	N/A	14.40	N/A	12.62
87	N/A	21.93	N/A	18.95	N/A	16.57	N/A	15.27	N/A	13.38
88	N/A	23.17	N/A	20.03	N/A	17.50	N/A	16.14	N/A	14.14
89	N/A	24.41	N/A	21.10	N/A	18.44	N/A	17.00	N/A	14.89
90	N/A	25.65	N/A	22.18	N/A	19.38	N/A	17.86	N/A	15.64
91	N/A	26.15	N/A	22.61	N/A	19.76	N/A	18.21	N/A	15.95
92	N/A	26.64	N/A	23.03	N/A	20.13	N/A	18.56	N/A	16.25
93	N/A	27.15	N/A	23.46	N/A	20.50	N/A	18.90	N/A	16.56
94	N/A	27.64	N/A	23.89	N/A	20.88	N/A	19.24	N/A	16.85
95	N/A	28.14	N/A	24.32	N/A	21.25	N/A	19.59	N/A	17.16
96	N/A	28.30	N/A	24.46	N/A	21.38	N/A	19.70	N/A	17.26
97	N/A	28.47	N/A	24.61	N/A	21.51	N/A	19.82	N/A	17.36
98	N/A	28.63	N/A	24.75	N/A	21.63	N/A	19.93	N/A	17.46
99	N/A	28.80	N/A	24.89	N/A	21.76	N/A	20.05	N/A	17.57
100	N/A	28.96	N/A	25.04	N/A	21.88	N/A	20.16	N/A	17.67

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.72	0.56	4.65	0.48	4.59	0.43	4.55	0.39	4.51	0.34
26	4.77	0.61	4.70	0.54	4.63	0.46	4.59	0.42	4.53	0.37
27	4.82	0.66	4.74	0.57	4.68	0.51	4.62	0.45	4.57	0.41
28	4.87	0.70	4.79	0.62	4.71	0.54	4.65	0.48	4.60	0.43
29	4.92	0.76	4.82	0.66	4.74	0.58	4.69	0.53	4.63	0.46
30	4.97	0.80	4.87	0.70	4.79	0.62	4.72	0.56	4.65	0.50
31	5.04	0.88	4.93	0.77	4.84	0.67	4.77	0.61	4.71	0.54
32	5.10	0.95	4.99	0.83	4.90	0.73	4.82	0.65	4.74	0.58
33	5.18	1.01	5.05	0.89	4.95	0.78	4.87	0.70	4.79	0.62
34	5.25	1.08	5.12	0.95	4.99	0.84	4.92	0.75	4.83	0.66
35	5.31	1.14	5.18	1.01	5.06	0.89	4.96	0.79	4.87	0.70
36	5.41	1.24	5.26	1.09	5.13	0.96	5.03	0.86	4.93	0.76
37	5.50	1.33	5.34	1.17	5.20	1.03	5.09	0.92	4.98	0.81
38	5.59	1.42	5.41	1.24	5.27	1.10	5.15	0.99	5.04	0.87
39	5.69	1.52	5.49	1.32	5.35	1.18	5.21	1.06	5.09	0.92
40	5.78	1.61	5.57	1.41	5.41	1.24	5.28	1.11	5.15	0.98
41	5.89	1.72	5.68	1.51	5.49	1.33	5.36	1.20	5.21	1.06
42	6.01	1.83	5.78	1.61	5.59	1.42	5.43	1.28	5.29	1.12
43	6.12	1.95	5.87	1.71	5.68	1.51	5.52	1.35	5.36	1.20
44	6.24	2.07	5.97	1.80	5.76	1.60	5.60	1.43	5.43	1.27
45	6.35	2.18	6.07	1.90	5.85	1.68	5.69	1.52	5.50	1.33
46	6.49	2.32	6.20	2.04	5.95	1.79	5.78	1.62	5.59	1.42
47	6.63	2.46	6.33	2.16	6.06	1.89	5.89	1.72	5.68	1.51
48	6.78	2.61	6.45	2.28	6.16	2.00	5.97	1.82	5.76	1.60
49	6.92	2.75	6.57	2.41	6.27	2.10	6.08	1.91	5.85	1.68
50	7.06	2.89	6.70	2.53	6.38	2.21	6.18	2.01	5.93	1.77
51	7.25	3.08	6.86	2.70	6.52	2.35	6.30	2.15	6.05	1.89
52	7.44	3.27	7.02	2.86	6.67	2.50	6.44	2.28	6.17	2.00
53	7.63	3.47	7.18	3.01	6.80	2.64	6.57	2.40	6.28	2.12
54	7.82	3.65	7.35	3.18	6.94	2.78	6.70	2.53	6.40	2.23
55	8.01	3.84	7.51	3.34	7.08	2.93	6.83	2.66	6.52	2.35
56	8.31	4.14	7.77	3.60	7.30	3.15	7.03	2.86	6.70	2.53
57	8.59	4.42	8.01	3.85	7.52	3.37	7.24	3.07	6.88	2.71
58	8.89	4.73	8.26	4.09	7.74	3.58	7.45	3.28	7.05	2.88
59	9.17	5.02	8.50	4.35	7.95	3.80	7.63	3.48	7.22	3.06
60	9.44	5.29	8.73	4.59	8.15	4.00	7.81	3.67	7.37	3.22
61	9.85	5.69	9.09	4.93	8.46	4.30	8.10	3.95	7.61	3.47
62	10.21	6.05	9.42	5.25	8.75	4.58	8.36	4.20	7.84	3.69
63	10.55	6.39	9.69	5.54	8.99	4.85	8.59	4.44	8.03	3.89
64	10.82	6.71	9.93	5.81	9.20	5.08	8.78	4.65	8.20	4.08
65	11.09	7.00	10.16	6.06	9.38	5.30	8.95	4.86	8.34	4.26
66	11.67	7.67	10.66	6.64	9.81	5.81	9.34	5.32	8.67	4.66
67	12.18	8.26	11.09	7.17	10.19	6.27	9.67	5.75	8.95	5.04
68	12.64	8.81	11.47	7.65	10.52	6.69	9.97	6.14	9.19	5.37
69	12.99	9.28	11.76	8.05	10.76	7.05	10.19	6.48	9.37	5.65
70	13.24	9.67	11.97	8.38	10.92	7.35	10.32	6.74	9.47	5.90
71	13.86	10.42	12.49	9.04	11.36	7.92	10.73	7.27	9.81	6.36
72	14.33	11.03	12.88	9.57	11.69	8.39	11.02	7.71	10.05	6.74
73	14.72	11.55	13.19	10.03	11.96	8.79	11.25	8.09	10.23	7.07
74	15.00	11.99	13.43	10.41	12.14	9.13	11.42	8.39	10.36	7.35
75	15.41	12.50	13.76	10.85	12.43	9.52	11.67	8.76	10.58	7.67
76	15.79	13.07	14.07	11.34	12.68	9.96	11.88	9.16	10.74	8.02
77	16.21	13.65	14.42	11.85	12.97	10.40	12.13	9.57	10.93	8.37
78	16.52	14.10	14.66	12.24	13.17	10.75	12.31	9.89	11.07	8.65
79	16.63	14.37	14.74	12.47	13.21	10.95	12.34	10.08	11.08	8.81
80	N/A	14.49	N/A	12.57	N/A	11.03	N/A	10.15	N/A	8.89
81	N/A	15.84	N/A	13.76	N/A	12.07	N/A	11.11	N/A	9.71
82	N/A	17.20	N/A	14.94	N/A	13.10	N/A	12.06	N/A	10.55
83	N/A	18.56	N/A	16.12	N/A	14.15	N/A	13.01	N/A	11.39
84	N/A	19.92	N/A	17.29	N/A	15.18	N/A	13.97	N/A	12.22
85	N/A	21.27	N/A	18.47	N/A	16.21	N/A	14.92	N/A	13.05
86	N/A	22.64	N/A	19.65	N/A	17.25	N/A	15.87	N/A	13.88
87	N/A	23.99	N/A	20.83	N/A	18.28	N/A	16.82	N/A	14.72
88	N/A	25.34	N/A	22.01	N/A	19.32	N/A	17.78	N/A	15.54
89	N/A	26.71	N/A	23.19	N/A	20.35	N/A	18.72	N/A	16.38
90	N/A	28.06	N/A	24.37	N/A	21.38	N/A	19.68	N/A	17.22
91	N/A	28.61	N/A	24.84	N/A	21.79	N/A	20.05	N/A	17.55
92	N/A	29.15	N/A	25.31	N/A	22.21	N/A	20.44	N/A	17.88
93	N/A	29.70	N/A	25.78	N/A	22.63	N/A	20.82	N/A	18.22
94	N/A	30.24	N/A	26.26	N/A	23.03	N/A	21.20	N/A	18.55
95	N/A	30.78	N/A	26.72	N/A	23.45	N/A	21.58	N/A	18.88
96	N/A	30.97	N/A	26.88	N/A	23.58	N/A	21.70	N/A	18.99
97	N/A	31.14	N/A	27.04	N/A	23.73	N/A	21.84	N/A	19.11
98	N/A	31.33	N/A	27.19	N/A	23.87	N/A	21.97	N/A	19.22
99	N/A	31.50	N/A	27.36	N/A	24.00	N/A	22.09	N/A	19.33
100	N/A	31.69	N/A	27.51	N/A	24.15	N/A	22.22	N/A	19.44

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	6.66	2.49	6.34	2.17	6.09	1.93	5.94	1.77	5.72	1.55
46	6.83	2.66	6.48	2.31	6.22	2.05	6.05	1.88	5.82	1.65
47	7.01	2.83	6.62	2.45	6.34	2.18	6.16	2.00	5.92	1.75
48	7.17	3.01	6.77	2.60	6.47	2.30	6.28	2.11	6.02	1.85
49	7.35	3.18	6.92	2.75	6.59	2.42	6.39	2.23	6.12	1.95
50	7.51	3.36	7.06	2.89	6.71	2.55	6.51	2.34	6.22	2.05
51	7.74	3.58	7.25	3.08	6.88	2.71	6.66	2.49	6.35	2.18
52	7.96	3.80	7.44	3.27	7.04	2.87	6.81	2.64	6.47	2.31
53	8.20	4.04	7.62	3.45	7.21	3.04	6.95	2.78	6.60	2.43
54	8.43	4.26	7.81	3.64	7.37	3.20	7.11	2.94	6.73	2.56
55	8.66	4.49	8.01	3.84	7.52	3.37	7.25	3.09	6.85	2.70
56	9.02	4.85	8.32	4.15	7.80	3.63	7.50	3.33	7.06	2.90
57	9.39	5.23	8.64	4.48	8.07	3.91	7.76	3.60	7.28	3.12
58	9.77	5.60	8.97	4.80	8.35	4.18	8.01	3.85	7.50	3.34
59	10.13	5.96	9.28	5.13	8.61	4.46	8.26	4.10	7.71	3.55
60	10.47	6.33	9.58	5.43	8.87	4.73	8.49	4.35	7.90	3.76
61	11.00	6.83	10.03	5.87	9.26	5.10	8.84	4.70	8.21	4.05
62	11.48	7.32	10.45	6.29	9.63	5.47	9.17	5.02	8.49	4.33
63	11.92	7.78	10.85	6.70	9.94	5.80	9.48	5.34	8.75	4.60
64	12.33	8.21	11.18	7.06	10.24	6.12	9.74	5.62	8.95	4.84
65	12.71	8.61	11.50	7.41	10.51	6.42	9.97	5.89	9.15	5.07
66	13.55	9.55	12.22	8.22	11.12	7.12	10.53	6.52	9.63	5.62
67	14.33	10.42	12.88	8.97	11.68	7.77	11.03	7.12	10.05	6.14
68	15.06	11.24	13.50	9.68	12.20	8.38	11.51	7.68	10.44	6.62
69	15.68	11.97	14.03	10.31	12.63	8.93	11.89	8.18	10.76	7.06
70	16.18	12.60	14.43	10.86	12.97	9.39	12.20	8.61	11.01	7.44
71	17.16	13.72	15.27	11.81	13.67	10.23	12.83	9.37	11.53	8.09
72	17.99	14.67	15.95	12.65	14.25	10.95	13.33	10.02	11.95	8.65
73	18.69	15.52	16.54	13.38	14.74	11.57	13.76	10.60	12.30	9.14
74	19.29	16.27	17.04	14.03	15.15	12.12	14.12	11.11	12.60	9.58
75	20.04	17.13	17.68	14.76	15.69	12.77	14.61	11.69	12.99	10.08
76	20.65	17.92	18.17	15.44	16.08	13.35	14.95	12.23	13.27	10.55
77	21.27	18.71	18.70	16.13	16.51	13.95	15.33	12.77	13.59	11.01
78	21.76	19.34	19.10	16.68	16.84	14.41	15.62	13.20	13.79	11.39
79	21.97	19.70	19.25	16.98	16.95	14.69	15.71	13.44	13.86	11.59
80	N/A	19.87	N/A	17.13	N/A	14.81	N/A	13.55	N/A	11.69
81	N/A	21.73	N/A	18.73	N/A	16.19	N/A	14.83	N/A	12.78
82	N/A	23.58	N/A	20.33	N/A	17.58	N/A	16.09	N/A	13.88
83	N/A	25.45	N/A	21.93	N/A	18.96	N/A	17.37	N/A	14.97
84	N/A	27.31	N/A	23.54	N/A	20.35	N/A	18.63	N/A	16.07
85	N/A	29.17	N/A	25.15	N/A	21.74	N/A	19.91	N/A	17.17
86	N/A	31.03	N/A	26.75	N/A	23.13	N/A	21.18	N/A	18.26
87	N/A	32.90	N/A	28.36	N/A	24.52	N/A	22.45	N/A	19.36
88	N/A	34.76	N/A	29.96	N/A	25.91	N/A	23.72	N/A	20.45
89	N/A	36.62	N/A	31.57	N/A	27.29	N/A	24.99	N/A	21.55
90	N/A	38.48	N/A	33.18	N/A	28.68	N/A	26.26	N/A	22.65
91	N/A	39.23	N/A	33.81	N/A	29.24	N/A	26.76	N/A	23.08
92	N/A	39.97	N/A	34.45	N/A	29.79	N/A	27.28	N/A	23.52
93	N/A	40.72	N/A	35.10	N/A	30.35	N/A	27.79	N/A	23.96
94	N/A	41.46	N/A	35.74	N/A	30.90	N/A	28.29	N/A	24.40
95	N/A	42.21	N/A	36.38	N/A	31.46	N/A	28.80	N/A	24.84
96	N/A	42.46	N/A	36.60	N/A	31.64	N/A	28.97	N/A	24.98
97	N/A	42.70	N/A	36.81	N/A	31.82	N/A	29.14	N/A	25.12
98	N/A	42.96	N/A	37.03	N/A	32.01	N/A	29.30	N/A	25.28
99	N/A	43.20	N/A	37.24	N/A	32.20	N/A	29.48	N/A	25.42
100	N/A	43.45	N/A	37.46	N/A	32.38	N/A	29.65	N/A	25.56

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.40	0.03	0.39	0.02	0.39	0.02	0.39	0.02	0.37	0.02
26	0.40	0.03	0.39	0.02	0.39	0.02	0.39	0.02	0.39	0.02
27	0.40	0.03	0.40	0.03	0.39	0.02	0.39	0.02	0.39	0.02
28	0.40	0.03	0.40	0.03	0.39	0.02	0.39	0.02	0.39	0.02
29	0.40	0.03	0.40	0.03	0.40	0.03	0.39	0.02	0.39	0.02
30	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03	0.39	0.02
31	0.41	0.04	0.40	0.04	0.40	0.03	0.40	0.03	0.39	0.02
32	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03
33	0.42	0.06	0.41	0.04	0.40	0.04	0.40	0.03	0.40	0.03
34	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03
35	0.42	0.06	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03
36	0.43	0.07	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03
37	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04	0.41	0.04
38	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
39	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
40	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06	0.41	0.06
41	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06
42	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06
43	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06
44	0.46	0.10	0.45	0.09	0.44	0.08	0.44	0.08	0.43	0.07
45	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
46	0.48	0.12	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
47	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
48	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
49	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09
50	0.51	0.14	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09
51	0.52	0.15	0.50	0.13	0.48	0.12	0.47	0.11	0.46	0.10
52	0.53	0.17	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10
53	0.54	0.18	0.52	0.15	0.50	0.13	0.48	0.12	0.47	0.11
54	0.55	0.19	0.53	0.17	0.51	0.14	0.50	0.13	0.47	0.11
55	0.56	0.20	0.53	0.17	0.51	0.14	0.50	0.13	0.48	0.12
56	0.57	0.21	0.55	0.19	0.52	0.15	0.51	0.14	0.50	0.13
57	0.58	0.22	0.56	0.20	0.53	0.17	0.52	0.15	0.50	0.13
58	0.61	0.24	0.57	0.21	0.54	0.19	0.53	0.17	0.51	0.14
59	0.62	0.25	0.58	0.22	0.56	0.20	0.54	0.18	0.52	0.15
60	0.64	0.28	0.59	0.23	0.57	0.21	0.55	0.19	0.53	0.17
61	0.66	0.30	0.62	0.25	0.58	0.22	0.57	0.20	0.54	0.18
62	0.68	0.32	0.64	0.28	0.61	0.24	0.58	0.22	0.56	0.19
63	0.70	0.34	0.66	0.29	0.63	0.25	0.61	0.23	0.57	0.20
64	0.74	0.36	0.68	0.31	0.65	0.26	0.62	0.24	0.59	0.21
65	0.76	0.39	0.70	0.33	0.66	0.29	0.64	0.26	0.61	0.23
66	0.80	0.43	0.75	0.36	0.69	0.32	0.67	0.30	0.63	0.25
67	0.85	0.47	0.78	0.41	0.73	0.35	0.70	0.32	0.66	0.29
68	0.89	0.52	0.83	0.44	0.77	0.39	0.74	0.35	0.68	0.31
69	0.94	0.56	0.86	0.48	0.80	0.42	0.76	0.39	0.72	0.33
70	0.99	0.61	0.90	0.52	0.84	0.45	0.79	0.42	0.74	0.36
71	1.06	0.68	0.97	0.58	0.89	0.51	0.85	0.47	0.78	0.41
72	1.13	0.76	1.03	0.65	0.95	0.57	0.90	0.52	0.83	0.45
73	1.21	0.83	1.09	0.72	1.00	0.63	0.95	0.57	0.87	0.50
74	1.29	0.90	1.16	0.78	1.06	0.68	1.00	0.63	0.91	0.54
75	1.36	0.98	1.22	0.85	1.11	0.74	1.06	0.67	0.96	0.58
76	1.47	1.10	1.32	0.95	1.20	0.83	1.13	0.76	1.03	0.65
77	1.60	1.21	1.43	1.05	1.29	0.91	1.22	0.84	1.10	0.72
78	1.72	1.33	1.53	1.14	1.39	1.00	1.30	0.91	1.17	0.79
79	1.83	1.45	1.63	1.24	1.47	1.09	1.38	1.00	1.24	0.86
80	N/A	1.56	N/A	1.35	N/A	1.18	N/A	1.08	N/A	0.92
81	N/A	1.72	N/A	1.47	N/A	1.29	N/A	1.18	N/A	1.01
82	N/A	1.86	N/A	1.61	N/A	1.40	N/A	1.29	N/A	1.10
83	N/A	2.00	N/A	1.73	N/A	1.51	N/A	1.39	N/A	1.19
84	N/A	2.16	N/A	1.86	N/A	1.62	N/A	1.49	N/A	1.28
85	N/A	2.30	N/A	1.98	N/A	1.73	N/A	1.58	N/A	1.36
86	N/A	2.45	N/A	2.11	N/A	1.84	N/A	1.68	N/A	1.45
87	N/A	2.60	N/A	2.23	N/A	1.95	N/A	1.79	N/A	1.54
88	N/A	2.74	N/A	2.37	N/A	2.06	N/A	1.89	N/A	1.63
89	N/A	2.89	N/A	2.49	N/A	2.17	N/A	1.99	N/A	1.72
90	N/A	3.04	N/A	2.62	N/A	2.28	N/A	2.09	N/A	1.79
91	N/A	3.09	N/A	2.66	N/A	2.32	N/A	2.13	N/A	1.84
92	N/A	3.16	N/A	2.72	N/A	2.37	N/A	2.18	N/A	1.87
93	N/A	3.21	N/A	2.77	N/A	2.41	N/A	2.21	N/A	1.90
94	N/A	3.27	N/A	2.82	N/A	2.45	N/A	2.26	N/A	1.94
95	N/A	3.33	N/A	2.87	N/A	2.50	N/A	2.30	N/A	1.97
96	N/A	3.34	N/A	2.88	N/A	2.52	N/A	2.31	N/A	1.98
97	N/A	3.37	N/A	2.90	N/A	2.53	N/A	2.32	N/A	1.99
98	N/A	3.39	N/A	2.92	N/A	2.54	N/A	2.33	N/A	2.00
99	N/A	3.41	N/A	2.94	N/A	2.56	N/A	2.34	N/A	2.02
100	N/A	3.43	N/A	2.95	N/A	2.57	N/A	2.37	N/A	2.04

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.40	0.04	0.40	0.03	0.40	0.03	0.39	0.02	0.39	0.02
26	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03	0.39	0.02
27	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03
28	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03
29	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03
30	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.04	0.40	0.03
31	0.42	0.07	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03
32	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04	0.41	0.04
33	0.43	0.07	0.43	0.07	0.42	0.06	0.41	0.04	0.41	0.04
34	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
35	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06	0.41	0.04
36	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06
37	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06
38	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06
39	0.46	0.11	0.45	0.09	0.44	0.08	0.44	0.08	0.43	0.07
40	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
41	0.48	0.12	0.46	0.10	0.45	0.09	0.45	0.09	0.44	0.08
42	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
43	0.50	0.13	0.48	0.12	0.46	0.10	0.45	0.10	0.45	0.09
44	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09
45	0.52	0.15	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09
46	0.52	0.17	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10
47	0.53	0.17	0.51	0.14	0.50	0.13	0.48	0.12	0.46	0.10
48	0.54	0.18	0.52	0.15	0.50	0.13	0.48	0.12	0.47	0.11
49	0.55	0.19	0.53	0.17	0.51	0.14	0.50	0.13	0.48	0.12
50	0.56	0.20	0.54	0.18	0.52	0.15	0.51	0.14	0.48	0.12
51	0.57	0.21	0.55	0.19	0.53	0.17	0.51	0.14	0.50	0.13
52	0.58	0.22	0.56	0.20	0.54	0.18	0.52	0.15	0.50	0.14
53	0.61	0.24	0.57	0.21	0.54	0.18	0.53	0.17	0.51	0.14
54	0.62	0.25	0.58	0.22	0.55	0.19	0.54	0.18	0.52	0.15
55	0.63	0.26	0.59	0.23	0.56	0.20	0.55	0.19	0.53	0.17
56	0.65	0.29	0.61	0.24	0.58	0.22	0.56	0.20	0.54	0.18
57	0.67	0.31	0.63	0.26	0.59	0.23	0.57	0.21	0.55	0.19
58	0.68	0.32	0.64	0.28	0.61	0.24	0.58	0.22	0.56	0.20
59	0.70	0.34	0.66	0.30	0.63	0.26	0.61	0.24	0.57	0.21
60	0.73	0.36	0.68	0.32	0.64	0.28	0.62	0.25	0.58	0.22
61	0.76	0.40	0.70	0.34	0.66	0.30	0.64	0.28	0.61	0.24
62	0.79	0.42	0.74	0.36	0.68	0.32	0.66	0.30	0.63	0.25
63	0.81	0.45	0.76	0.39	0.72	0.34	0.68	0.31	0.65	0.28
64	0.85	0.47	0.79	0.42	0.74	0.36	0.70	0.33	0.67	0.30
65	0.88	0.51	0.81	0.44	0.76	0.39	0.73	0.35	0.68	0.31
66	0.95	0.56	0.87	0.50	0.80	0.43	0.77	0.40	0.73	0.34
67	1.00	0.63	0.92	0.54	0.85	0.47	0.81	0.44	0.76	0.39
68	1.06	0.68	0.97	0.59	0.90	0.52	0.86	0.47	0.79	0.42
69	1.12	0.75	1.02	0.65	0.95	0.56	0.89	0.52	0.84	0.45
70	1.18	0.80	1.08	0.69	0.99	0.61	0.94	0.56	0.87	0.50
71	1.28	0.90	1.17	0.78	1.07	0.68	1.00	0.63	0.94	0.55
72	1.38	1.00	1.24	0.87	1.13	0.76	1.08	0.69	0.99	0.62
73	1.47	1.10	1.33	0.96	1.21	0.84	1.14	0.76	1.06	0.67
74	1.57	1.20	1.42	1.03	1.29	0.90	1.21	0.84	1.11	0.74
75	1.67	1.29	1.51	1.12	1.36	0.98	1.28	0.90	1.18	0.79
76	1.83	1.45	1.64	1.25	1.49	1.10	1.39	1.01	1.27	0.89
77	1.98	1.61	1.77	1.40	1.60	1.22	1.50	1.11	1.36	0.99
78	2.13	1.76	1.90	1.53	1.72	1.33	1.61	1.22	1.46	1.08
79	2.29	1.91	2.05	1.66	1.84	1.45	1.72	1.33	1.55	1.18
80	N/A	2.07	N/A	1.79	N/A	1.57	N/A	1.44	N/A	1.28
81	N/A	2.27	N/A	1.97	N/A	1.72	N/A	1.57	N/A	1.39
82	N/A	2.45	N/A	2.13	N/A	1.87	N/A	1.71	N/A	1.51
83	N/A	2.65	N/A	2.30	N/A	2.01	N/A	1.85	N/A	1.63
84	N/A	2.84	N/A	2.48	N/A	2.16	N/A	1.98	N/A	1.75
85	N/A	3.04	N/A	2.64	N/A	2.31	N/A	2.11	N/A	1.87
86	N/A	3.23	N/A	2.81	N/A	2.45	N/A	2.26	N/A	1.99
87	N/A	3.42	N/A	2.97	N/A	2.60	N/A	2.39	N/A	2.10
88	N/A	3.62	N/A	3.15	N/A	2.75	N/A	2.52	N/A	2.22
89	N/A	3.82	N/A	3.31	N/A	2.89	N/A	2.65	N/A	2.34
90	N/A	4.00	N/A	3.48	N/A	3.05	N/A	2.79	N/A	2.46
91	N/A	4.08	N/A	3.55	N/A	3.10	N/A	2.85	N/A	2.51
92	N/A	4.16	N/A	3.62	N/A	3.16	N/A	2.89	N/A	2.56
93	N/A	4.24	N/A	3.69	N/A	3.22	N/A	2.95	N/A	2.61
94	N/A	4.31	N/A	3.75	N/A	3.28	N/A	3.00	N/A	2.65
95	N/A	4.39	N/A	3.82	N/A	3.33	N/A	3.06	N/A	2.71
96	N/A	4.42	N/A	3.84	N/A	3.36	N/A	3.08	N/A	2.72
97	N/A	4.44	N/A	3.86	N/A	3.38	N/A	3.09	N/A	2.73
98	N/A	4.47	N/A	3.88	N/A	3.40	N/A	3.11	N/A	2.75
99	N/A	4.50	N/A	3.91	N/A	3.42	N/A	3.14	N/A	2.76
100	N/A	4.52	N/A	3.93	N/A	3.43	N/A	3.15	N/A	2.78

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.41	0.04	0.40	0.04	0.40	0.03	0.40	0.03	0.39	0.02
26	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03
27	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03
28	0.42	0.06	0.41	0.04	0.41	0.04	0.41	0.04	0.40	0.03
29	0.42	0.06	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03
30	0.43	0.07	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.04
31	0.43	0.07	0.42	0.07	0.42	0.06	0.41	0.04	0.41	0.04
32	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
33	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06	0.41	0.04
34	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06
35	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06
36	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07	0.42	0.06
37	0.47	0.11	0.45	0.09	0.44	0.08	0.44	0.08	0.43	0.07
38	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
39	0.48	0.12	0.46	0.10	0.45	0.09	0.45	0.09	0.44	0.08
40	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
41	0.50	0.13	0.48	0.12	0.46	0.10	0.46	0.10	0.45	0.09
42	0.51	0.14	0.48	0.13	0.47	0.11	0.46	0.10	0.45	0.09
43	0.52	0.15	0.50	0.13	0.48	0.12	0.47	0.11	0.45	0.10
44	0.53	0.17	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10
45	0.54	0.18	0.52	0.15	0.50	0.13	0.48	0.12	0.46	0.11
46	0.55	0.19	0.52	0.15	0.51	0.14	0.50	0.13	0.47	0.11
47	0.56	0.20	0.53	0.17	0.51	0.15	0.50	0.13	0.48	0.12
48	0.57	0.21	0.54	0.18	0.52	0.15	0.51	0.14	0.48	0.12
49	0.58	0.22	0.55	0.19	0.53	0.17	0.52	0.15	0.50	0.13
50	0.59	0.23	0.56	0.20	0.54	0.18	0.53	0.17	0.51	0.14
51	0.61	0.24	0.57	0.21	0.55	0.19	0.54	0.18	0.51	0.14
52	0.63	0.26	0.58	0.22	0.56	0.20	0.54	0.18	0.52	0.15
53	0.64	0.28	0.61	0.24	0.57	0.21	0.55	0.19	0.53	0.17
54	0.65	0.29	0.62	0.25	0.58	0.22	0.56	0.20	0.54	0.18
55	0.67	0.31	0.63	0.26	0.59	0.23	0.57	0.21	0.55	0.19
56	0.69	0.33	0.65	0.29	0.62	0.25	0.59	0.23	0.56	0.20
57	0.72	0.35	0.66	0.30	0.63	0.26	0.61	0.24	0.57	0.21
58	0.74	0.37	0.68	0.32	0.65	0.29	0.63	0.26	0.59	0.23
59	0.76	0.40	0.70	0.34	0.66	0.30	0.64	0.28	0.61	0.24
60	0.78	0.42	0.73	0.36	0.68	0.32	0.66	0.30	0.62	0.25
61	0.81	0.45	0.76	0.40	0.70	0.34	0.68	0.32	0.64	0.28
62	0.86	0.48	0.79	0.42	0.74	0.36	0.70	0.34	0.66	0.30
63	0.89	0.52	0.81	0.45	0.76	0.40	0.74	0.36	0.68	0.32
64	0.92	0.55	0.85	0.47	0.79	0.42	0.76	0.39	0.70	0.33
65	0.96	0.58	0.88	0.51	0.81	0.44	0.78	0.41	0.74	0.35
66	1.03	0.65	0.95	0.56	0.87	0.50	0.84	0.45	0.77	0.40
67	1.10	0.73	1.00	0.63	0.92	0.55	0.88	0.51	0.81	0.44
68	1.17	0.79	1.06	0.68	0.98	0.59	0.92	0.55	0.86	0.48
69	1.24	0.86	1.12	0.75	1.02	0.65	0.98	0.59	0.90	0.53
70	1.31	0.92	1.18	0.80	1.08	0.70	1.02	0.65	0.95	0.56
71	1.42	1.05	1.28	0.90	1.17	0.78	1.10	0.73	1.01	0.64
72	1.53	1.16	1.38	1.00	1.25	0.87	1.18	0.80	1.08	0.70
73	1.64	1.27	1.47	1.09	1.33	0.96	1.27	0.88	1.16	0.77
74	1.76	1.38	1.57	1.19	1.42	1.05	1.34	0.96	1.22	0.84
75	1.87	1.49	1.67	1.29	1.51	1.12	1.42	1.03	1.29	0.91
76	2.05	1.67	1.83	1.44	1.64	1.27	1.54	1.17	1.40	1.01
77	2.22	1.85	1.98	1.60	1.77	1.40	1.66	1.29	1.51	1.12
78	2.41	2.02	2.13	1.75	1.91	1.53	1.79	1.41	1.62	1.23
79	2.59	2.20	2.29	1.90	2.05	1.66	1.91	1.54	1.73	1.34
80	N/A	2.39	N/A	2.06	N/A	1.80	N/A	1.66	N/A	1.45
81	N/A	2.61	N/A	2.26	N/A	1.97	N/A	1.82	N/A	1.58
82	N/A	2.83	N/A	2.44	N/A	2.13	N/A	1.97	N/A	1.73
83	N/A	3.06	N/A	2.64	N/A	2.31	N/A	2.12	N/A	1.86
84	N/A	3.28	N/A	2.83	N/A	2.48	N/A	2.28	N/A	2.00
85	N/A	3.50	N/A	3.03	N/A	2.64	N/A	2.44	N/A	2.13
86	N/A	3.72	N/A	3.22	N/A	2.82	N/A	2.60	N/A	2.27
87	N/A	3.95	N/A	3.41	N/A	2.98	N/A	2.75	N/A	2.41
88	N/A	4.17	N/A	3.61	N/A	3.15	N/A	2.90	N/A	2.54
89	N/A	4.39	N/A	3.80	N/A	3.32	N/A	3.06	N/A	2.68
90	N/A	4.62	N/A	3.99	N/A	3.49	N/A	3.21	N/A	2.82
91	N/A	4.71	N/A	4.07	N/A	3.55	N/A	3.28	N/A	2.87
92	N/A	4.80	N/A	4.15	N/A	3.62	N/A	3.34	N/A	2.93
93	N/A	4.88	N/A	4.22	N/A	3.69	N/A	3.40	N/A	2.98
94	N/A	4.97	N/A	4.30	N/A	3.76	N/A	3.47	N/A	3.04
95	N/A	5.06	N/A	4.38	N/A	3.83	N/A	3.53	N/A	3.09
96	N/A	5.09	N/A	4.40	N/A	3.85	N/A	3.54	N/A	3.10
97	N/A	5.13	N/A	4.43	N/A	3.87	N/A	3.56	N/A	3.12
98	N/A	5.16	N/A	4.46	N/A	3.89	N/A	3.59	N/A	3.15
99	N/A	5.18	N/A	4.48	N/A	3.92	N/A	3.61	N/A	3.16
100	N/A	5.21	N/A	4.51	N/A	3.94	N/A	3.63	N/A	3.18

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.03
26	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03
27	0.42	0.06	0.41	0.06	0.41	0.04	0.41	0.04	0.40	0.03
28	0.43	0.07	0.42	0.06	0.41	0.04	0.41	0.04	0.40	0.03
29	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04	0.41	0.04
30	0.43	0.07	0.43	0.07	0.42	0.06	0.41	0.04	0.41	0.04
31	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
32	0.44	0.08	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06
33	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06
34	0.46	0.10	0.44	0.08	0.44	0.08	0.43	0.07	0.42	0.06
35	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07
36	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
37	0.48	0.12	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
38	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
39	0.50	0.13	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
40	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09
41	0.52	0.15	0.50	0.13	0.47	0.12	0.46	0.10	0.45	0.09
42	0.52	0.15	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10
43	0.53	0.17	0.51	0.15	0.50	0.13	0.48	0.12	0.46	0.10
44	0.54	0.18	0.52	0.15	0.51	0.14	0.48	0.12	0.47	0.11
45	0.55	0.19	0.53	0.17	0.51	0.14	0.50	0.13	0.48	0.12
46	0.56	0.20	0.54	0.18	0.52	0.15	0.51	0.14	0.48	0.12
47	0.57	0.21	0.55	0.19	0.53	0.17	0.52	0.15	0.50	0.13
48	0.59	0.23	0.56	0.20	0.54	0.18	0.52	0.15	0.51	0.14
49	0.61	0.24	0.57	0.21	0.55	0.19	0.53	0.17	0.51	0.14
50	0.62	0.25	0.58	0.22	0.55	0.20	0.54	0.18	0.52	0.15
51	0.63	0.26	0.59	0.23	0.57	0.21	0.55	0.19	0.53	0.17
52	0.65	0.29	0.62	0.25	0.58	0.22	0.56	0.20	0.54	0.18
53	0.66	0.30	0.63	0.26	0.59	0.23	0.57	0.21	0.55	0.19
54	0.68	0.32	0.64	0.28	0.61	0.24	0.58	0.22	0.56	0.20
55	0.69	0.33	0.65	0.29	0.62	0.25	0.59	0.23	0.57	0.21
56	0.73	0.36	0.67	0.31	0.64	0.28	0.62	0.25	0.58	0.22
57	0.75	0.39	0.69	0.33	0.66	0.30	0.63	0.26	0.59	0.23
58	0.77	0.41	0.72	0.35	0.67	0.31	0.65	0.29	0.62	0.25
59	0.80	0.44	0.75	0.37	0.69	0.33	0.67	0.31	0.63	0.26
60	0.83	0.46	0.77	0.40	0.72	0.35	0.68	0.32	0.65	0.29
61	0.87	0.50	0.80	0.43	0.75	0.37	0.72	0.35	0.67	0.31
62	0.90	0.54	0.84	0.46	0.77	0.41	0.74	0.37	0.69	0.33
63	0.95	0.57	0.87	0.50	0.80	0.43	0.77	0.40	0.72	0.35
64	0.98	0.61	0.90	0.53	0.84	0.46	0.80	0.42	0.75	0.37
65	1.02	0.65	0.94	0.56	0.87	0.50	0.83	0.45	0.77	0.40
66	1.10	0.73	1.00	0.63	0.92	0.55	0.88	0.51	0.81	0.44
67	1.18	0.79	1.07	0.69	0.98	0.61	0.94	0.55	0.86	0.48
68	1.25	0.87	1.13	0.76	1.03	0.66	0.99	0.61	0.91	0.53
69	1.32	0.95	1.20	0.83	1.10	0.72	1.03	0.66	0.96	0.57
70	1.40	1.02	1.27	0.89	1.16	0.78	1.09	0.72	1.00	0.63
71	1.52	1.14	1.38	0.99	1.24	0.87	1.18	0.80	1.08	0.69
72	1.64	1.27	1.47	1.10	1.34	0.96	1.27	0.88	1.16	0.77
73	1.77	1.39	1.58	1.20	1.43	1.06	1.35	0.97	1.23	0.85
74	1.89	1.51	1.69	1.31	1.53	1.14	1.44	1.06	1.31	0.92
75	2.01	1.63	1.79	1.42	1.62	1.24	1.52	1.14	1.38	1.00
76	2.20	1.83	1.97	1.58	1.77	1.39	1.66	1.28	1.50	1.12
77	2.40	2.02	2.13	1.75	1.93	1.54	1.79	1.42	1.62	1.24
78	2.60	2.21	2.30	1.93	2.07	1.68	1.94	1.55	1.74	1.36
79	2.79	2.41	2.48	2.09	2.22	1.84	2.07	1.69	1.86	1.47
80	N/A	2.61	N/A	2.27	N/A	1.99	N/A	1.83	N/A	1.60
81	N/A	2.85	N/A	2.48	N/A	2.18	N/A	2.00	N/A	1.75
82	N/A	3.09	N/A	2.68	N/A	2.35	N/A	2.17	N/A	1.90
83	N/A	3.34	N/A	2.90	N/A	2.54	N/A	2.34	N/A	2.05
84	N/A	3.59	N/A	3.11	N/A	2.73	N/A	2.52	N/A	2.20
85	N/A	3.83	N/A	3.32	N/A	2.92	N/A	2.68	N/A	2.35
86	N/A	4.07	N/A	3.54	N/A	3.10	N/A	2.86	N/A	2.50
87	N/A	4.32	N/A	3.75	N/A	3.29	N/A	3.03	N/A	2.65
88	N/A	4.57	N/A	3.96	N/A	3.48	N/A	3.20	N/A	2.79
89	N/A	4.81	N/A	4.17	N/A	3.66	N/A	3.37	N/A	2.95
90	N/A	5.05	N/A	4.39	N/A	3.85	N/A	3.54	N/A	3.10
91	N/A	5.15	N/A	4.47	N/A	3.93	N/A	3.61	N/A	3.16
92	N/A	5.25	N/A	4.55	N/A	3.99	N/A	3.67	N/A	3.22
93	N/A	5.35	N/A	4.64	N/A	4.07	N/A	3.75	N/A	3.28
94	N/A	5.45	N/A	4.73	N/A	4.15	N/A	3.82	N/A	3.33
95	N/A	5.54	N/A	4.81	N/A	4.22	N/A	3.88	N/A	3.40
96	N/A	5.58	N/A	4.84	N/A	4.25	N/A	3.91	N/A	3.42
97	N/A	5.61	N/A	4.86	N/A	4.27	N/A	3.93	N/A	3.44
98	N/A	5.64	N/A	4.90	N/A	4.30	N/A	3.95	N/A	3.45
99	N/A	5.68	N/A	4.93	N/A	4.32	N/A	3.97	N/A	3.48
100	N/A	5.70	N/A	4.95	N/A	4.35	N/A	4.00	N/A	3.50

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.58	0.22	0.55	0.19	0.53	0.17	0.52	0.15	0.50	0.13
46	0.59	0.23	0.56	0.20	0.54	0.18	0.53	0.17	0.51	0.14
47	0.61	0.24	0.57	0.21	0.55	0.19	0.54	0.18	0.52	0.15
48	0.63	0.26	0.59	0.23	0.56	0.20	0.55	0.19	0.53	0.17
49	0.64	0.28	0.61	0.24	0.57	0.21	0.56	0.20	0.53	0.17
50	0.65	0.30	0.62	0.25	0.58	0.22	0.56	0.21	0.54	0.18
51	0.67	0.31	0.63	0.26	0.59	0.23	0.58	0.22	0.55	0.19
52	0.69	0.33	0.65	0.29	0.62	0.25	0.59	0.23	0.56	0.20
53	0.72	0.35	0.66	0.30	0.63	0.26	0.61	0.24	0.57	0.21
54	0.74	0.37	0.68	0.32	0.64	0.28	0.62	0.25	0.58	0.22
55	0.76	0.40	0.69	0.33	0.66	0.30	0.63	0.26	0.59	0.23
56	0.78	0.42	0.73	0.36	0.68	0.32	0.65	0.29	0.62	0.25
57	0.81	0.45	0.75	0.39	0.70	0.34	0.67	0.31	0.64	0.28
58	0.85	0.48	0.78	0.42	0.73	0.36	0.69	0.33	0.65	0.29
59	0.88	0.52	0.81	0.45	0.75	0.39	0.73	0.36	0.67	0.31
60	0.91	0.55	0.84	0.47	0.78	0.42	0.75	0.39	0.69	0.33
61	0.97	0.61	0.88	0.52	0.81	0.45	0.78	0.42	0.73	0.35
62	1.02	0.65	0.92	0.56	0.86	0.48	0.81	0.44	0.75	0.39
63	1.07	0.69	0.97	0.61	0.89	0.52	0.85	0.47	0.78	0.41
64	1.12	0.75	1.01	0.64	0.94	0.56	0.88	0.51	0.81	0.44
65	1.18	0.79	1.06	0.68	0.97	0.59	0.92	0.54	0.85	0.47
66	1.28	0.90	1.16	0.77	1.05	0.67	0.99	0.62	0.90	0.53
67	1.39	1.00	1.24	0.87	1.12	0.75	1.07	0.68	0.97	0.59
68	1.49	1.11	1.33	0.96	1.21	0.83	1.13	0.76	1.03	0.65
69	1.60	1.22	1.43	1.06	1.29	0.91	1.21	0.84	1.10	0.72
70	1.71	1.33	1.53	1.14	1.38	0.99	1.29	0.91	1.17	0.78
71	1.88	1.51	1.67	1.30	1.50	1.12	1.41	1.03	1.27	0.89
72	2.06	1.68	1.83	1.45	1.64	1.25	1.53	1.14	1.38	0.99
73	2.24	1.86	1.98	1.61	1.77	1.39	1.65	1.28	1.47	1.10
74	2.43	2.05	2.15	1.76	1.90	1.53	1.78	1.40	1.58	1.21
75	2.62	2.23	2.31	1.93	2.05	1.66	1.90	1.53	1.69	1.32
76	2.88	2.51	2.54	2.16	2.24	1.87	2.09	1.71	1.85	1.47
77	3.15	2.77	2.77	2.39	2.44	2.07	2.27	1.89	2.01	1.63
78	3.42	3.04	3.00	2.62	2.64	2.27	2.45	2.08	2.17	1.79
79	3.69	3.31	3.23	2.85	2.85	2.46	2.64	2.26	2.32	1.95
80	N/A	3.58	N/A	3.08	N/A	2.66	N/A	2.44	N/A	2.10
81	N/A	3.91	N/A	3.37	N/A	2.92	N/A	2.67	N/A	2.30
82	N/A	4.25	N/A	3.66	N/A	3.17	N/A	2.89	N/A	2.50
83	N/A	4.58	N/A	3.95	N/A	3.41	N/A	3.12	N/A	2.70
84	N/A	4.92	N/A	4.24	N/A	3.66	N/A	3.36	N/A	2.89
85	N/A	5.25	N/A	4.52	N/A	3.92	N/A	3.59	N/A	3.09
86	N/A	5.59	N/A	4.82	N/A	4.16	N/A	3.82	N/A	3.29
87	N/A	5.92	N/A	5.10	N/A	4.41	N/A	4.04	N/A	3.49
88	N/A	6.26	N/A	5.39	N/A	4.66	N/A	4.27	N/A	3.69
89	N/A	6.59	N/A	5.69	N/A	4.92	N/A	4.50	N/A	3.88
90	N/A	6.93	N/A	5.97	N/A	5.16	N/A	4.73	N/A	4.08
91	N/A	7.06	N/A	6.08	N/A	5.26	N/A	4.82	N/A	4.16
92	N/A	7.19	N/A	6.20	N/A	5.36	N/A	4.91	N/A	4.24
93	N/A	7.33	N/A	6.31	N/A	5.47	N/A	5.01	N/A	4.31
94	N/A	7.46	N/A	6.44	N/A	5.57	N/A	5.09	N/A	4.39
95	N/A	7.60	N/A	6.55	N/A	5.67	N/A	5.18	N/A	4.47
96	N/A	7.65	N/A	6.59	N/A	5.70	N/A	5.21	N/A	4.50
97	N/A	7.69	N/A	6.62	N/A	5.73	N/A	5.25	N/A	4.52
98	N/A	7.73	N/A	6.67	N/A	5.76	N/A	5.28	N/A	4.55
99	N/A	7.78	N/A	6.70	N/A	5.80	N/A	5.30	N/A	4.58
100	N/A	7.82	N/A	6.74	N/A	5.83	N/A	5.34	N/A	4.60

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Exhibit 4

Long Term Care Policy Form P130 - Proposed Rates

Sample Rate Calculation Comparison

Issue Age	**65**
Daily Benefit Amount	**100**
Elimination Period	**90**
Benefit Period	**Lifetime**

Optional Riders Elected at Issue	
R485 (Inflation Protection Rider)	**Yes**
R951 (100% Home Health Care Rider)	**Yes**
R950 (Security Rider)	**Yes**
R952 (Surviving Spouse Waiver of Premium Rider)	**Yes**
R959 (Joint Spouse Waiver of Premium Rider)	**Yes**
R487 (Spouse Discount)	**Yes**
Payment Mode	**Monthly**
Risk Class	**Standard**

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $10 Daily Benefit	**17.31**
9 Additional $10 Units @ 10.22 per unit	**91.98**
Spouse Discount (7.5%)	**(8.20)**
A Total Base Premium	**101.09**
R485 Inflation Rider Monthly Premium	
First $10 Daily Benefit	**11.06**
9 Additional $10 Units @ 6.53 per unit	**58.77**
B Total Rider Premium	**69.83**
R951 100% Home Health Care Rider Monthly Premium	
First $10 Daily Benefit	**1.90**
9 Additional $10 Units @ 1.12 per unit	**10.08**
C Total Rider Premium	**11.98**
R950 Security Rider Monthly Premium @ 4.5 per Month	**4.50**
D Total Rider Premium	**4.50**
R952 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**35.61**
R959 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**3.56**
Total Monthly Premium = A + B + C + D + E + F	**226.57**
Multiply by Monthly Modal Factor of 1	**226.57**
Multiply by Standard Risk Class Adjustment of 1	**226.57**

Proposed New Premium with 10% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $10 Daily Benefit	**19.04**
9 Additional $10 Units @ 11.24 per unit	**101.16**
Spouse Discount (7.5%)	**(9.02)**
A Total Base Premium	**111.18**
R485 Inflation Rider Monthly Premium	
First $10 Daily Benefit	**12.17**
9 Additional $10 Units @ 7.18 per unit	**64.62**
B Total Rider Premium	**76.79**
R951 100% Home Health Care Rider Monthly Premium	
First $10 Daily Benefit	**2.09**
9 Additional $10 Units @ 1.23 per unit	**11.07**
C Total Rider Premium	**13.16**
R950 Security Rider Monthly Premium @ 4.95 per Month	**4.95**
D Total Rider Premium	**4.95**
R952 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**39.16**
R959 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**3.92**
Total Monthly Premium = A + B + C + D + E + F	**249.16**
Multiply by Monthly Modal Factor of 1	**249.16**
Multiply by Standard Risk Class Adjustment of 1	**249.16**

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.10 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	6.93	0.49	6.87	0.43	6.81	0.38	6.77	0.34	6.73	0.30
26	6.98	0.54	6.91	0.47	6.85	0.41	6.81	0.38	6.76	0.33
27	7.02	0.58	6.95	0.51	6.88	0.45	6.84	0.40	6.78	0.35
28	7.06	0.63	6.99	0.55	6.91	0.47	6.87	0.44	6.82	0.39
29	7.11	0.68	7.03	0.59	6.94	0.51	6.90	0.47	6.85	0.41
30	7.15	0.72	7.06	0.63	6.98	0.54	6.93	0.50	6.87	0.44
31	7.21	0.78	7.12	0.69	7.02	0.59	6.98	0.54	6.91	0.47
32	7.28	0.84	7.17	0.74	7.07	0.64	7.02	0.59	6.95	0.51
33	7.35	0.91	7.23	0.80	7.12	0.69	7.06	0.63	6.99	0.55
34	7.41	0.97	7.28	0.85	7.17	0.74	7.11	0.68	7.03	0.59
35	7.47	1.03	7.34	0.91	7.21	0.78	7.15	0.72	7.06	0.62
36	7.55	1.11	7.41	0.98	7.28	0.84	7.21	0.77	7.12	0.68
37	7.63	1.20	7.48	1.05	7.34	0.91	7.27	0.83	7.16	0.73
38	7.71	1.27	7.56	1.12	7.41	0.97	7.33	0.89	7.21	0.77
39	7.79	1.36	7.63	1.20	7.47	1.03	7.38	0.95	7.26	0.83
40	7.87	1.44	7.70	1.27	7.53	1.09	7.44	1.00	7.31	0.88
41	7.98	1.55	7.79	1.35	7.61	1.17	7.51	1.07	7.37	0.94
42	8.08	1.65	7.87	1.44	7.69	1.25	7.58	1.14	7.43	1.00
43	8.18	1.75	7.97	1.54	7.76	1.33	7.65	1.22	7.50	1.06
44	8.29	1.85	8.06	1.63	7.84	1.41	7.72	1.29	7.57	1.12
45	8.39	1.96	8.15	1.71	7.92	1.49	7.79	1.36	7.63	1.19
46	8.52	2.09	8.26	1.83	8.01	1.58	7.88	1.45	7.71	1.27
47	8.65	2.21	8.37	1.93	8.11	1.68	7.97	1.54	7.79	1.34
48	8.78	2.35	8.48	2.05	8.22	1.77	8.07	1.63	7.86	1.42
49	8.90	2.47	8.59	2.15	8.31	1.87	8.15	1.72	7.93	1.50
50	9.03	2.60	8.71	2.27	8.41	1.97	8.24	1.81	8.01	1.58
51	9.21	2.77	8.86	2.42	8.53	2.10	8.37	1.93	8.12	1.69
52	9.38	2.94	9.01	2.57	8.66	2.22	8.49	2.05	8.22	1.79
53	9.55	3.11	9.16	2.72	8.79	2.35	8.60	2.17	8.33	1.89
54	9.72	3.29	9.31	2.86	8.92	2.48	8.73	2.28	8.44	1.99
55	9.89	3.45	9.45	3.01	9.04	2.61	8.85	2.41	8.54	2.10
56	10.17	3.73	9.68	3.24	9.24	2.81	9.03	2.59	8.70	2.26
57	10.44	4.00	9.91	3.47	9.45	3.01	9.22	2.78	8.86	2.42
58	10.71	4.27	10.14	3.70	9.66	3.22	9.39	2.95	9.02	2.57
59	10.98	4.54	10.37	3.93	9.87	3.43	9.58	3.14	9.18	2.73
60	11.26	4.82	10.60	4.16	10.07	3.63	9.76	3.32	9.34	2.89
61	11.70	5.20	10.98	4.49	10.41	3.92	10.08	3.59	9.62	3.12
62	12.13	5.60	11.36	4.82	10.75	4.21	10.40	3.85	9.89	3.35
63	12.58	5.98	11.75	5.15	11.09	4.49	10.71	4.12	10.18	3.58
64	13.02	6.38	12.13	5.48	11.42	4.78	11.03	4.38	10.45	3.80
65	13.46	6.77	12.51	5.82	11.77	5.07	11.34	4.65	10.73	4.03
66	14.27	7.57	13.21	6.51	12.37	5.68	11.90	5.20	11.20	4.51
67	15.07	8.37	13.90	7.20	12.98	6.27	12.45	5.76	11.69	4.98
68	15.88	9.17	14.60	7.89	13.58	6.88	13.01	6.30	12.16	5.46
69	16.68	9.97	15.29	8.58	14.18	7.48	13.57	6.85	12.64	5.93
70	17.49	10.77	15.98	9.27	14.79	8.08	14.12	7.41	13.12	6.41
71	18.81	12.09	17.13	10.41	15.79	9.08	15.04	8.32	13.90	7.19
72	20.14	13.42	18.28	11.55	16.79	10.07	15.97	9.24	14.69	7.96
73	21.48	14.74	19.43	12.69	17.80	11.07	16.88	10.15	15.47	8.74
74	22.80	16.06	20.57	13.83	18.80	12.06	17.80	11.06	16.26	9.52
75	24.13	17.38	21.72	14.97	19.81	13.06	18.73	11.98	17.05	10.30
76	26.21	19.46	23.51	16.77	21.37	14.62	20.17	13.42	18.29	11.54
77	28.30	21.55	25.32	18.57	22.94	16.19	21.60	14.85	19.52	12.77
78	30.39	23.64	27.11	20.36	24.51	17.76	23.04	16.29	20.75	14.01
79	32.48	25.73	28.91	22.16	26.08	19.33	24.47	17.72	21.99	15.24
80	34.56	27.81	30.70	23.95	27.64	20.90	25.91	19.16	23.22	16.48
81	37.17	30.42	32.95	26.20	29.60	22.85	27.71	20.96	24.77	18.02
82	39.77	33.02	35.19	28.44	31.56	24.81	29.51	22.76	26.32	19.57
83	42.38	35.63	37.44	30.69	33.51	26.77	31.30	24.55	27.85	21.11
84	44.98	38.23	39.68	32.93	35.47	28.72	33.10	26.35	29.40	22.65
85	N/A	40.84	N/A	35.18	N/A	30.68	N/A	28.14	N/A	24.20
86	N/A	43.45	N/A	37.43	N/A	32.64	N/A	29.94	N/A	25.75
87	N/A	46.06	N/A	39.67	N/A	34.60	N/A	31.74	N/A	27.29
88	N/A	48.66	N/A	41.92	N/A	36.56	N/A	33.53	N/A	28.83
89	N/A	51.27	N/A	44.16	N/A	38.52	N/A	35.33	N/A	30.38
90	N/A	53.88	N/A	46.41	N/A	40.48	N/A	37.13	N/A	31.92
91	N/A	54.93	N/A	47.31	N/A	41.26	N/A	37.85	N/A	32.54
92	N/A	55.96	N/A	48.21	N/A	42.05	N/A	38.57	N/A	33.16
93	N/A	57.01	N/A	49.11	N/A	42.83	N/A	39.28	N/A	33.78
94	N/A	58.05	N/A	50.02	N/A	43.61	N/A	40.00	N/A	34.40
95	N/A	59.09	N/A	50.91	N/A	44.39	N/A	40.72	N/A	35.02
96	N/A	59.44	N/A	51.21	N/A	44.66	N/A	40.96	N/A	35.22
97	N/A	59.79	N/A	51.51	N/A	44.92	N/A	41.20	N/A	35.43
98	N/A	60.14	N/A	51.81	N/A	45.17	N/A	41.44	N/A	35.63
99	N/A	60.48	N/A	52.11	N/A	45.44	N/A	41.69	N/A	35.84
100	N/A	60.83	N/A	52.41	N/A	45.70	N/A	41.92	N/A	36.04

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.19	0.69	7.10	0.60	7.03	0.53	6.97	0.48	6.92	0.43
26	7.25	0.75	7.15	0.66	7.07	0.58	7.02	0.52	6.96	0.46
27	7.31	0.82	7.21	0.71	7.13	0.62	7.06	0.57	7.00	0.50
28	7.37	0.88	7.26	0.76	7.17	0.67	7.11	0.60	7.04	0.54
29	7.44	0.94	7.31	0.82	7.22	0.72	7.15	0.65	7.08	0.58
30	7.50	1.00	7.37	0.87	7.27	0.76	7.20	0.69	7.12	0.61
31	7.59	1.09	7.45	0.94	7.33	0.83	7.26	0.75	7.17	0.67
32	7.68	1.18	7.52	1.02	7.40	0.90	7.32	0.82	7.22	0.72
33	7.76	1.26	7.60	1.09	7.46	0.97	7.37	0.87	7.28	0.77
34	7.84	1.35	7.67	1.17	7.53	1.03	7.44	0.93	7.33	0.83
35	7.93	1.44	7.75	1.24	7.60	1.10	7.50	0.99	7.38	0.88
36	8.05	1.55	7.84	1.34	7.68	1.19	7.58	1.07	7.45	0.95
37	8.16	1.66	7.94	1.44	7.76	1.27	7.66	1.15	7.53	1.02
38	8.27	1.77	8.03	1.54	7.85	1.36	7.73	1.22	7.59	1.08
39	8.38	1.88	8.13	1.63	7.93	1.44	7.81	1.30	7.66	1.15
40	8.49	2.00	8.23	1.73	8.02	1.53	7.89	1.38	7.73	1.22
41	8.63	2.14	8.35	1.85	8.13	1.63	7.99	1.48	7.82	1.31
42	8.78	2.27	8.47	1.97	8.24	1.74	8.08	1.58	7.90	1.40
43	8.91	2.41	8.59	2.09	8.35	1.85	8.18	1.68	7.99	1.48
44	9.05	2.55	8.71	2.21	8.46	1.95	8.28	1.77	8.07	1.57
45	9.19	2.69	8.84	2.33	8.56	2.06	8.38	1.87	8.16	1.66
46	9.36	2.87	8.99	2.48	8.70	2.19	8.50	2.00	8.26	1.77
47	9.54	3.03	9.14	2.64	8.83	2.32	8.62	2.12	8.37	1.87
48	9.71	3.21	9.29	2.79	8.95	2.46	8.74	2.24	8.47	1.97
49	9.89	3.38	9.44	2.94	9.09	2.59	8.86	2.36	8.58	2.08
50	10.05	3.56	9.59	3.09	9.22	2.72	8.98	2.48	8.69	2.18
51	10.28	3.79	9.80	3.29	9.40	2.90	9.14	2.64	8.83	2.32
52	10.52	4.02	10.00	3.50	9.58	3.08	9.31	2.80	8.97	2.47
53	10.76	4.26	10.20	3.69	9.74	3.25	9.47	2.97	9.10	2.60
54	10.99	4.49	10.40	3.90	9.92	3.43	9.64	3.13	9.25	2.74
55	11.23	4.72	10.60	4.10	10.10	3.60	9.80	3.29	9.39	2.88
56	11.58	5.08	10.92	4.41	10.36	3.87	10.05	3.54	9.60	3.10
57	11.94	5.43	11.22	4.71	10.63	4.14	10.29	3.79	9.82	3.32
58	12.28	5.78	11.53	5.02	10.91	4.40	10.54	4.03	10.04	3.53
59	12.64	6.13	11.83	5.32	11.17	4.67	10.79	4.28	10.26	3.75
60	12.99	6.49	12.14	5.63	11.44	4.93	11.04	4.53	10.47	3.97
61	13.56	7.00	12.64	6.08	11.88	5.32	11.45	4.88	10.84	4.28
62	14.12	7.52	13.13	6.53	12.32	5.71	11.86	5.24	11.20	4.60
63	14.69	8.02	13.63	6.97	12.76	6.11	12.26	5.60	11.57	4.91
64	15.25	8.54	14.13	7.43	13.20	6.50	12.67	5.96	11.94	5.23
65	15.81	9.05	14.62	7.87	13.64	6.89	13.08	6.32	12.30	5.54
66	16.89	10.12	15.56	8.80	14.46	7.69	13.83	7.06	12.96	6.19
67	17.96	11.19	16.49	9.73	15.27	8.51	14.57	7.81	13.62	6.85
68	19.03	12.25	17.43	10.66	16.09	9.32	15.33	8.55	14.28	7.52
69	20.10	13.33	18.36	11.58	16.90	10.13	16.07	9.29	14.94	8.17
70	21.17	14.39	19.29	12.51	17.72	10.94	16.82	10.04	15.60	8.83
71	22.93	16.15	20.82	14.04	19.06	12.27	18.04	11.25	16.69	9.91
72	24.70	17.90	22.35	15.56	20.40	13.60	19.27	12.48	17.78	10.99
73	26.45	19.66	23.88	17.08	21.73	14.93	20.50	13.69	18.87	12.08
74	28.22	21.40	25.42	18.60	23.07	16.27	21.72	14.92	19.97	13.16
75	29.98	23.16	26.94	20.13	24.41	17.60	22.95	16.13	21.06	14.24
76	32.75	25.94	29.36	22.54	26.52	19.71	24.88	18.07	22.77	15.96
77	35.53	28.72	31.77	24.95	28.64	21.82	26.82	20.00	24.47	17.66
78	38.32	31.50	34.19	27.38	30.75	23.93	28.76	21.95	26.19	19.37
79	41.10	34.28	36.61	29.79	32.86	26.05	30.70	23.88	27.89	21.08
80	43.87	37.06	39.02	32.20	34.97	28.16	32.63	25.81	29.60	22.79
81	47.35	40.54	42.04	35.22	37.61	30.79	35.05	28.24	31.74	24.93
82	50.82	44.01	45.05	38.24	40.25	33.44	37.47	30.65	33.88	27.07
83	54.30	47.48	48.08	41.26	42.89	36.07	39.89	33.07	36.01	29.20
84	57.77	50.95	51.10	44.28	45.53	38.72	42.30	35.49	38.15	31.33
85	N/A	54.43	N/A	47.30	N/A	41.35	N/A	37.91	N/A	33.47
86	N/A	57.90	N/A	50.32	N/A	43.99	N/A	40.33	N/A	35.61
87	N/A	61.38	N/A	53.33	N/A	46.63	N/A	42.75	N/A	37.75
88	N/A	64.85	N/A	56.36	N/A	49.27	N/A	45.17	N/A	39.88
89	N/A	68.33	N/A	59.38	N/A	51.91	N/A	47.59	N/A	42.02
90	N/A	71.80	N/A	62.39	N/A	54.55	N/A	50.01	N/A	44.16
91	N/A	73.19	N/A	63.60	N/A	55.60	N/A	50.98	N/A	45.01
92	N/A	74.58	N/A	64.81	N/A	56.66	N/A	51.95	N/A	45.86
93	N/A	75.97	N/A	66.01	N/A	57.72	N/A	52.92	N/A	46.72
94	N/A	77.35	N/A	67.22	N/A	58.77	N/A	53.88	N/A	47.57
95	N/A	78.75	N/A	68.43	N/A	59.83	N/A	54.85	N/A	48.43
96	N/A	79.21	N/A	68.83	N/A	60.18	N/A	55.17	N/A	48.71
97	N/A	79.67	N/A	69.23	N/A	60.54	N/A	55.50	N/A	48.99
98	N/A	80.14	N/A	69.63	N/A	60.88	N/A	55.82	N/A	49.29
99	N/A	80.60	N/A	70.04	N/A	61.24	N/A	56.15	N/A	49.57
100	N/A	81.06	N/A	70.44	N/A	61.59	N/A	56.47	N/A	49.85

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.37	0.80	7.26	0.70	7.18	0.62	7.12	0.56	7.06	0.48
26	7.44	0.87	7.32	0.76	7.23	0.67	7.18	0.61	7.11	0.53
27	7.51	0.94	7.38	0.82	7.29	0.73	7.22	0.65	7.14	0.57
28	7.58	1.02	7.45	0.89	7.35	0.78	7.28	0.71	7.19	0.61
29	7.65	1.09	7.51	0.95	7.40	0.83	7.32	0.75	7.22	0.65
30	7.72	1.16	7.57	1.01	7.46	0.89	7.37	0.81	7.27	0.70
31	7.82	1.26	7.66	1.10	7.53	0.97	7.45	0.88	7.33	0.76
32	7.92	1.36	7.75	1.18	7.61	1.04	7.52	0.95	7.39	0.82
33	8.03	1.46	7.83	1.27	7.68	1.12	7.58	1.01	7.45	0.88
34	8.13	1.56	7.92	1.35	7.76	1.19	7.65	1.08	7.51	0.94
35	8.23	1.66	8.01	1.44	7.83	1.27	7.72	1.16	7.57	1.00
36	8.36	1.79	8.13	1.56	7.93	1.37	7.81	1.25	7.65	1.08
37	8.49	1.92	8.24	1.67	8.03	1.47	7.90	1.34	7.73	1.16
38	8.62	2.05	8.35	1.78	8.14	1.57	8.00	1.43	7.81	1.24
39	8.75	2.18	8.46	1.89	8.24	1.67	8.09	1.52	7.89	1.32
40	8.88	2.31	8.58	2.01	8.33	1.77	8.18	1.61	7.97	1.40
41	9.04	2.47	8.72	2.15	8.46	1.89	8.30	1.73	8.06	1.50
42	9.21	2.64	8.85	2.29	8.58	2.02	8.41	1.85	8.16	1.60
43	9.37	2.80	9.00	2.43	8.70	2.13	8.52	1.96	8.26	1.70
44	9.54	2.98	9.13	2.57	8.83	2.26	8.64	2.08	8.36	1.80
45	9.70	3.14	9.27	2.72	8.95	2.38	8.75	2.20	8.46	1.90
46	9.91	3.34	9.45	2.89	9.10	2.54	8.90	2.34	8.58	2.03
47	10.12	3.55	9.62	3.06	9.26	2.69	9.04	2.48	8.71	2.14
48	10.31	3.75	9.80	3.23	9.41	2.85	9.19	2.62	8.83	2.27
49	10.52	3.95	9.97	3.41	9.56	3.00	9.33	2.76	8.95	2.38
50	10.73	4.16	10.15	3.58	9.71	3.15	9.47	2.90	9.08	2.51
51	11.00	4.43	10.39	3.82	9.92	3.36	9.66	3.09	9.24	2.68
52	11.26	4.70	10.62	4.05	10.13	3.57	9.85	3.28	9.41	2.84
53	11.54	4.97	10.86	4.29	10.33	3.76	10.04	3.48	9.57	3.01
54	11.81	5.25	11.09	4.53	10.54	3.97	10.22	3.67	9.74	3.17
55	12.08	5.52	11.33	4.76	10.74	4.18	10.41	3.85	9.90	3.34
56	12.49	5.93	11.69	5.12	11.06	4.49	10.70	4.14	10.15	3.59
57	12.91	6.34	12.04	5.48	11.37	4.80	10.99	4.43	10.41	3.84
58	13.33	6.77	12.40	5.83	11.68	5.11	11.28	4.71	10.66	4.10
59	13.75	7.18	12.76	6.19	11.99	5.42	11.57	5.00	10.92	4.35
60	14.16	7.59	13.12	6.55	12.30	5.74	11.86	5.29	11.17	4.60
61	14.81	8.19	13.69	7.07	12.81	6.18	12.32	5.71	11.60	4.96
62	15.47	8.79	14.26	7.59	13.31	6.64	12.80	6.12	12.01	5.33
63	16.11	9.39	14.83	8.10	13.82	7.09	13.26	6.54	12.43	5.70
64	16.77	9.99	15.39	8.62	14.32	7.55	13.74	6.95	12.84	6.07
65	17.42	10.59	15.97	9.14	14.82	7.99	14.20	7.37	13.26	6.43
66	18.67	11.84	17.04	10.22	15.76	8.93	15.07	8.24	14.02	7.20
67	19.91	13.08	18.13	11.29	16.70	9.88	15.94	9.10	14.79	7.96
68	21.16	14.32	19.20	12.37	17.65	10.81	16.81	9.97	15.55	8.71
69	22.40	15.57	20.29	13.44	18.59	11.75	17.68	10.83	16.31	9.47
70	23.65	16.81	21.36	14.52	19.53	12.69	18.55	11.70	17.07	10.23
71	25.69	18.84	23.13	16.27	21.08	14.22	19.97	13.12	18.33	11.48
72	27.73	20.87	24.89	18.03	22.63	15.76	21.39	14.53	19.57	12.72
73	29.77	22.90	26.66	19.79	24.17	17.29	22.81	15.94	20.83	13.96
74	31.80	24.93	28.42	21.55	25.72	18.84	24.23	17.36	22.07	15.20
75	33.85	26.96	30.19	23.31	27.26	20.37	25.66	18.77	23.33	16.44
76	37.08	30.20	32.99	26.10	29.71	22.81	27.90	21.02	25.30	18.41
77	40.32	33.43	35.78	28.90	32.15	25.26	30.16	23.28	27.27	20.39
78	43.55	36.67	38.59	31.70	34.59	27.70	32.41	25.53	29.25	22.37
79	46.79	39.90	41.38	34.50	37.04	30.14	34.67	27.79	31.22	24.34
80	50.02	43.14	44.18	37.30	39.48	32.59	36.92	30.04	33.19	26.31
81	54.06	47.18	47.67	40.79	42.54	35.65	39.73	32.85	35.66	28.77
82	58.11	51.23	51.17	44.29	45.59	38.70	42.55	35.66	38.12	31.24
83	62.15	55.27	54.66	47.78	48.65	41.76	45.37	38.49	40.59	33.71
84	66.20	59.32	58.16	51.27	51.70	44.81	48.18	41.30	43.06	36.18
85	N/A	63.36	N/A	54.77	N/A	47.87	N/A	44.12	N/A	38.64
86	N/A	67.40	N/A	58.26	N/A	50.93	N/A	46.93	N/A	41.10
87	N/A	71.46	N/A	61.76	N/A	53.98	N/A	49.75	N/A	43.58
88	N/A	75.50	N/A	65.26	N/A	57.03	N/A	52.57	N/A	46.04
89	N/A	79.55	N/A	68.76	N/A	60.08	N/A	55.39	N/A	48.51
90	N/A	83.59	N/A	72.25	N/A	63.14	N/A	58.20	N/A	50.98
91	N/A	85.21	N/A	73.65	N/A	64.36	N/A	59.33	N/A	51.96
92	N/A	86.82	N/A	75.05	N/A	65.59	N/A	60.45	N/A	52.95
93	N/A	88.45	N/A	76.45	N/A	66.80	N/A	61.58	N/A	53.94
94	N/A	90.06	N/A	77.84	N/A	68.03	N/A	62.70	N/A	54.92
95	N/A	91.68	N/A	79.24	N/A	69.25	N/A	63.83	N/A	55.91
96	N/A	92.22	N/A	79.71	N/A	69.66	N/A	64.21	N/A	56.24
97	N/A	92.76	N/A	80.17	N/A	70.07	N/A	64.58	N/A	56.57
98	N/A	93.30	N/A	80.65	N/A	70.48	N/A	64.96	N/A	56.89
99	N/A	93.84	N/A	81.11	N/A	70.88	N/A	65.33	N/A	57.22
100	N/A	94.38	N/A	81.58	N/A	71.29	N/A	65.71	N/A	57.56

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.58	0.90	7.47	0.79	7.37	0.69	7.31	0.62	7.23	0.55
26	7.66	0.98	7.55	0.86	7.44	0.75	7.36	0.68	7.28	0.59
27	7.75	1.06	7.61	0.92	7.50	0.81	7.42	0.73	7.34	0.65
28	7.82	1.13	7.68	1.00	7.55	0.87	7.47	0.79	7.38	0.69
29	7.90	1.21	7.75	1.06	7.62	0.93	7.53	0.84	7.44	0.75
30	7.98	1.30	7.82	1.13	7.68	1.00	7.58	0.90	7.48	0.79
31	8.09	1.41	7.92	1.23	7.77	1.08	7.66	0.97	7.55	0.86
32	8.20	1.52	8.02	1.32	7.86	1.17	7.74	1.05	7.62	0.93
33	8.32	1.63	8.11	1.43	7.95	1.25	7.82	1.12	7.69	1.00
34	8.43	1.74	8.21	1.52	8.03	1.34	7.89	1.21	7.76	1.07
35	8.54	1.85	8.31	1.62	8.12	1.43	7.97	1.28	7.83	1.13
36	8.69	1.99	8.44	1.74	8.23	1.53	8.08	1.38	7.92	1.22
37	8.83	2.14	8.57	1.87	8.35	1.65	8.18	1.48	8.00	1.32
38	8.98	2.28	8.69	2.00	8.46	1.76	8.28	1.59	8.09	1.40
39	9.13	2.43	8.82	2.13	8.58	1.88	8.38	1.69	8.18	1.49
40	9.27	2.58	8.94	2.26	8.69	1.99	8.48	1.79	8.27	1.58
41	9.45	2.76	9.11	2.42	8.82	2.14	8.61	1.92	8.38	1.69
42	9.64	2.94	9.27	2.58	8.97	2.27	8.73	2.05	8.50	1.80
43	9.83	3.13	9.43	2.74	9.11	2.42	8.87	2.17	8.61	1.92
44	10.01	3.32	9.59	2.90	9.25	2.56	9.00	2.30	8.72	2.03
45	10.19	3.50	9.76	3.06	9.39	2.70	9.13	2.43	8.83	2.14
46	10.42	3.73	9.96	3.26	9.56	2.88	9.28	2.59	8.97	2.27
47	10.65	3.96	10.16	3.46	9.74	3.04	9.45	2.75	9.11	2.42
48	10.89	4.19	10.35	3.66	9.90	3.22	9.60	2.91	9.25	2.56
49	11.12	4.42	10.55	3.86	10.08	3.38	9.77	3.07	9.39	2.70
50	11.35	4.65	10.75	4.07	10.25	3.55	9.92	3.23	9.53	2.84
51	11.65	4.95	11.02	4.32	10.48	3.78	10.13	3.44	9.72	3.03
52	11.95	5.25	11.27	4.59	10.71	4.01	10.34	3.65	9.91	3.22
53	12.26	5.56	11.54	4.84	10.93	4.24	10.55	3.85	10.09	3.41
54	12.56	5.86	11.79	5.11	11.15	4.47	10.76	4.07	10.29	3.59
55	12.86	6.17	12.06	5.36	11.38	4.70	10.97	4.28	10.48	3.78
56	13.34	6.64	12.47	5.77	11.74	5.05	11.30	4.60	10.76	4.07
57	13.81	7.12	12.88	6.18	12.09	5.41	11.63	4.93	11.04	4.35
58	14.30	7.60	13.29	6.59	12.45	5.76	11.97	5.27	11.34	4.64
59	14.77	8.08	13.70	7.00	12.81	6.11	12.30	5.60	11.62	4.92
60	15.25	8.55	14.11	7.41	13.16	6.47	12.62	5.93	11.90	5.21
61	15.98	9.23	14.75	7.99	13.73	6.98	13.15	6.40	12.36	5.62
62	16.70	9.90	15.39	8.58	14.30	7.49	13.68	6.87	12.83	6.03
63	17.43	10.57	16.02	9.16	14.85	8.01	14.20	7.34	13.28	6.43
64	18.15	11.25	16.66	9.75	15.42	8.52	14.73	7.81	13.75	6.84
65	18.88	11.92	17.30	10.33	15.99	9.03	15.25	8.29	14.20	7.25
66	20.27	13.31	18.51	11.54	17.05	10.09	16.22	9.25	15.05	8.10
67	21.66	14.69	19.71	12.74	18.11	11.15	17.20	10.23	15.91	8.95
68	23.05	16.08	20.92	13.94	19.17	12.20	18.17	11.20	16.76	9.79
69	24.44	17.46	22.12	15.15	20.23	13.26	19.15	12.18	17.62	10.64
70	25.82	18.85	23.33	16.35	21.29	14.32	20.12	13.15	18.47	11.49
71	28.08	21.09	25.29	18.31	23.02	16.04	21.72	14.73	19.87	12.88
72	30.33	23.34	27.25	20.25	24.75	17.76	23.31	16.32	21.27	14.27
73	32.58	25.58	29.20	22.21	26.47	19.48	24.91	17.90	22.66	15.67
74	34.83	27.83	31.17	24.15	28.20	21.19	26.50	19.49	24.06	17.06
75	37.09	30.07	33.12	26.11	29.93	22.91	28.10	21.08	25.46	18.44
76	40.70	33.68	36.26	29.24	32.68	25.66	30.63	23.61	27.67	20.65
77	44.30	37.29	39.39	32.37	35.43	28.41	33.16	26.14	29.88	22.86
78	47.91	40.90	42.52	35.51	38.18	31.16	35.69	28.67	32.10	25.08
79	51.52	44.51	45.66	38.64	40.92	33.91	38.22	31.21	34.31	27.30
80	55.13	48.11	48.79	41.77	43.67	36.66	40.75	33.74	36.52	29.51
81	59.64	52.63	52.71	45.69	47.11	40.09	43.91	36.90	39.29	32.27
82	64.16	57.14	56.62	49.60	50.54	43.53	47.07	40.06	42.06	35.04
83	68.66	61.64	60.54	53.52	53.99	46.97	50.24	43.23	44.83	37.81
84	73.17	66.16	64.45	57.43	57.42	50.41	53.40	46.39	47.59	40.58
85	N/A	70.67	N/A	61.35	N/A	53.84	N/A	49.55	N/A	43.35
86	N/A	75.18	N/A	65.27	N/A	57.28	N/A	52.71	N/A	46.11
87	N/A	79.69	N/A	69.19	N/A	60.71	N/A	55.87	N/A	48.88
88	N/A	84.20	N/A	73.10	N/A	64.16	N/A	59.04	N/A	51.64
89	N/A	88.71	N/A	77.02	N/A	67.59	N/A	62.20	N/A	54.41
90	N/A	93.22	N/A	80.94	N/A	71.02	N/A	65.36	N/A	57.18
91	N/A	95.03	N/A	82.50	N/A	72.39	N/A	66.62	N/A	58.28
92	N/A	96.83	N/A	84.07	N/A	73.77	N/A	67.89	N/A	59.39
93	N/A	98.64	N/A	85.63	N/A	75.14	N/A	69.15	N/A	60.50
94	N/A	100.44	N/A	87.20	N/A	76.52	N/A	70.42	N/A	61.61
95	N/A	102.25	N/A	88.76	N/A	77.89	N/A	71.68	N/A	62.71
96	N/A	102.85	N/A	89.29	N/A	78.35	N/A	72.10	N/A	63.08
97	N/A	103.45	N/A	89.81	N/A	78.81	N/A	72.52	N/A	63.45
98	N/A	104.05	N/A	90.34	N/A	79.27	N/A	72.95	N/A	63.82
99	N/A	104.65	N/A	90.86	N/A	79.73	N/A	73.37	N/A	64.19
100	N/A	105.25	N/A	91.38	N/A	80.19	N/A	73.79	N/A	64.56

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	10.90	4.08	10.37	3.55	9.97	3.15	9.72	2.90	9.36	2.53
46	11.18	4.36	10.60	3.78	10.17	3.35	9.90	3.08	9.52	2.70
47	11.46	4.64	10.84	4.02	10.37	3.56	10.09	3.28	9.68	2.86
48	11.74	4.92	11.08	4.25	10.58	3.76	10.29	3.46	9.84	3.03
49	12.02	5.20	11.32	4.50	10.78	3.97	10.46	3.65	10.01	3.19
50	12.30	5.48	11.55	4.73	10.98	4.17	10.65	3.84	10.17	3.35
51	12.67	5.86	11.86	5.04	11.25	4.43	10.89	4.08	10.38	3.57
52	13.04	6.22	12.17	5.34	11.52	4.70	11.14	4.33	10.59	3.78
53	13.41	6.60	12.48	5.66	11.79	4.97	11.38	4.56	10.80	3.98
54	13.80	6.97	12.79	5.97	12.06	5.24	11.63	4.81	11.01	4.20
55	14.18	7.35	13.10	6.27	12.32	5.50	11.87	5.05	11.22	4.40
56	14.77	7.95	13.62	6.80	12.77	5.95	12.28	5.46	11.57	4.76
57	15.38	8.55	14.15	7.33	13.22	6.40	12.71	5.89	11.92	5.11
58	16.00	9.17	14.69	7.87	13.67	6.85	13.13	6.30	12.30	5.47
59	16.63	9.79	15.23	8.41	14.13	7.32	13.55	6.73	12.66	5.84
60	17.25	10.42	15.78	8.96	14.61	7.78	13.98	7.16	13.01	6.19
61	18.19	11.30	16.59	9.72	15.31	8.44	14.63	7.76	13.58	6.70
62	19.14	12.19	17.42	10.49	16.04	9.11	15.29	8.37	14.16	7.22
63	20.09	13.11	18.26	11.28	16.76	9.77	15.96	8.98	14.73	7.75
64	21.07	14.03	19.10	12.06	17.49	10.45	16.64	9.60	15.30	8.28
65	22.04	14.95	19.95	12.87	18.23	11.14	17.31	10.22	15.88	8.80
66	23.98	16.89	21.62	14.54	19.68	12.60	18.64	11.54	17.03	9.94
67	25.97	18.87	23.35	16.25	21.16	14.07	20.00	12.90	18.21	11.11
68	27.99	20.89	25.09	17.98	22.68	15.58	21.38	14.28	19.40	12.31
69	30.05	22.94	26.88	19.76	24.21	17.11	22.80	15.69	20.63	13.53
70	32.14	25.03	28.68	21.57	25.78	18.67	24.23	17.12	21.87	14.76
71	35.43	28.31	31.51	24.39	28.22	21.11	26.47	19.34	23.79	16.68
72	38.77	31.64	34.40	27.28	30.72	23.60	28.74	21.61	25.76	18.64
73	42.17	35.04	37.34	30.20	33.26	26.12	31.05	23.92	27.76	20.63
74	45.64	38.50	40.32	33.18	35.84	28.69	33.42	26.28	29.80	22.66
75	49.17	42.02	43.37	36.22	38.47	31.32	35.82	28.67	31.87	24.72
76	54.22	47.07	47.72	40.57	42.23	35.08	39.27	32.12	34.84	27.69
77	59.25	52.10	52.07	44.92	45.99	38.83	42.70	35.55	37.81	30.66
78	64.30	57.15	56.41	49.26	49.75	42.59	46.14	39.00	40.77	33.62
79	69.33	62.18	60.76	53.61	53.50	46.34	49.58	42.43	43.74	36.59
80	74.38	67.23	65.11	57.96	57.26	50.10	53.02	45.87	46.71	39.56
81	80.68	73.53	70.54	63.39	61.96	54.80	57.32	50.18	50.42	43.27
82	86.98	79.83	75.97	68.82	66.65	59.49	61.63	54.48	54.13	46.98
83	93.29	86.15	81.41	74.26	71.35	64.19	65.93	58.78	57.84	50.69
84	99.60	92.45	86.83	79.69	76.05	68.89	70.23	63.08	61.55	54.40
85	N/A	98.75	N/A	85.12	N/A	73.59	N/A	67.38	N/A	58.11
86	N/A	105.05	N/A	90.56	N/A	78.29	N/A	71.68	N/A	61.81
87	N/A	111.35	N/A	95.99	N/A	82.98	N/A	75.98	N/A	65.53
88	N/A	117.66	N/A	101.42	N/A	87.68	N/A	80.28	N/A	69.23
89	N/A	123.96	N/A	106.85	N/A	92.37	N/A	84.58	N/A	72.95
90	N/A	130.26	N/A	112.29	N/A	97.07	N/A	88.88	N/A	76.65
91	N/A	132.78	N/A	114.45	N/A	98.95	N/A	90.60	N/A	78.13
92	N/A	135.31	N/A	116.63	N/A	100.84	N/A	92.33	N/A	79.61
93	N/A	137.83	N/A	118.80	N/A	102.72	N/A	94.04	N/A	81.10
94	N/A	140.35	N/A	120.98	N/A	104.60	N/A	95.76	N/A	82.58
95	N/A	142.87	N/A	123.15	N/A	106.48	N/A	97.48	N/A	84.06
96	N/A	143.71	N/A	123.87	N/A	107.10	N/A	98.06	N/A	84.55
97	N/A	144.55	N/A	124.60	N/A	107.72	N/A	98.63	N/A	85.05
98	N/A	145.40	N/A	125.33	N/A	108.36	N/A	99.21	N/A	85.55
99	N/A	146.24	N/A	126.05	N/A	108.98	N/A	99.77	N/A	86.04
100	N/A	147.07	N/A	126.78	N/A	109.60	N/A	100.35	N/A	86.54

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	7.00	0.50	6.94	0.43	6.87	0.38	6.84	0.35	6.79	0.30
26	7.00	0.54	6.94	0.47	6.87	0.41	6.84	0.38	6.79	0.33
27	7.00	0.57	6.94	0.50	6.87	0.44	6.84	0.40	6.79	0.35
28	7.00	0.62	6.94	0.54	6.87	0.47	6.84	0.43	6.79	0.38
29	7.00	0.66	6.94	0.57	6.87	0.50	6.84	0.45	6.79	0.40
30	7.00	0.69	6.94	0.61	6.87	0.52	6.84	0.48	6.79	0.42
31	7.00	0.75	6.94	0.65	6.87	0.56	6.84	0.52	6.79	0.45
32	7.00	0.80	6.94	0.70	6.87	0.61	6.84	0.56	6.79	0.48
33	7.00	0.85	6.94	0.75	6.87	0.64	6.84	0.59	6.79	0.52
34	7.00	0.89	6.94	0.79	6.87	0.68	6.84	0.63	6.79	0.55
35	7.00	0.94	6.94	0.83	6.87	0.72	6.84	0.66	6.79	0.57
36	7.00	1.00	6.94	0.89	6.87	0.77	6.84	0.70	6.79	0.61
37	7.00	1.07	6.94	0.94	6.87	0.81	6.84	0.75	6.79	0.66
38	7.00	1.13	6.94	1.00	6.87	0.86	6.84	0.79	6.79	0.69
39	7.00	1.20	6.94	1.05	6.87	0.90	6.84	0.83	6.79	0.73
40	7.00	1.25	6.94	1.10	6.87	0.95	6.84	0.87	6.79	0.76
41	7.00	1.33	6.94	1.17	6.87	1.01	6.84	0.92	6.79	0.81
42	7.00	1.41	6.94	1.23	6.87	1.06	6.84	0.97	6.79	0.85
43	7.00	1.47	6.94	1.30	6.87	1.12	6.84	1.03	6.79	0.90
44	7.00	1.55	6.94	1.35	6.87	1.17	6.84	1.08	6.79	0.94
45	7.00	1.61	6.94	1.41	6.87	1.22	6.84	1.12	6.79	0.98
46	7.00	1.70	6.94	1.49	6.87	1.29	6.84	1.18	6.79	1.03
47	7.00	1.78	6.94	1.56	6.87	1.35	6.84	1.24	6.79	1.08
48	7.00	1.87	6.94	1.63	6.87	1.41	6.84	1.30	6.79	1.13
49	7.01	1.94	6.94	1.69	6.87	1.47	6.84	1.36	6.79	1.18
50	7.03	2.02	6.94	1.76	6.87	1.53	6.84	1.41	6.79	1.23
51	7.08	2.13	6.94	1.86	6.87	1.61	6.84	1.49	6.79	1.30
52	7.12	2.23	6.94	1.95	6.87	1.69	6.84	1.55	6.79	1.36
53	7.16	2.33	6.94	2.04	6.87	1.77	6.84	1.63	6.79	1.42
54	7.20	2.43	6.94	2.12	6.87	1.84	6.84	1.69	6.79	1.48
55	7.24	2.53	6.94	2.20	6.87	1.91	6.84	1.76	6.79	1.54
56	7.34	2.69	6.99	2.34	6.87	2.03	6.84	1.87	6.79	1.63
57	7.44	2.85	7.07	2.47	6.87	2.15	6.84	1.98	6.79	1.72
58	7.54	3.01	7.14	2.60	6.87	2.27	6.84	2.08	6.79	1.81
59	7.63	3.15	7.20	2.73	6.87	2.38	6.84	2.18	6.79	1.90
60	7.71	3.30	7.26	2.85	6.90	2.49	6.84	2.28	6.79	1.98
61	7.91	3.52	7.42	3.04	7.04	2.65	6.84	2.42	6.79	2.11
62	8.09	3.73	7.57	3.22	7.16	2.81	6.93	2.57	6.79	2.23
63	8.27	3.93	7.72	3.39	7.29	2.95	7.04	2.71	6.79	2.35
64	8.44	4.13	7.86	3.55	7.40	3.10	7.15	2.84	6.79	2.47
65	8.60	4.32	7.99	3.72	7.52	3.24	7.25	2.97	6.85	2.58
66	8.98	4.76	8.32	4.10	7.79	3.57	7.49	3.28	7.05	2.84
67	9.35	5.19	8.62	4.46	8.05	3.89	7.72	3.57	7.25	3.09
68	9.70	5.61	8.92	4.82	8.30	4.20	7.95	3.85	7.43	3.33
69	10.04	6.00	9.20	5.16	8.54	4.50	8.17	4.13	7.61	3.57
70	10.36	6.38	9.47	5.49	8.76	4.79	8.37	4.39	7.77	3.80
71	10.97	7.05	10.00	6.07	9.21	5.29	8.78	4.85	8.11	4.19
72	11.56	7.70	10.49	6.63	9.64	5.78	9.17	5.30	8.43	4.57
73	12.13	8.32	10.97	7.17	10.06	6.25	9.53	5.73	8.74	4.94
74	12.67	8.92	11.43	7.68	10.45	6.70	9.89	6.15	9.04	5.29
75	13.18	9.50	11.87	8.18	10.82	7.13	10.23	6.54	9.31	5.63
76	14.08	10.45	12.63	9.00	11.48	7.85	10.83	7.21	9.82	6.20
77	14.94	11.38	13.36	9.80	12.11	8.55	11.40	7.84	10.30	6.74
78	15.76	12.26	14.06	10.56	12.71	9.21	11.95	8.45	10.76	7.26
79	16.54	13.10	14.72	11.29	13.28	9.84	12.46	9.03	11.20	7.76
80	17.28	13.91	15.35	11.98	13.82	10.45	12.96	9.58	11.61	8.24
81	18.58	15.21	16.48	13.10	14.80	11.43	13.85	10.48	12.39	9.01
82	19.88	16.51	17.60	14.22	15.78	12.41	14.75	11.38	13.16	9.78
83	21.19	17.82	18.72	15.35	16.76	13.38	15.65	12.28	13.93	10.55
84	22.49	19.12	19.84	16.47	17.74	14.36	16.55	13.18	14.70	11.33
85	N/A	20.42	N/A	17.59	N/A	15.34	N/A	14.07	N/A	12.10
86	N/A	21.73	N/A	18.72	N/A	16.32	N/A	14.97	N/A	12.87
87	N/A	23.03	N/A	19.84	N/A	17.30	N/A	15.87	N/A	13.65
88	N/A	24.33	N/A	20.96	N/A	18.28	N/A	16.77	N/A	14.42
89	N/A	25.64	N/A	22.08	N/A	19.26	N/A	17.67	N/A	15.19
90	N/A	26.94	N/A	23.21	N/A	20.24	N/A	18.56	N/A	15.96
91	N/A	27.46	N/A	23.65	N/A	20.63	N/A	18.92	N/A	16.27
92	N/A	27.98	N/A	24.11	N/A	21.02	N/A	19.28	N/A	16.58
93	N/A	28.51	N/A	24.56	N/A	21.41	N/A	19.64	N/A	16.89
94	N/A	29.02	N/A	25.01	N/A	21.80	N/A	20.00	N/A	17.20
95	N/A	29.55	N/A	25.46	N/A	22.20	N/A	20.36	N/A	17.51
96	N/A	29.72	N/A	25.61	N/A	22.33	N/A	20.48	N/A	17.61
97	N/A	29.89	N/A	25.75	N/A	22.46	N/A	20.60	N/A	17.71
98	N/A	30.07	N/A	25.90	N/A	22.59	N/A	20.72	N/A	17.82
99	N/A	30.24	N/A	26.05	N/A	22.72	N/A	20.84	N/A	17.92
100	N/A	30.42	N/A	26.20	N/A	22.85	N/A	20.96	N/A	18.02

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.25	0.70	7.16	0.61	7.09	0.54	7.04	0.48	6.99	0.43
26	7.25	0.75	7.16	0.66	7.09	0.58	7.04	0.52	6.99	0.46
27	7.25	0.81	7.16	0.70	7.09	0.62	7.04	0.56	6.99	0.49
28	7.25	0.86	7.16	0.75	7.09	0.66	7.04	0.59	6.99	0.53
29	7.25	0.91	7.16	0.79	7.09	0.70	7.04	0.63	6.99	0.56
30	7.25	0.97	7.16	0.84	7.09	0.73	7.04	0.67	6.99	0.59
31	7.25	1.04	7.16	0.90	7.09	0.80	7.04	0.72	6.99	0.63
32	7.25	1.11	7.16	0.96	7.09	0.85	7.04	0.77	6.99	0.68
33	7.25	1.18	7.16	1.02	7.09	0.90	7.04	0.81	6.99	0.72
34	7.26	1.25	7.16	1.08	7.09	0.95	7.04	0.86	6.99	0.76
35	7.27	1.32	7.16	1.14	7.09	1.01	7.04	0.91	6.99	0.81
36	7.30	1.41	7.16	1.22	7.09	1.08	7.04	0.97	6.99	0.86
37	7.32	1.49	7.16	1.29	7.09	1.14	7.04	1.04	6.99	0.92
38	7.35	1.58	7.16	1.36	7.09	1.21	7.04	1.09	6.99	0.96
39	7.37	1.65	7.16	1.44	7.09	1.26	7.04	1.15	6.99	1.01
40	7.39	1.74	7.16	1.51	7.09	1.33	7.04	1.20	6.99	1.07
41	7.44	1.84	7.19	1.60	7.09	1.41	7.04	1.28	6.99	1.13
42	7.48	1.94	7.22	1.68	7.09	1.48	7.04	1.35	6.99	1.19
43	7.51	2.03	7.24	1.76	7.09	1.56	7.04	1.41	6.99	1.25
44	7.54	2.12	7.26	1.84	7.09	1.63	7.04	1.48	6.99	1.31
45	7.58	2.22	7.28	1.92	7.09	1.70	7.04	1.54	6.99	1.37
46	7.63	2.34	7.32	2.02	7.09	1.79	7.04	1.63	6.99	1.44
47	7.68	2.44	7.36	2.12	7.11	1.87	7.04	1.71	6.99	1.51
48	7.73	2.56	7.40	2.22	7.13	1.96	7.04	1.78	6.99	1.57
49	7.78	2.66	7.43	2.31	7.15	2.04	7.04	1.86	6.99	1.63
50	7.82	2.77	7.46	2.40	7.17	2.12	7.04	1.93	6.99	1.70
51	7.90	2.91	7.53	2.53	7.22	2.23	7.04	2.03	6.99	1.79
52	7.99	3.05	7.59	2.65	7.27	2.34	7.07	2.13	6.99	1.87
53	8.07	3.19	7.65	2.77	7.31	2.44	7.10	2.23	6.99	1.95
54	8.14	3.33	7.70	2.89	7.35	2.54	7.14	2.32	6.99	2.03
55	8.21	3.45	7.76	3.00	7.39	2.64	7.17	2.41	6.99	2.11
56	8.36	3.67	7.88	3.19	7.49	2.79	7.25	2.56	6.99	2.24
57	8.51	3.87	8.00	3.36	7.58	2.95	7.34	2.70	7.00	2.37
58	8.64	4.07	8.11	3.53	7.67	3.10	7.42	2.84	7.06	2.49
59	8.78	4.26	8.21	3.70	7.76	3.24	7.49	2.97	7.12	2.61
60	8.90	4.44	8.32	3.86	7.84	3.38	7.56	3.10	7.17	2.72
61	9.17	4.73	8.54	4.11	8.03	3.60	7.74	3.30	7.32	2.89
62	9.41	5.01	8.76	4.35	8.21	3.81	7.90	3.50	7.47	3.06
63	9.65	5.27	8.96	4.59	8.39	4.01	8.06	3.68	7.61	3.23
64	9.88	5.53	9.16	4.81	8.55	4.21	8.21	3.87	7.74	3.39
65	10.10	5.78	9.34	5.03	8.71	4.40	8.36	4.04	7.86	3.54
66	10.63	6.37	9.79	5.54	9.10	4.84	8.71	4.45	8.16	3.90
67	11.14	6.94	10.23	6.03	9.47	5.28	9.04	4.84	8.45	4.25
68	11.63	7.49	10.65	6.51	9.83	5.69	9.37	5.22	8.73	4.59
69	12.10	8.02	11.05	6.97	10.17	6.10	9.67	5.59	8.99	4.92
70	12.55	8.53	11.43	7.41	10.50	6.48	9.97	5.95	9.24	5.23
71	13.38	9.42	12.14	8.19	11.12	7.16	10.52	6.56	9.74	5.78
72	14.18	10.28	12.83	8.93	11.71	7.81	11.06	7.16	10.21	6.31
73	14.94	11.10	13.49	9.65	12.27	8.44	11.58	7.73	10.66	6.82
74	15.68	11.89	14.12	10.33	12.82	9.04	12.07	8.29	11.09	7.31
75	16.38	12.65	14.72	10.99	13.34	9.61	12.54	8.81	11.50	7.78
76	17.59	13.93	15.76	12.10	14.24	10.58	13.36	9.70	12.23	8.57
77	18.75	15.16	16.77	13.17	15.11	11.52	14.15	10.56	12.92	9.32
78	19.87	16.33	17.73	14.20	15.94	12.41	14.91	11.38	13.58	10.04
79	20.93	17.46	18.64	15.17	16.73	13.26	15.63	12.16	14.20	10.73
80	21.94	18.53	19.51	16.10	17.49	14.08	16.31	12.91	14.80	11.39
81	23.68	20.27	21.02	17.61	18.80	15.40	17.53	14.12	15.87	12.46
82	25.41	22.00	22.53	19.12	20.13	16.72	18.73	15.33	16.94	13.53
83	27.15	23.74	24.04	20.63	21.44	18.04	19.94	16.54	18.01	14.60
84	28.88	25.48	25.55	22.14	22.77	19.36	21.15	17.74	19.07	15.67
85	N/A	27.22	N/A	23.65	N/A	20.68	N/A	18.95	N/A	16.74
86	N/A	28.95	N/A	25.16	N/A	21.99	N/A	20.17	N/A	17.81
87	N/A	30.69	N/A	26.67	N/A	23.32	N/A	21.38	N/A	18.87
88	N/A	32.43	N/A	28.18	N/A	24.63	N/A	22.58	N/A	19.94
89	N/A	34.16	N/A	29.69	N/A	25.96	N/A	23.80	N/A	21.01
90	N/A	35.90	N/A	31.20	N/A	27.27	N/A	25.01	N/A	22.08
91	N/A	36.60	N/A	31.80	N/A	27.80	N/A	25.49	N/A	22.50
92	N/A	37.29	N/A	32.40	N/A	28.33	N/A	25.97	N/A	22.93
93	N/A	37.99	N/A	33.01	N/A	28.86	N/A	26.46	N/A	23.36
94	N/A	38.68	N/A	33.61	N/A	29.39	N/A	26.94	N/A	23.79
95	N/A	39.37	N/A	34.21	N/A	29.91	N/A	27.43	N/A	24.21
96	N/A	39.60	N/A	34.41	N/A	30.09	N/A	27.58	N/A	24.35
97	N/A	39.84	N/A	34.62	N/A	30.27	N/A	27.75	N/A	24.50
98	N/A	40.07	N/A	34.82	N/A	30.44	N/A	27.91	N/A	24.64
99	N/A	40.30	N/A	35.02	N/A	30.62	N/A	28.07	N/A	24.79
100	N/A	40.53	N/A	35.22	N/A	30.80	N/A	28.23	N/A	24.93

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.43	0.80	7.33	0.71	7.24	0.62	7.19	0.56	7.13	0.49
26	7.44	0.87	7.33	0.76	7.24	0.67	7.19	0.61	7.13	0.53
27	7.44	0.93	7.33	0.82	7.24	0.72	7.19	0.65	7.13	0.57
28	7.44	1.00	7.33	0.87	7.24	0.77	7.19	0.69	7.13	0.60
29	7.44	1.06	7.33	0.92	7.24	0.81	7.19	0.73	7.13	0.64
30	7.44	1.12	7.33	0.98	7.24	0.85	7.19	0.78	7.13	0.67
31	7.46	1.21	7.33	1.05	7.24	0.92	7.19	0.84	7.13	0.73
32	7.48	1.29	7.33	1.12	7.24	0.98	7.19	0.90	7.13	0.78
33	7.51	1.37	7.33	1.19	7.24	1.05	7.19	0.95	7.13	0.82
34	7.53	1.44	7.33	1.25	7.24	1.10	7.19	1.00	7.13	0.87
35	7.54	1.52	7.34	1.32	7.24	1.17	7.19	1.06	7.13	0.92
36	7.59	1.63	7.38	1.41	7.24	1.24	7.19	1.13	7.13	0.98
37	7.62	1.72	7.40	1.50	7.24	1.32	7.19	1.20	7.13	1.05
38	7.66	1.82	7.42	1.59	7.24	1.39	7.19	1.27	7.13	1.10
39	7.69	1.92	7.44	1.66	7.24	1.47	7.19	1.34	7.13	1.16
40	7.73	2.01	7.46	1.75	7.25	1.54	7.19	1.40	7.13	1.22
41	7.79	2.13	7.51	1.85	7.28	1.63	7.19	1.49	7.13	1.29
42	7.85	2.25	7.54	1.95	7.31	1.72	7.19	1.57	7.13	1.36
43	7.90	2.36	7.58	2.05	7.33	1.80	7.19	1.65	7.13	1.43
44	7.95	2.48	7.61	2.14	7.36	1.88	7.20	1.73	7.13	1.50
45	8.00	2.58	7.64	2.24	7.38	1.96	7.21	1.81	7.13	1.57
46	8.08	2.72	7.70	2.35	7.42	2.07	7.25	1.91	7.13	1.65
47	8.15	2.86	7.75	2.47	7.46	2.17	7.28	2.00	7.13	1.73
48	8.21	2.98	7.81	2.58	7.49	2.27	7.31	2.08	7.13	1.81
49	8.28	3.11	7.85	2.69	7.53	2.36	7.34	2.17	7.13	1.88
50	8.34	3.23	7.90	2.79	7.56	2.45	7.37	2.26	7.13	1.95
51	8.45	3.40	7.98	2.93	7.62	2.58	7.42	2.38	7.13	2.06
52	8.55	3.57	8.06	3.08	7.69	2.71	7.48	2.49	7.14	2.16
53	8.66	3.73	8.15	3.22	7.75	2.82	7.53	2.61	7.18	2.26
54	8.75	3.89	8.22	3.35	7.81	2.94	7.57	2.71	7.22	2.35
55	8.84	4.04	8.29	3.48	7.86	3.05	7.62	2.82	7.24	2.44
56	9.02	4.28	8.44	3.70	7.99	3.24	7.73	2.99	7.33	2.60
57	9.21	4.52	8.59	3.90	8.11	3.42	7.83	3.16	7.42	2.74
58	9.38	4.76	8.73	4.11	8.22	3.59	7.94	3.32	7.50	2.88
59	9.55	4.98	8.86	4.30	8.33	3.76	8.03	3.47	7.59	3.02
60	9.70	5.20	8.99	4.49	8.43	3.93	8.12	3.62	7.66	3.15
61	10.01	5.54	9.26	4.78	8.66	4.18	8.33	3.86	7.84	3.36
62	10.31	5.86	9.50	5.06	8.87	4.43	8.53	4.08	8.01	3.55
63	10.59	6.17	9.75	5.33	9.08	4.66	8.72	4.30	8.17	3.75
64	10.87	6.48	9.98	5.59	9.28	4.89	8.90	4.51	8.32	3.93
65	11.13	6.77	10.20	5.84	9.47	5.11	9.07	4.71	8.47	4.11
66	11.75	7.45	10.73	6.43	9.92	5.63	9.49	5.19	8.83	4.53
67	12.35	8.12	11.25	7.00	10.36	6.13	9.89	5.65	9.17	4.94
68	12.93	8.75	11.74	7.56	10.79	6.60	10.27	6.09	9.50	5.32
69	13.48	9.37	12.21	8.09	11.19	7.07	10.64	6.52	9.82	5.70
70	14.01	9.96	12.66	8.60	11.58	7.52	10.99	6.94	10.12	6.06
71	14.99	10.99	13.49	9.49	12.29	8.30	11.65	7.65	10.69	6.70
72	15.92	11.98	14.29	10.35	12.99	9.05	12.28	8.34	11.24	7.30
73	16.81	12.94	15.06	11.18	13.65	9.77	12.89	9.00	11.76	7.89
74	17.67	13.85	15.79	11.97	14.29	10.46	13.46	9.64	12.26	8.44
75	18.49	14.73	16.49	12.73	14.89	11.13	14.02	10.26	12.74	8.98
76	19.91	16.22	17.71	14.02	15.95	12.25	14.99	11.29	13.59	9.89
77	21.28	17.65	18.88	15.25	16.97	13.33	15.92	12.29	14.39	10.76
78	22.58	19.01	20.01	16.44	17.94	14.36	16.81	13.24	15.17	11.60
79	23.83	20.32	21.07	17.57	18.86	15.35	17.66	14.15	15.90	12.39
80	25.01	21.57	22.09	18.65	19.74	16.30	18.46	15.02	16.60	13.15
81	27.03	23.59	23.84	20.40	21.27	17.82	19.87	16.43	17.83	14.39
82	29.06	25.62	25.58	22.14	22.80	19.35	21.27	17.83	19.06	15.62
83	31.08	27.64	27.33	23.89	24.32	20.88	22.68	19.24	20.30	16.86
84	33.10	29.66	29.08	25.64	25.85	22.41	24.09	20.65	21.53	18.09
85	N/A	31.68	N/A	27.38	N/A	23.93	N/A	22.06	N/A	19.32
86	N/A	33.70	N/A	29.13	N/A	25.46	N/A	23.46	N/A	20.55
87	N/A	35.73	N/A	30.88	N/A	26.99	N/A	24.88	N/A	21.79
88	N/A	37.75	N/A	32.63	N/A	28.51	N/A	26.28	N/A	23.02
89	N/A	39.77	N/A	34.38	N/A	30.04	N/A	27.69	N/A	24.26
90	N/A	41.79	N/A	36.13	N/A	31.57	N/A	29.10	N/A	25.49
91	N/A	42.61	N/A	36.83	N/A	32.18	N/A	29.67	N/A	25.98
92	N/A	43.41	N/A	37.52	N/A	32.79	N/A	30.23	N/A	26.48
93	N/A	44.22	N/A	38.22	N/A	33.40	N/A	30.79	N/A	26.97
94	N/A	45.03	N/A	38.92	N/A	34.02	N/A	31.35	N/A	27.46
95	N/A	45.84	N/A	39.62	N/A	34.63	N/A	31.91	N/A	27.95
96	N/A	46.11	N/A	39.85	N/A	34.83	N/A	32.10	N/A	28.12
97	N/A	46.38	N/A	40.09	N/A	35.03	N/A	32.29	N/A	28.29
98	N/A	46.65	N/A	40.32	N/A	35.24	N/A	32.48	N/A	28.45
99	N/A	46.92	N/A	40.56	N/A	35.44	N/A	32.67	N/A	28.61
100	N/A	47.19	N/A	40.79	N/A	35.65	N/A	32.86	N/A	28.78

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.65	0.90	7.54	0.79	7.44	0.69	7.38	0.63	7.30	0.55
26	7.66	0.98	7.55	0.86	7.44	0.75	7.38	0.68	7.30	0.59
27	7.67	1.05	7.54	0.91	7.44	0.81	7.38	0.72	7.30	0.64
28	7.67	1.11	7.54	0.98	7.44	0.85	7.38	0.77	7.30	0.68
29	7.68	1.18	7.54	1.03	7.44	0.91	7.38	0.82	7.30	0.73
30	7.69	1.25	7.54	1.09	7.44	0.96	7.38	0.86	7.30	0.77
31	7.72	1.34	7.55	1.18	7.44	1.03	7.38	0.92	7.30	0.82
32	7.75	1.43	7.57	1.25	7.44	1.10	7.38	0.99	7.30	0.88
33	7.78	1.52	7.59	1.33	7.44	1.17	7.38	1.05	7.30	0.93
34	7.81	1.61	7.60	1.40	7.44	1.24	7.38	1.12	7.30	0.99
35	7.83	1.69	7.62	1.48	7.44	1.31	7.38	1.17	7.30	1.04
36	7.88	1.81	7.66	1.58	7.47	1.39	7.38	1.25	7.30	1.11
37	7.93	1.92	7.70	1.68	7.50	1.49	7.38	1.33	7.30	1.18
38	7.98	2.03	7.72	1.78	7.52	1.57	7.38	1.41	7.30	1.24
39	8.03	2.14	7.75	1.87	7.55	1.66	7.38	1.49	7.30	1.31
40	8.07	2.24	7.78	1.96	7.56	1.73	7.38	1.56	7.30	1.38
41	8.14	2.38	7.84	2.08	7.60	1.84	7.41	1.65	7.30	1.46
42	8.21	2.51	7.90	2.19	7.64	1.94	7.44	1.74	7.30	1.53
43	8.28	2.64	7.94	2.31	7.67	2.04	7.47	1.83	7.30	1.62
44	8.34	2.76	7.99	2.41	7.71	2.13	7.50	1.92	7.30	1.69
45	8.40	2.88	8.04	2.52	7.74	2.23	7.52	2.00	7.30	1.76
46	8.49	3.04	8.11	2.66	7.79	2.34	7.56	2.11	7.31	1.85
47	8.58	3.19	8.18	2.79	7.84	2.45	7.61	2.21	7.34	1.95
48	8.67	3.34	8.24	2.92	7.89	2.56	7.65	2.32	7.37	2.04
49	8.75	3.48	8.30	3.04	7.93	2.66	7.69	2.42	7.39	2.13
50	8.82	3.62	8.36	3.16	7.97	2.76	7.72	2.52	7.41	2.21
51	8.95	3.81	8.47	3.32	8.05	2.91	7.79	2.65	7.47	2.33
52	9.07	3.99	8.56	3.48	8.13	3.04	7.85	2.77	7.53	2.44
53	9.19	4.17	8.65	3.63	8.19	3.18	7.91	2.89	7.57	2.56
54	9.30	4.34	8.74	3.78	8.26	3.31	7.97	3.01	7.62	2.66
55	9.41	4.51	8.82	3.92	8.33	3.43	8.03	3.13	7.66	2.77
56	9.63	4.80	9.01	4.17	8.48	3.65	8.16	3.33	7.77	2.94
57	9.85	5.07	9.18	4.41	8.62	3.86	8.29	3.52	7.87	3.10
58	10.06	5.35	9.35	4.63	8.76	4.05	8.42	3.71	7.98	3.27
59	10.26	5.61	9.52	4.86	8.89	4.24	8.54	3.89	8.07	3.42
60	10.45	5.86	9.67	5.08	9.02	4.43	8.65	4.06	8.16	3.57
61	10.80	6.24	9.97	5.40	9.28	4.72	8.89	4.33	8.35	3.80
62	11.13	6.60	10.26	5.72	9.53	4.99	9.12	4.58	8.55	4.02
63	11.46	6.95	10.53	6.02	9.76	5.27	9.33	4.83	8.73	4.23
64	11.76	7.29	10.80	6.32	9.99	5.52	9.54	5.06	8.91	4.43
65	12.06	7.62	11.05	6.60	10.21	5.77	9.74	5.29	9.08	4.63
66	12.76	8.38	11.65	7.26	10.73	6.36	10.21	5.83	9.48	5.10
67	13.44	9.11	12.23	7.91	11.23	6.92	10.67	6.35	9.87	5.55
68	14.08	9.83	12.78	8.52	11.72	7.46	11.10	6.84	10.24	5.98
69	14.71	10.51	13.32	9.12	12.18	7.98	11.52	7.33	10.61	6.41
70	15.30	11.17	13.83	9.69	12.62	8.49	11.93	7.79	10.95	6.81
71	16.38	12.30	14.75	10.68	13.43	9.36	12.67	8.60	11.59	7.51
72	17.41	13.40	15.64	11.63	14.21	10.19	13.38	9.37	12.21	8.19
73	18.40	14.45	16.50	12.54	14.95	11.00	14.07	10.11	12.80	8.85
74	19.35	15.46	17.32	13.42	15.67	11.77	14.72	10.83	13.37	9.48
75	20.26	16.43	18.10	14.26	16.35	12.52	15.35	11.52	13.91	10.08
76	21.86	18.09	19.47	15.70	17.55	13.78	16.45	12.68	14.86	11.09
77	23.38	19.68	20.79	17.09	18.70	14.99	17.50	13.80	15.77	12.07
78	24.84	21.21	22.05	18.41	19.79	16.16	18.51	14.87	16.64	13.01
79	26.24	22.66	23.25	19.68	20.84	17.27	19.46	15.89	17.47	13.90
80	27.56	24.06	24.40	20.89	21.84	18.33	20.38	16.87	18.26	14.75
81	29.82	26.31	26.35	22.85	23.55	20.05	21.96	18.45	19.64	16.14
82	32.08	28.57	28.31	24.80	25.27	21.76	23.54	20.03	21.03	17.52
83	34.33	30.82	30.27	26.76	26.99	23.49	25.12	21.61	22.41	18.90
84	36.59	33.08	32.22	28.72	28.71	25.20	26.70	23.19	23.80	20.29
85	N/A	35.33	N/A	30.68	N/A	26.92	N/A	24.77	N/A	21.67
86	N/A	37.59	N/A	32.63	N/A	28.64	N/A	26.35	N/A	23.06
87	N/A	39.85	N/A	34.59	N/A	30.36	N/A	27.93	N/A	24.44
88	N/A	42.10	N/A	36.55	N/A	32.08	N/A	29.52	N/A	25.82
89	N/A	44.35	N/A	38.51	N/A	33.79	N/A	31.10	N/A	27.20
90	N/A	46.61	N/A	40.47	N/A	35.51	N/A	32.68	N/A	28.59
91	N/A	47.52	N/A	41.25	N/A	36.20	N/A	33.31	N/A	29.14
92	N/A	48.42	N/A	42.03	N/A	36.89	N/A	33.95	N/A	29.69
93	N/A	49.32	N/A	42.82	N/A	37.57	N/A	34.58	N/A	30.25
94	N/A	50.22	N/A	43.60	N/A	38.26	N/A	35.21	N/A	30.80
95	N/A	51.12	N/A	44.38	N/A	38.95	N/A	35.84	N/A	31.36
96	N/A	51.43	N/A	44.64	N/A	39.18	N/A	36.05	N/A	31.54
97	N/A	51.73	N/A	44.90	N/A	39.40	N/A	36.26	N/A	31.73
98	N/A	52.02	N/A	45.17	N/A	39.64	N/A	36.48	N/A	31.91
99	N/A	52.33	N/A	45.43	N/A	39.87	N/A	36.69	N/A	32.10
100	N/A	52.63	N/A	45.69	N/A	40.09	N/A	36.90	N/A	32.28

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	8.98	3.36	8.55	2.92	8.22	2.59	8.01	2.39	7.71	2.09
46	9.11	3.55	8.64	3.08	8.29	2.73	8.07	2.51	7.76	2.20
47	9.23	3.73	8.74	3.24	8.35	2.86	8.13	2.64	7.80	2.30
48	9.35	3.92	8.82	3.39	8.43	2.99	8.19	2.76	7.84	2.41
49	9.46	4.10	8.91	3.54	8.48	3.12	8.24	2.87	7.88	2.51
50	9.56	4.26	8.99	3.68	8.54	3.24	8.28	2.98	7.91	2.61
51	9.74	4.50	9.11	3.87	8.64	3.41	8.37	3.13	7.98	2.74
52	9.90	4.72	9.24	4.06	8.74	3.57	8.46	3.29	8.04	2.87
53	10.06	4.95	9.36	4.24	8.84	3.73	8.53	3.42	8.10	2.99
54	10.22	5.16	9.47	4.42	8.93	3.88	8.61	3.57	8.16	3.11
55	10.37	5.38	9.58	4.59	9.01	4.02	8.68	3.70	8.21	3.22
56	10.67	5.74	9.84	4.91	9.22	4.30	8.87	3.95	8.36	3.44
57	10.96	6.10	10.09	5.22	9.42	4.57	9.06	4.20	8.50	3.64
58	11.26	6.45	10.34	5.54	9.62	4.82	9.24	4.43	8.65	3.85
59	11.55	6.80	10.58	5.84	9.81	5.08	9.41	4.67	8.79	4.05
60	11.82	7.14	10.81	6.14	10.01	5.33	9.58	4.90	8.92	4.24
61	12.29	7.64	11.21	6.57	10.35	5.71	9.89	5.25	9.18	4.53
62	12.76	8.13	11.61	6.99	10.69	6.08	10.20	5.58	9.44	4.82
63	13.21	8.62	12.01	7.42	11.02	6.43	10.50	5.91	9.68	5.10
64	13.65	9.09	12.38	7.82	11.34	6.78	10.78	6.22	9.92	5.36
65	14.08	9.55	12.75	8.22	11.65	7.12	11.06	6.53	10.15	5.62
66	15.10	10.63	13.62	9.16	12.39	7.93	11.73	7.27	10.72	6.26
67	16.11	11.71	14.48	10.08	13.13	8.73	12.40	8.00	11.30	6.90
68	17.11	12.77	15.33	10.99	13.86	9.52	13.07	8.73	11.86	7.52
69	18.09	13.80	16.17	11.89	14.57	10.30	13.72	9.45	12.42	8.14
70	19.05	14.83	17.00	12.78	15.28	11.07	14.36	10.14	12.96	8.75
71	20.67	16.51	18.38	14.23	16.46	12.32	15.44	11.28	13.88	9.73
72	22.26	18.16	19.75	15.66	17.64	13.55	16.50	12.40	14.79	10.70
73	23.82	19.79	21.09	17.06	18.79	14.75	17.54	13.51	15.68	11.65
74	25.36	21.39	22.40	18.43	19.91	15.94	18.57	14.60	16.55	12.59
75	26.86	22.96	23.69	19.79	21.02	17.11	19.57	15.66	17.41	13.51
76	29.12	25.28	25.63	21.79	22.68	18.84	21.09	17.25	18.71	14.87
77	31.27	27.50	27.48	23.71	24.27	20.49	22.54	18.76	19.96	16.18
78	33.34	29.63	29.25	25.54	25.79	22.08	23.93	20.22	21.14	17.43
79	35.31	31.67	30.94	27.30	27.24	23.60	25.25	21.61	22.28	18.64
80	37.19	33.61	32.55	28.98	28.63	25.05	26.51	22.94	23.36	19.78
81	40.34	36.77	35.27	31.70	30.98	27.40	28.66	25.09	25.21	21.63
82	43.49	39.92	37.99	34.41	33.33	29.75	30.81	27.24	27.07	23.49
83	46.65	43.07	40.70	37.13	35.68	32.10	32.96	29.39	28.92	25.34
84	49.80	46.22	43.42	39.84	38.02	34.44	35.11	31.54	30.78	27.20
85	N/A	49.37	N/A	42.56	N/A	36.79	N/A	33.69	N/A	29.05
86	N/A	52.53	N/A	45.28	N/A	39.14	N/A	35.84	N/A	30.91
87	N/A	55.68	N/A	47.99	N/A	41.49	N/A	37.99	N/A	32.76
88	N/A	58.83	N/A	50.71	N/A	43.84	N/A	40.14	N/A	34.62
89	N/A	61.98	N/A	53.42	N/A	46.19	N/A	42.29	N/A	36.47
90	N/A	65.13	N/A	56.14	N/A	48.54	N/A	44.44	N/A	38.33
91	N/A	66.39	N/A	57.23	N/A	49.48	N/A	45.30	N/A	39.07
92	N/A	67.65	N/A	58.32	N/A	50.42	N/A	46.16	N/A	39.81
93	N/A	68.91	N/A	59.40	N/A	51.36	N/A	47.02	N/A	40.55
94	N/A	70.18	N/A	60.49	N/A	52.30	N/A	47.88	N/A	41.29
95	N/A	71.44	N/A	61.57	N/A	53.24	N/A	48.74	N/A	42.03
96	N/A	71.86	N/A	61.94	N/A	53.55	N/A	49.03	N/A	42.28
97	N/A	72.28	N/A	62.30	N/A	53.86	N/A	49.31	N/A	42.52
98	N/A	72.70	N/A	62.66	N/A	54.18	N/A	49.60	N/A	42.77
99	N/A	73.12	N/A	63.03	N/A	54.49	N/A	49.89	N/A	43.02
100	N/A	73.54	N/A	63.39	N/A	54.80	N/A	50.18	N/A	43.27

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	0.76	0.05	0.76	0.05	0.75	0.04	0.75	0.04	0.74	0.03
26	0.77	0.06	0.76	0.05	0.75	0.05	0.75	0.04	0.74	0.04
27	0.77	0.06	0.76	0.06	0.76	0.05	0.75	0.04	0.75	0.04
28	0.78	0.07	0.77	0.06	0.76	0.05	0.76	0.05	0.75	0.04
29	0.78	0.07	0.77	0.06	0.76	0.06	0.76	0.05	0.75	0.05
30	0.79	0.08	0.78	0.07	0.77	0.06	0.76	0.06	0.76	0.05
31	0.79	0.09	0.78	0.08	0.77	0.06	0.77	0.06	0.76	0.05
32	0.80	0.09	0.79	0.08	0.78	0.07	0.77	0.06	0.76	0.06
33	0.81	0.10	0.80	0.09	0.78	0.08	0.78	0.07	0.77	0.06
34	0.81	0.11	0.80	0.09	0.79	0.08	0.78	0.07	0.77	0.06
35	0.82	0.11	0.81	0.10	0.79	0.09	0.79	0.08	0.78	0.07
36	0.83	0.12	0.81	0.11	0.80	0.09	0.79	0.09	0.78	0.07
37	0.84	0.13	0.82	0.12	0.81	0.10	0.80	0.09	0.79	0.08
38	0.85	0.14	0.83	0.12	0.81	0.11	0.81	0.10	0.79	0.09
39	0.86	0.15	0.84	0.13	0.82	0.11	0.81	0.10	0.80	0.09
40	0.87	0.16	0.85	0.14	0.83	0.12	0.82	0.11	0.80	0.10
41	0.88	0.17	0.86	0.15	0.84	0.13	0.83	0.12	0.81	0.10
42	0.89	0.18	0.87	0.16	0.85	0.14	0.83	0.13	0.82	0.11
43	0.90	0.19	0.88	0.17	0.85	0.15	0.84	0.13	0.83	0.12
44	0.91	0.20	0.89	0.18	0.86	0.15	0.85	0.14	0.83	0.12
45	0.92	0.22	0.90	0.19	0.87	0.16	0.86	0.15	0.84	0.13
46	0.94	0.23	0.91	0.20	0.88	0.17	0.87	0.16	0.85	0.14
47	0.95	0.24	0.92	0.21	0.89	0.18	0.88	0.17	0.86	0.15
48	0.97	0.26	0.93	0.23	0.90	0.20	0.89	0.18	0.86	0.16
49	0.98	0.27	0.95	0.24	0.91	0.21	0.90	0.19	0.87	0.17
50	0.99	0.29	0.96	0.25	0.93	0.22	0.91	0.20	0.88	0.17
51	1.01	0.30	0.97	0.27	0.94	0.23	0.92	0.21	0.89	0.19
52	1.03	0.32	0.99	0.28	0.95	0.24	0.93	0.23	0.90	0.20
53	1.05	0.34	1.01	0.30	0.97	0.26	0.95	0.24	0.92	0.21
54	1.07	0.36	1.02	0.32	0.98	0.27	0.96	0.25	0.93	0.22
55	1.09	0.38	1.04	0.33	0.99	0.29	0.97	0.26	0.94	0.23
56	1.12	0.41	1.07	0.36	1.02	0.31	0.99	0.29	0.96	0.25
57	1.15	0.44	1.09	0.38	1.04	0.33	1.01	0.31	0.97	0.27
58	1.18	0.47	1.12	0.41	1.06	0.35	1.03	0.32	0.99	0.28
59	1.21	0.50	1.14	0.43	1.09	0.38	1.05	0.35	1.01	0.30
60	1.24	0.53	1.17	0.46	1.11	0.40	1.07	0.37	1.03	0.32
61	1.29	0.57	1.21	0.49	1.15	0.43	1.11	0.39	1.06	0.34
62	1.33	0.62	1.25	0.53	1.18	0.46	1.14	0.42	1.09	0.37
63	1.38	0.66	1.29	0.57	1.22	0.49	1.18	0.45	1.12	0.39
64	1.43	0.70	1.33	0.60	1.26	0.53	1.21	0.48	1.15	0.42
65	1.48	0.74	1.38	0.64	1.29	0.56	1.25	0.51	1.18	0.44
66	1.57	0.83	1.45	0.72	1.36	0.62	1.31	0.57	1.23	0.50
67	1.66	0.92	1.53	0.79	1.43	0.69	1.37	0.63	1.29	0.55
68	1.75	1.01	1.61	0.87	1.49	0.76	1.43	0.69	1.34	0.60
69	1.83	1.10	1.68	0.94	1.56	0.82	1.49	0.75	1.39	0.65
70	1.92	1.19	1.76	1.02	1.63	0.89	1.55	0.81	1.44	0.70
71	2.07	1.33	1.88	1.15	1.74	1.00	1.65	0.92	1.53	0.79
72	2.22	1.48	2.01	1.27	1.85	1.11	1.76	1.02	1.62	0.88
73	2.36	1.62	2.14	1.40	1.96	1.22	1.86	1.12	1.70	0.96
74	2.51	1.77	2.26	1.52	2.07	1.33	1.96	1.22	1.79	1.05
75	2.65	1.91	2.39	1.65	2.18	1.44	2.06	1.32	1.88	1.13
76	2.88	2.14	2.59	1.84	2.35	1.61	2.22	1.48	2.01	1.27
77	3.11	2.37	2.78	2.04	2.52	1.78	2.38	1.63	2.15	1.40
78	3.34	2.60	2.98	2.24	2.70	1.95	2.53	1.79	2.28	1.54
79	3.57	2.83	3.18	2.44	2.87	2.13	2.69	1.95	2.42	1.68
80	3.80	3.06	3.38	2.63	3.04	2.30	2.85	2.11	2.55	1.81
81	4.09	3.35	3.62	2.88	3.26	2.51	3.05	2.31	2.72	1.98
82	4.37	3.63	3.87	3.13	3.47	2.73	3.25	2.50	2.89	2.15
83	4.66	3.92	4.12	3.38	3.69	2.94	3.44	2.70	3.06	2.32
84	4.95	4.21	4.37	3.62	3.90	3.16	3.64	2.90	3.23	2.49
85	N/A	4.49	N/A	3.87	N/A	3.38	N/A	3.10	N/A	2.66
86	N/A	4.78	N/A	4.12	N/A	3.59	N/A	3.29	N/A	2.83
87	N/A	5.07	N/A	4.36	N/A	3.81	N/A	3.49	N/A	3.00
88	N/A	5.35	N/A	4.61	N/A	4.02	N/A	3.69	N/A	3.17
89	N/A	5.64	N/A	4.86	N/A	4.24	N/A	3.89	N/A	3.34
90	N/A	5.93	N/A	5.11	N/A	4.45	N/A	4.08	N/A	3.51
91	N/A	6.04	N/A	5.20	N/A	4.54	N/A	4.16	N/A	3.58
92	N/A	6.16	N/A	5.30	N/A	4.63	N/A	4.24	N/A	3.65
93	N/A	6.27	N/A	5.40	N/A	4.71	N/A	4.32	N/A	3.72
94	N/A	6.39	N/A	5.50	N/A	4.80	N/A	4.40	N/A	3.78
95	N/A	6.50	N/A	5.60	N/A	4.88	N/A	4.48	N/A	3.85
96	N/A	6.54	N/A	5.63	N/A	4.91	N/A	4.51	N/A	3.87
97	N/A	6.58	N/A	5.67	N/A	4.94	N/A	4.53	N/A	3.90
98	N/A	6.62	N/A	5.70	N/A	4.97	N/A	4.56	N/A	3.92
99	N/A	6.65	N/A	5.73	N/A	5.00	N/A	4.59	N/A	3.94
100	N/A	6.69	N/A	5.76	N/A	5.03	N/A	4.61	N/A	3.96

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.79	0.08	0.78	0.07	0.77	0.06	0.77	0.05	0.76	0.05
26	0.80	0.08	0.79	0.07	0.78	0.06	0.77	0.06	0.77	0.05
27	0.80	0.09	0.79	0.08	0.78	0.07	0.78	0.06	0.77	0.05
28	0.81	0.10	0.80	0.08	0.79	0.07	0.78	0.07	0.77	0.06
29	0.82	0.10	0.80	0.09	0.79	0.08	0.79	0.07	0.78	0.06
30	0.82	0.11	0.81	0.10	0.80	0.08	0.79	0.08	0.78	0.07
31	0.83	0.12	0.82	0.10	0.81	0.09	0.80	0.08	0.79	0.07
32	0.84	0.13	0.83	0.11	0.81	0.10	0.81	0.09	0.79	0.08
33	0.85	0.14	0.84	0.12	0.82	0.11	0.81	0.10	0.80	0.08
34	0.86	0.15	0.84	0.13	0.83	0.11	0.82	0.10	0.81	0.09
35	0.87	0.16	0.85	0.14	0.84	0.12	0.82	0.11	0.81	0.10
36	0.89	0.17	0.86	0.15	0.85	0.13	0.83	0.12	0.82	0.10
37	0.90	0.18	0.87	0.16	0.85	0.14	0.84	0.13	0.83	0.11
38	0.91	0.20	0.88	0.17	0.86	0.15	0.85	0.13	0.83	0.12
39	0.92	0.21	0.89	0.18	0.87	0.16	0.86	0.14	0.84	0.13
40	0.93	0.22	0.90	0.19	0.88	0.17	0.87	0.15	0.85	0.13
41	0.95	0.24	0.92	0.20	0.89	0.18	0.88	0.16	0.86	0.14
42	0.97	0.25	0.93	0.22	0.91	0.19	0.89	0.17	0.87	0.15
43	0.98	0.27	0.94	0.23	0.92	0.20	0.90	0.18	0.88	0.16
44	1.00	0.28	0.96	0.24	0.93	0.21	0.91	0.20	0.89	0.17
45	1.01	0.30	0.97	0.26	0.94	0.23	0.92	0.21	0.90	0.18
46	1.03	0.32	0.99	0.27	0.96	0.24	0.94	0.22	0.91	0.19
47	1.05	0.33	1.01	0.29	0.97	0.26	0.95	0.23	0.92	0.21
48	1.07	0.35	1.02	0.31	0.98	0.27	0.96	0.25	0.93	0.22
49	1.09	0.37	1.04	0.32	1.00	0.29	0.97	0.26	0.94	0.23
50	1.11	0.39	1.06	0.34	1.01	0.30	0.99	0.27	0.96	0.24
51	1.13	0.42	1.08	0.36	1.03	0.32	1.01	0.29	0.97	0.26
52	1.16	0.44	1.10	0.38	1.05	0.34	1.02	0.31	0.99	0.27
53	1.18	0.47	1.12	0.41	1.07	0.36	1.04	0.33	1.00	0.29
54	1.21	0.49	1.14	0.43	1.09	0.38	1.06	0.34	1.02	0.30
55	1.23	0.52	1.17	0.45	1.11	0.40	1.08	0.36	1.03	0.32
56	1.27	0.56	1.20	0.49	1.14	0.43	1.10	0.39	1.06	0.34
57	1.31	0.60	1.23	0.52	1.17	0.45	1.13	0.42	1.08	0.37
58	1.35	0.64	1.27	0.55	1.20	0.48	1.16	0.44	1.10	0.39
59	1.39	0.67	1.30	0.59	1.23	0.51	1.19	0.47	1.13	0.41
60	1.43	0.71	1.34	0.62	1.26	0.54	1.21	0.50	1.15	0.44
61	1.49	0.77	1.39	0.67	1.31	0.59	1.26	0.54	1.19	0.47
62	1.55	0.83	1.44	0.72	1.35	0.63	1.30	0.58	1.23	0.51
63	1.62	0.88	1.50	0.77	1.40	0.67	1.35	0.62	1.27	0.54
64	1.68	0.94	1.55	0.82	1.45	0.71	1.39	0.66	1.31	0.57
65	1.74	1.00	1.61	0.87	1.50	0.76	1.44	0.70	1.35	0.61
66	1.86	1.11	1.71	0.97	1.59	0.85	1.52	0.78	1.43	0.68
67	1.98	1.23	1.81	1.07	1.68	0.94	1.60	0.86	1.50	0.75
68	2.09	1.35	1.92	1.17	1.77	1.02	1.69	0.94	1.57	0.83
69	2.21	1.47	2.02	1.27	1.86	1.11	1.77	1.02	1.64	0.90
70	2.33	1.58	2.12	1.38	1.95	1.20	1.85	1.10	1.72	0.97
71	2.52	1.78	2.29	1.54	2.10	1.35	1.98	1.24	1.84	1.09
72	2.72	1.97	2.46	1.71	2.24	1.50	2.12	1.37	1.96	1.21
73	2.91	2.16	2.63	1.88	2.39	1.64	2.25	1.51	2.08	1.33
74	3.10	2.35	2.80	2.05	2.54	1.79	2.39	1.64	2.20	1.45
75	3.30	2.55	2.96	2.21	2.69	1.94	2.52	1.77	2.32	1.57
76	3.60	2.85	3.23	2.48	2.92	2.17	2.74	1.99	2.50	1.76
77	3.91	3.16	3.49	2.74	3.15	2.40	2.95	2.20	2.69	1.94
78	4.21	3.47	3.76	3.01	3.38	2.63	3.16	2.41	2.88	2.13
79	4.52	3.77	4.03	3.28	3.61	2.86	3.38	2.63	3.07	2.32
80	4.83	4.08	4.29	3.54	3.85	3.10	3.59	2.84	3.26	2.51
81	5.21	4.46	4.62	3.87	4.14	3.39	3.86	3.11	3.49	2.74
82	5.59	4.84	4.96	4.21	4.43	3.68	4.12	3.37	3.73	2.98
83	5.97	5.22	5.29	4.54	4.72	3.97	4.39	3.64	3.96	3.21
84	6.35	5.60	5.62	4.87	5.01	4.26	4.65	3.90	4.20	3.45
85	N/A	5.99	N/A	5.20	N/A	4.55	N/A	4.17	N/A	3.68
86	N/A	6.37	N/A	5.53	N/A	4.84	N/A	4.44	N/A	3.92
87	N/A	6.75	N/A	5.87	N/A	5.13	N/A	4.70	N/A	4.15
88	N/A	7.13	N/A	6.20	N/A	5.42	N/A	4.97	N/A	4.39
89	N/A	7.52	N/A	6.53	N/A	5.71	N/A	5.24	N/A	4.62
90	N/A	7.90	N/A	6.86	N/A	6.00	N/A	5.50	N/A	4.86
91	N/A	8.05	N/A	7.00	N/A	6.12	N/A	5.61	N/A	4.95
92	N/A	8.20	N/A	7.13	N/A	6.23	N/A	5.71	N/A	5.04
93	N/A	8.36	N/A	7.26	N/A	6.35	N/A	5.82	N/A	5.14
94	N/A	8.51	N/A	7.39	N/A	6.46	N/A	5.93	N/A	5.23
95	N/A	8.66	N/A	7.53	N/A	6.58	N/A	6.03	N/A	5.33
96	N/A	8.71	N/A	7.57	N/A	6.62	N/A	6.07	N/A	5.36
97	N/A	8.76	N/A	7.62	N/A	6.66	N/A	6.10	N/A	5.39
98	N/A	8.82	N/A	7.66	N/A	6.70	N/A	6.14	N/A	5.42
99	N/A	8.87	N/A	7.70	N/A	6.74	N/A	6.18	N/A	5.45
100	N/A	8.92	N/A	7.75	N/A	6.78	N/A	6.21	N/A	5.48

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.81	0.09	0.80	0.08	0.79	0.07	0.78	0.06	0.78	0.05
26	0.82	0.10	0.81	0.08	0.80	0.07	0.79	0.07	0.78	0.06
27	0.83	0.10	0.81	0.09	0.80	0.08	0.79	0.07	0.79	0.06
28	0.83	0.11	0.82	0.10	0.81	0.09	0.80	0.08	0.79	0.07
29	0.84	0.12	0.83	0.10	0.81	0.09	0.81	0.08	0.79	0.07
30	0.85	0.13	0.83	0.11	0.82	0.10	0.81	0.09	0.80	0.08
31	0.86	0.14	0.84	0.12	0.83	0.11	0.82	0.10	0.81	0.08
32	0.87	0.15	0.85	0.13	0.84	0.11	0.83	0.10	0.81	0.09
33	0.88	0.16	0.86	0.14	0.84	0.12	0.83	0.11	0.82	0.10
34	0.89	0.17	0.87	0.15	0.85	0.13	0.84	0.12	0.83	0.10
35	0.90	0.18	0.88	0.16	0.86	0.14	0.85	0.13	0.83	0.11
36	0.92	0.20	0.89	0.17	0.87	0.15	0.86	0.14	0.84	0.12
37	0.93	0.21	0.91	0.18	0.88	0.16	0.87	0.15	0.85	0.13
38	0.95	0.23	0.92	0.20	0.90	0.17	0.88	0.16	0.86	0.14
39	0.96	0.24	0.93	0.21	0.91	0.18	0.89	0.17	0.87	0.14
40	0.98	0.25	0.94	0.22	0.92	0.19	0.90	0.18	0.88	0.15
41	0.99	0.27	0.96	0.24	0.93	0.21	0.91	0.19	0.89	0.16
42	1.01	0.29	0.97	0.25	0.94	0.22	0.93	0.20	0.90	0.18
43	1.03	0.31	0.99	0.27	0.96	0.23	0.94	0.22	0.91	0.19
44	1.05	0.33	1.00	0.28	0.97	0.25	0.95	0.23	0.92	0.20
45	1.07	0.34	1.02	0.30	0.98	0.26	0.96	0.24	0.93	0.21
46	1.09	0.37	1.04	0.32	1.00	0.28	0.98	0.26	0.94	0.22
47	1.11	0.39	1.06	0.34	1.02	0.30	0.99	0.27	0.96	0.24
48	1.13	0.41	1.08	0.36	1.03	0.31	1.01	0.29	0.97	0.25
49	1.16	0.43	1.10	0.38	1.05	0.33	1.03	0.30	0.98	0.26
50	1.18	0.46	1.12	0.39	1.07	0.35	1.04	0.32	1.00	0.28
51	1.21	0.49	1.14	0.42	1.09	0.37	1.06	0.34	1.02	0.29
52	1.24	0.52	1.17	0.45	1.11	0.39	1.08	0.36	1.03	0.31
53	1.27	0.55	1.19	0.47	1.14	0.41	1.10	0.38	1.05	0.33
54	1.30	0.58	1.22	0.50	1.16	0.44	1.12	0.40	1.07	0.35
55	1.33	0.61	1.25	0.52	1.18	0.46	1.15	0.42	1.09	0.37
56	1.37	0.65	1.29	0.56	1.22	0.49	1.18	0.46	1.12	0.40
57	1.42	0.70	1.32	0.60	1.25	0.53	1.21	0.49	1.15	0.42
58	1.47	0.74	1.36	0.64	1.28	0.56	1.24	0.52	1.17	0.45
59	1.51	0.79	1.40	0.68	1.32	0.60	1.27	0.55	1.20	0.48
60	1.56	0.83	1.44	0.72	1.35	0.63	1.30	0.58	1.23	0.51
61	1.63	0.90	1.51	0.78	1.41	0.68	1.36	0.63	1.28	0.55
62	1.70	0.97	1.57	0.83	1.46	0.73	1.41	0.67	1.32	0.59
63	1.77	1.03	1.63	0.89	1.52	0.78	1.46	0.72	1.37	0.63
64	1.84	1.10	1.69	0.95	1.58	0.83	1.51	0.76	1.41	0.67
65	1.92	1.17	1.76	1.01	1.63	0.88	1.56	0.81	1.46	0.71
66	2.05	1.30	1.87	1.12	1.73	0.98	1.66	0.91	1.54	0.79
67	2.19	1.44	1.99	1.24	1.84	1.09	1.75	1.00	1.63	0.88
68	2.33	1.58	2.11	1.36	1.94	1.19	1.85	1.10	1.71	0.96
69	2.46	1.71	2.23	1.48	2.05	1.29	1.94	1.19	1.79	1.04
70	2.60	1.85	2.35	1.60	2.15	1.40	2.04	1.29	1.88	1.13
71	2.83	2.07	2.54	1.79	2.32	1.56	2.20	1.44	2.02	1.26
72	3.05	2.30	2.74	1.98	2.49	1.73	2.35	1.60	2.15	1.40
73	3.27	2.52	2.93	2.18	2.66	1.90	2.51	1.75	2.29	1.54
74	3.50	2.74	3.13	2.37	2.83	2.07	2.67	1.91	2.43	1.67
75	3.72	2.97	3.32	2.56	3.00	2.24	2.82	2.07	2.57	1.81
76	4.08	3.32	3.63	2.87	3.27	2.51	3.07	2.31	2.78	2.03
77	4.43	3.68	3.94	3.18	3.54	2.78	3.32	2.56	3.00	2.24
78	4.79	4.03	4.24	3.49	3.80	3.05	3.57	2.81	3.22	2.46
79	5.15	4.39	4.55	3.79	4.07	3.32	3.81	3.06	3.43	2.68
80	5.50	4.75	4.86	4.10	4.34	3.59	4.06	3.30	3.65	2.89
81	5.95	5.19	5.24	4.49	4.68	3.92	4.37	3.61	3.92	3.17
82	6.39	5.64	5.63	4.87	5.02	4.26	4.68	3.92	4.19	3.44
83	6.84	6.08	6.01	5.26	5.35	4.59	4.99	4.23	4.47	3.71
84	7.28	6.53	6.40	5.64	5.69	4.93	5.30	4.54	4.74	3.98
85	N/A	6.97	N/A	6.02	N/A	5.27	N/A	4.85	N/A	4.25
86	N/A	7.41	N/A	6.41	N/A	5.60	N/A	5.16	N/A	4.52
87	N/A	7.86	N/A	6.79	N/A	5.94	N/A	5.47	N/A	4.79
88	N/A	8.30	N/A	7.18	N/A	6.27	N/A	5.78	N/A	5.06
89	N/A	8.75	N/A	7.56	N/A	6.61	N/A	6.09	N/A	5.34
90	N/A	9.19	N/A	7.95	N/A	6.95	N/A	6.40	N/A	5.61
91	N/A	9.37	N/A	8.10	N/A	7.08	N/A	6.53	N/A	5.72
92	N/A	9.55	N/A	8.26	N/A	7.21	N/A	6.65	N/A	5.82
93	N/A	9.73	N/A	8.41	N/A	7.35	N/A	6.77	N/A	5.93
94	N/A	9.91	N/A	8.56	N/A	7.48	N/A	6.90	N/A	6.04
95	N/A	10.08	N/A	8.72	N/A	7.62	N/A	7.02	N/A	6.15
96	N/A	10.14	N/A	8.77	N/A	7.66	N/A	7.06	N/A	6.19
97	N/A	10.20	N/A	8.82	N/A	7.71	N/A	7.10	N/A	6.22
98	N/A	10.26	N/A	8.87	N/A	7.75	N/A	7.15	N/A	6.26
99	N/A	10.32	N/A	8.92	N/A	7.80	N/A	7.19	N/A	6.29
100	N/A	10.38	N/A	8.97	N/A	7.84	N/A	7.23	N/A	6.33

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.83	0.10	0.82	0.09	0.81	0.08	0.80	0.07	0.80	0.06
26	0.84	0.11	0.83	0.09	0.82	0.08	0.81	0.07	0.80	0.07
27	0.85	0.12	0.84	0.10	0.82	0.09	0.82	0.08	0.81	0.07
28	0.86	0.12	0.85	0.11	0.83	0.10	0.82	0.09	0.81	0.08
29	0.87	0.13	0.85	0.12	0.84	0.10	0.83	0.09	0.82	0.08
30	0.88	0.14	0.86	0.12	0.85	0.11	0.83	0.10	0.82	0.09
31	0.89	0.15	0.87	0.14	0.86	0.12	0.84	0.11	0.83	0.09
32	0.90	0.17	0.88	0.15	0.86	0.13	0.85	0.12	0.84	0.10
33	0.92	0.18	0.89	0.16	0.87	0.14	0.86	0.12	0.85	0.11
34	0.93	0.19	0.90	0.17	0.88	0.15	0.87	0.13	0.85	0.12
35	0.94	0.20	0.91	0.18	0.89	0.16	0.88	0.14	0.86	0.12
36	0.96	0.22	0.93	0.19	0.91	0.17	0.89	0.15	0.87	0.13
37	0.97	0.24	0.94	0.21	0.92	0.18	0.90	0.16	0.88	0.14
38	0.99	0.25	0.96	0.22	0.93	0.19	0.91	0.17	0.89	0.15
39	1.00	0.27	0.97	0.23	0.94	0.21	0.92	0.19	0.90	0.16
40	1.02	0.28	0.98	0.25	0.96	0.22	0.93	0.20	0.91	0.17
41	1.04	0.30	1.00	0.27	0.97	0.24	0.95	0.21	0.92	0.19
42	1.06	0.32	1.02	0.28	0.99	0.25	0.96	0.23	0.93	0.20
43	1.08	0.34	1.04	0.30	1.00	0.27	0.98	0.24	0.95	0.21
44	1.10	0.36	1.06	0.32	1.02	0.28	0.99	0.25	0.96	0.22
45	1.12	0.38	1.07	0.34	1.03	0.30	1.00	0.27	0.97	0.24
46	1.15	0.41	1.10	0.36	1.05	0.32	1.02	0.29	0.99	0.25
47	1.17	0.44	1.12	0.38	1.07	0.33	1.04	0.30	1.00	0.27
48	1.20	0.46	1.14	0.40	1.09	0.35	1.06	0.32	1.02	0.28
49	1.22	0.49	1.16	0.43	1.11	0.37	1.07	0.34	1.03	0.30
50	1.25	0.51	1.18	0.45	1.13	0.39	1.09	0.36	1.05	0.31
51	1.28	0.54	1.21	0.48	1.15	0.42	1.11	0.38	1.07	0.33
52	1.31	0.58	1.24	0.50	1.18	0.44	1.14	0.40	1.09	0.35
53	1.35	0.61	1.27	0.53	1.20	0.47	1.16	0.42	1.11	0.37
54	1.38	0.65	1.30	0.56	1.23	0.49	1.18	0.45	1.13	0.39
55	1.41	0.68	1.33	0.59	1.25	0.52	1.21	0.47	1.15	0.42
56	1.47	0.73	1.37	0.64	1.29	0.56	1.24	0.51	1.18	0.45
57	1.52	0.78	1.42	0.68	1.33	0.59	1.28	0.54	1.21	0.48
58	1.57	0.84	1.46	0.72	1.37	0.63	1.32	0.58	1.25	0.51
59	1.62	0.89	1.51	0.77	1.41	0.67	1.35	0.62	1.28	0.54
60	1.68	0.94	1.55	0.81	1.45	0.71	1.39	0.65	1.31	0.57
61	1.76	1.01	1.62	0.88	1.51	0.77	1.45	0.70	1.36	0.62
62	1.84	1.09	1.69	0.94	1.57	0.82	1.50	0.76	1.41	0.66
63	1.92	1.16	1.76	1.01	1.63	0.88	1.56	0.81	1.46	0.71
64	2.00	1.24	1.83	1.07	1.70	0.94	1.62	0.86	1.51	0.75
65	2.08	1.31	1.90	1.14	1.76	0.99	1.68	0.91	1.56	0.80
66	2.23	1.46	2.04	1.27	1.88	1.11	1.78	1.02	1.66	0.89
67	2.38	1.62	2.17	1.40	1.99	1.23	1.89	1.13	1.75	0.98
68	2.54	1.77	2.30	1.53	2.11	1.34	2.00	1.23	1.84	1.08
69	2.69	1.92	2.43	1.67	2.23	1.46	2.11	1.34	1.94	1.17
70	2.84	2.07	2.57	1.80	2.34	1.58	2.21	1.45	2.03	1.26
71	3.09	2.32	2.78	2.01	2.53	1.76	2.39	1.62	2.19	1.42
72	3.34	2.57	3.00	2.23	2.72	1.95	2.56	1.80	2.34	1.57
73	3.58	2.81	3.21	2.44	2.91	2.14	2.74	1.97	2.49	1.72
74	3.83	3.06	3.43	2.66	3.10	2.33	2.92	2.14	2.65	1.88
75	4.08	3.31	3.64	2.87	3.29	2.52	3.09	2.32	2.80	2.03
76	4.48	3.70	3.99	3.22	3.59	2.82	3.37	2.60	3.04	2.27
77	4.87	4.10	4.33	3.56	3.90	3.13	3.65	2.88	3.29	2.52
78	5.27	4.50	4.68	3.91	4.20	3.43	3.93	3.15	3.53	2.76
79	5.67	4.90	5.02	4.25	4.50	3.73	4.20	3.43	3.77	3.00
80	6.06	5.29	5.37	4.60	4.80	4.03	4.48	3.71	4.02	3.25
81	6.56	5.79	5.80	5.03	5.18	4.41	4.83	4.06	4.32	3.55
82	7.06	6.29	6.23	5.46	5.56	4.79	5.18	4.41	4.63	3.85
83	7.55	6.78	6.66	5.89	5.94	5.17	5.53	4.75	4.93	4.16
84	8.05	7.28	7.09	6.32	6.32	5.54	5.87	5.10	5.24	4.46
85	N/A	7.77	N/A	6.75	N/A	5.92	N/A	5.45	N/A	4.77
86	N/A	8.27	N/A	7.18	N/A	6.30	N/A	5.80	N/A	5.07
87	N/A	8.77	N/A	7.61	N/A	6.68	N/A	6.15	N/A	5.38
88	N/A	9.26	N/A	8.04	N/A	7.06	N/A	6.49	N/A	5.68
89	N/A	9.76	N/A	8.47	N/A	7.43	N/A	6.84	N/A	5.98
90	N/A	10.25	N/A	8.90	N/A	7.81	N/A	7.19	N/A	6.29
91	N/A	10.45	N/A	9.07	N/A	7.96	N/A	7.33	N/A	6.41
92	N/A	10.65	N/A	9.25	N/A	8.12	N/A	7.47	N/A	6.53
93	N/A	10.85	N/A	9.42	N/A	8.27	N/A	7.61	N/A	6.66
94	N/A	11.05	N/A	9.59	N/A	8.42	N/A	7.75	N/A	6.78
95	N/A	11.25	N/A	9.76	N/A	8.57	N/A	7.89	N/A	6.90
96	N/A	11.31	N/A	9.82	N/A	8.62	N/A	7.93	N/A	6.94
97	N/A	11.38	N/A	9.88	N/A	8.67	N/A	7.98	N/A	6.98
98	N/A	11.45	N/A	9.94	N/A	8.72	N/A	8.02	N/A	7.02
99	N/A	11.51	N/A	9.99	N/A	8.77	N/A	8.07	N/A	7.06
100	N/A	11.58	N/A	10.05	N/A	8.82	N/A	8.12	N/A	7.10

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	1.20	0.45	1.14	0.39	1.10	0.35	1.07	0.32	1.03	0.28
46	1.23	0.48	1.17	0.42	1.12	0.37	1.09	0.34	1.05	0.30
47	1.26	0.51	1.19	0.44	1.14	0.39	1.11	0.36	1.06	0.31
48	1.29	0.54	1.22	0.47	1.16	0.41	1.13	0.38	1.08	0.33
49	1.32	0.57	1.25	0.49	1.19	0.44	1.15	0.40	1.10	0.35
50	1.35	0.60	1.27	0.52	1.21	0.46	1.17	0.42	1.12	0.37
51	1.39	0.64	1.30	0.55	1.24	0.49	1.20	0.45	1.14	0.39
52	1.43	0.68	1.34	0.59	1.27	0.52	1.23	0.48	1.17	0.42
53	1.48	0.73	1.37	0.62	1.30	0.55	1.25	0.50	1.19	0.44
54	1.52	0.77	1.41	0.66	1.33	0.58	1.28	0.53	1.21	0.46
55	1.56	0.81	1.44	0.69	1.35	0.61	1.31	0.56	1.23	0.48
56	1.63	0.87	1.50	0.75	1.40	0.65	1.35	0.60	1.27	0.52
57	1.69	0.94	1.56	0.81	1.45	0.70	1.40	0.65	1.31	0.56
58	1.76	1.01	1.62	0.87	1.50	0.75	1.44	0.69	1.35	0.60
59	1.83	1.08	1.68	0.92	1.55	0.80	1.49	0.74	1.39	0.64
60	1.90	1.15	1.74	0.99	1.61	0.86	1.54	0.79	1.43	0.68
61	2.00	1.24	1.82	1.07	1.68	0.93	1.61	0.85	1.49	0.74
62	2.11	1.34	1.92	1.15	1.76	1.00	1.68	0.92	1.56	0.79
63	2.21	1.44	2.01	1.24	1.84	1.08	1.76	0.99	1.62	0.85
64	2.32	1.54	2.10	1.33	1.92	1.15	1.83	1.06	1.68	0.91
65	2.42	1.64	2.19	1.42	2.00	1.23	1.90	1.12	1.75	0.97
66	2.64	1.86	2.38	1.60	2.16	1.39	2.05	1.27	1.87	1.09
67	2.86	2.08	2.57	1.79	2.33	1.55	2.20	1.42	2.00	1.22
68	3.08	2.30	2.76	1.98	2.49	1.71	2.35	1.57	2.13	1.35
69	3.31	2.52	2.96	2.17	2.66	1.88	2.51	1.73	2.27	1.49
70	3.54	2.75	3.15	2.37	2.84	2.05	2.67	1.88	2.41	1.62
71	3.90	3.11	3.47	2.68	3.10	2.32	2.91	2.13	2.62	1.83
72	4.26	3.48	3.78	3.00	3.38	2.60	3.16	2.38	2.83	2.05
73	4.64	3.85	4.11	3.32	3.66	2.87	3.42	2.63	3.05	2.27
74	5.02	4.24	4.43	3.65	3.94	3.16	3.68	2.89	3.28	2.49
75	5.41	4.62	4.77	3.98	4.23	3.44	3.94	3.15	3.51	2.72
76	5.96	5.18	5.25	4.46	4.65	3.86	4.32	3.53	3.83	3.05
77	6.52	5.73	5.73	4.94	5.06	4.27	4.70	3.91	4.16	3.37
78	7.07	6.29	6.21	5.42	5.47	4.68	5.08	4.29	4.49	3.70
79	7.63	6.84	6.68	5.90	5.88	5.10	5.45	4.67	4.81	4.03
80	8.18	7.40	7.16	6.38	6.30	5.51	5.83	5.05	5.14	4.35
81	8.87	8.09	7.76	6.97	6.82	6.03	6.31	5.52	5.55	4.76
82	9.57	8.78	8.36	7.57	7.33	6.54	6.78	5.99	5.95	5.17
83	10.26	9.48	8.95	8.17	7.85	7.06	7.25	6.47	6.36	5.58
84	10.96	10.17	9.55	8.77	8.36	7.58	7.72	6.94	6.77	5.98
85	N/A	10.86	N/A	9.36	N/A	8.09	N/A	7.41	N/A	6.39
86	N/A	11.56	N/A	9.96	N/A	8.61	N/A	7.88	N/A	6.80
87	N/A	12.25	N/A	10.56	N/A	9.13	N/A	8.36	N/A	7.21
88	N/A	12.94	N/A	11.16	N/A	9.64	N/A	8.83	N/A	7.62
89	N/A	13.64	N/A	11.75	N/A	10.16	N/A	9.30	N/A	8.02
90	N/A	14.33	N/A	12.35	N/A	10.68	N/A	9.78	N/A	8.43
91	N/A	14.61	N/A	12.59	N/A	10.89	N/A	9.97	N/A	8.59
92	N/A	14.88	N/A	12.83	N/A	11.09	N/A	10.16	N/A	8.76
93	N/A	15.16	N/A	13.07	N/A	11.30	N/A	10.34	N/A	8.92
94	N/A	15.44	N/A	13.31	N/A	11.51	N/A	10.53	N/A	9.08
95	N/A	15.72	N/A	13.55	N/A	11.71	N/A	10.72	N/A	9.25
96	N/A	15.81	N/A	13.63	N/A	11.78	N/A	10.79	N/A	9.30
97	N/A	15.90	N/A	13.71	N/A	11.85	N/A	10.85	N/A	9.36
98	N/A	15.99	N/A	13.79	N/A	11.92	N/A	10.91	N/A	9.41
99	N/A	16.09	N/A	13.87	N/A	11.99	N/A	10.98	N/A	9.46
100	N/A	16.18	N/A	13.95	N/A	12.06	N/A	11.04	N/A	9.52

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R950

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-39	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00
40-49	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00
50-54	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00
55-59	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00
60-64	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00
65-69	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00
70-74	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00
75-79	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00
80+	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R952
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R959
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	7.62	0.54	7.56	0.47	7.49	0.42	7.45	0.37	7.40	0.33
26	7.68	0.59	7.60	0.52	7.54	0.45	7.49	0.42	7.44	0.36
27	7.72	0.64	7.65	0.56	7.57	0.50	7.52	0.44	7.46	0.39
28	7.77	0.69	7.69	0.61	7.60	0.52	7.56	0.48	7.50	0.43
29	7.82	0.75	7.73	0.65	7.63	0.56	7.59	0.52	7.54	0.45
30	7.87	0.79	7.77	0.69	7.68	0.59	7.62	0.55	7.56	0.48
31	7.93	0.86	7.83	0.76	7.72	0.65	7.68	0.59	7.60	0.52
32	8.01	0.92	7.89	0.81	7.78	0.70	7.72	0.65	7.65	0.56
33	8.09	1.00	7.95	0.88	7.83	0.76	7.77	0.69	7.69	0.61
34	8.15	1.07	8.01	0.94	7.89	0.81	7.82	0.75	7.73	0.65
35	8.22	1.13	8.07	1.00	7.93	0.86	7.87	0.79	7.77	0.68
36	8.31	1.22	8.15	1.08	8.01	0.92	7.93	0.85	7.83	0.75
37	8.39	1.32	8.23	1.16	8.07	1.00	8.00	0.91	7.88	0.80
38	8.48	1.40	8.32	1.23	8.15	1.07	8.06	0.98	7.93	0.85
39	8.57	1.50	8.39	1.32	8.22	1.13	8.12	1.05	7.99	0.91
40	8.66	1.58	8.47	1.40	8.28	1.20	8.18	1.10	8.04	0.97
41	8.78	1.71	8.57	1.49	8.37	1.29	8.26	1.18	8.11	1.03
42	8.89	1.82	8.66	1.58	8.46	1.38	8.34	1.25	8.17	1.10
43	9.00	1.93	8.77	1.69	8.54	1.46	8.42	1.34	8.25	1.17
44	9.12	2.04	8.87	1.79	8.62	1.55	8.49	1.42	8.33	1.23
45	9.23	2.16	8.97	1.88	8.71	1.64	8.57	1.50	8.39	1.31
46	9.37	2.30	9.09	2.01	8.81	1.74	8.67	1.60	8.48	1.40
47	9.52	2.43	9.21	2.12	8.92	1.85	8.77	1.69	8.57	1.47
48	9.66	2.59	9.33	2.26	9.04	1.95	8.88	1.79	8.65	1.56
49	9.79	2.72	9.45	2.37	9.14	2.06	8.97	1.89	8.72	1.65
50	9.93	2.86	9.58	2.50	9.25	2.17	9.06	1.99	8.81	1.74
51	10.13	3.05	9.75	2.66	9.38	2.31	9.21	2.12	8.93	1.86
52	10.32	3.23	9.91	2.83	9.53	2.44	9.34	2.26	9.04	1.97
53	10.51	3.42	10.08	2.99	9.67	2.59	9.46	2.39	9.16	2.08
54	10.69	3.62	10.24	3.15	9.81	2.73	9.60	2.51	9.28	2.19
55	10.88	3.80	10.40	3.31	9.94	2.87	9.74	2.65	9.39	2.31
56	11.19	4.10	10.65	3.56	10.16	3.09	9.93	2.85	9.57	2.49
57	11.48	4.40	10.90	3.82	10.40	3.31	10.14	3.06	9.75	2.66
58	11.78	4.70	11.15	4.07	10.63	3.54	10.33	3.25	9.92	2.83
59	12.08	4.99	11.41	4.32	10.86	3.77	10.54	3.45	10.10	3.00
60	12.39	5.30	11.66	4.58	11.08	3.99	10.74	3.65	10.27	3.18
61	12.87	5.72	12.08	4.94	11.45	4.31	11.09	3.95	10.58	3.43
62	13.34	6.16	12.50	5.30	11.83	4.63	11.44	4.24	10.88	3.69
63	13.84	6.58	12.93	5.67	12.20	4.94	11.78	4.53	11.20	3.94
64	14.32	7.02	13.34	6.03	12.56	5.26	12.13	4.82	11.50	4.18
65	14.81	7.45	13.76	6.40	12.95	5.58	12.47	5.12	11.80	4.43
66	15.70	8.33	14.53	7.16	13.61	6.25	13.09	5.72	12.32	4.96
67	16.58	9.21	15.29	7.92	14.28	6.90	13.70	6.34	12.86	5.48
68	17.47	10.09	16.06	8.68	14.94	7.57	14.31	6.93	13.38	6.01
69	18.35	10.97	16.82	9.44	15.60	8.23	14.93	7.54	13.90	6.52
70	19.24	11.85	17.58	10.20	16.27	8.89	15.53	8.15	14.43	7.05
71	20.69	13.30	18.84	11.45	17.37	9.99	16.54	9.15	15.29	7.91
72	22.15	14.76	20.11	12.71	18.47	11.08	17.57	10.16	16.16	8.76
73	23.63	16.21	21.37	13.96	19.58	12.18	18.57	11.17	17.02	9.61
74	25.08	17.67	22.63	15.21	20.68	13.27	19.58	12.17	17.89	10.47
75	26.54	19.12	23.89	16.47	21.79	14.37	20.60	13.18	18.76	11.33
76	28.83	21.41	25.86	18.45	23.51	16.08	22.19	14.76	20.12	12.69
77	31.13	23.71	27.85	20.43	25.23	17.81	23.76	16.34	21.47	14.05
78	33.43	26.00	29.82	22.40	26.96	19.54	25.34	17.92	22.83	15.41
79	35.73	28.30	31.80	24.38	28.69	21.26	26.92	19.49	24.19	16.76
80	38.02	30.59	33.77	26.35	30.40	22.99	28.50	21.08	25.54	18.13
81	40.89	33.46	36.25	28.82	32.56	25.14	30.48	23.06	27.25	19.82
82	43.75	36.32	38.71	31.28	34.72	27.29	32.46	25.04	28.95	21.53
83	46.62	39.19	41.18	33.76	36.86	29.45	34.43	27.01	30.64	23.22
84	49.48	42.05	43.65	36.22	39.02	31.59	36.41	28.99	32.34	24.92
85	N/A	44.92	N/A	38.70	N/A	33.75	N/A	30.95	N/A	26.62
86	N/A	47.80	N/A	41.17	N/A	35.90	N/A	32.93	N/A	28.33
87	N/A	50.67	N/A	43.64	N/A	38.06	N/A	34.91	N/A	30.02
88	N/A	53.53	N/A	46.11	N/A	40.22	N/A	36.88	N/A	31.71
89	N/A	56.40	N/A	48.58	N/A	42.37	N/A	38.86	N/A	33.42
90	N/A	59.27	N/A	51.05	N/A	44.53	N/A	40.84	N/A	35.11
91	N/A	60.42	N/A	52.04	N/A	45.39	N/A	41.64	N/A	35.79
92	N/A	61.56	N/A	53.03	N/A	46.26	N/A	42.43	N/A	36.48
93	N/A	62.71	N/A	54.02	N/A	47.11	N/A	43.21	N/A	37.16
94	N/A	63.86	N/A	55.02	N/A	47.97	N/A	44.00	N/A	37.84
95	N/A	65.00	N/A	56.00	N/A	48.83	N/A	44.79	N/A	38.52
96	N/A	65.38	N/A	56.33	N/A	49.13	N/A	45.06	N/A	38.74
97	N/A	65.77	N/A	56.66	N/A	49.41	N/A	45.32	N/A	38.97
98	N/A	66.15	N/A	56.99	N/A	49.69	N/A	45.58	N/A	39.19
99	N/A	66.53	N/A	57.32	N/A	49.98	N/A	45.86	N/A	39.42
100	N/A	66.91	N/A	57.65	N/A	50.27	N/A	46.11	N/A	39.64

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.91	0.76	7.81	0.66	7.73	0.58	7.67	0.53	7.61	0.47
26	7.98	0.83	7.87	0.73	7.78	0.64	7.72	0.57	7.66	0.51
27	8.04	0.90	7.93	0.78	7.84	0.68	7.77	0.63	7.70	0.55
28	8.11	0.97	7.99	0.84	7.89	0.74	7.82	0.66	7.74	0.59
29	8.18	1.03	8.04	0.90	7.94	0.79	7.87	0.72	7.79	0.64
30	8.25	1.10	8.11	0.96	8.00	0.84	7.92	0.76	7.83	0.67
31	8.35	1.20	8.20	1.03	8.06	0.91	7.99	0.83	7.89	0.74
32	8.45	1.30	8.27	1.12	8.14	0.99	8.05	0.90	7.94	0.79
33	8.54	1.39	8.36	1.20	8.21	1.07	8.11	0.96	8.01	0.85
34	8.62	1.49	8.44	1.29	8.28	1.13	8.18	1.02	8.06	0.91
35	8.72	1.58	8.53	1.36	8.36	1.21	8.25	1.09	8.12	0.97
36	8.86	1.71	8.62	1.47	8.45	1.31	8.34	1.18	8.20	1.05
37	8.98	1.83	8.73	1.58	8.54	1.40	8.43	1.27	8.28	1.12
38	9.10	1.95	8.83	1.69	8.64	1.50	8.50	1.34	8.35	1.19
39	9.22	2.07	8.94	1.79	8.72	1.58	8.59	1.43	8.43	1.27
40	9.34	2.20	9.05	1.90	8.82	1.68	8.68	1.52	8.50	1.34
41	9.49	2.35	9.19	2.04	8.94	1.79	8.79	1.63	8.60	1.44
42	9.66	2.50	9.32	2.17	9.06	1.91	8.89	1.74	8.69	1.54
43	9.80	2.65	9.45	2.30	9.19	2.04	9.00	1.85	8.79	1.63
44	9.96	2.81	9.58	2.43	9.31	2.15	9.11	1.95	8.88	1.73
45	10.11	2.96	9.72	2.56	9.42	2.27	9.22	2.06	8.98	1.83
46	10.30	3.16	9.89	2.73	9.57	2.41	9.35	2.20	9.09	1.95
47	10.49	3.33	10.05	2.90	9.71	2.55	9.48	2.33	9.21	2.06
48	10.68	3.53	10.22	3.07	9.85	2.71	9.61	2.46	9.32	2.17
49	10.88	3.72	10.38	3.23	10.00	2.85	9.75	2.60	9.44	2.29
50	11.06	3.92	10.55	3.40	10.14	2.99	9.88	2.73	9.56	2.40
51	11.31	4.17	10.78	3.62	10.34	3.19	10.05	2.90	9.71	2.55
52	11.57	4.42	11.00	3.85	10.54	3.39	10.24	3.08	9.87	2.72
53	11.84	4.69	11.22	4.06	10.71	3.58	10.42	3.27	10.01	2.86
54	12.09	4.94	11.44	4.29	10.91	3.77	10.60	3.44	10.18	3.01
55	12.35	5.19	11.66	4.51	11.11	3.96	10.78	3.62	10.33	3.17
56	12.74	5.59	12.01	4.85	11.40	4.26	11.06	3.89	10.56	3.41
57	13.13	5.97	12.34	5.18	11.69	4.55	11.32	4.17	10.80	3.65
58	13.51	6.36	12.68	5.52	12.00	4.84	11.59	4.43	11.04	3.88
59	13.90	6.74	13.01	5.85	12.29	5.14	11.87	4.71	11.29	4.13
60	14.29	7.14	13.35	6.19	12.58	5.42	12.14	4.98	11.52	4.37
61	14.92	7.70	13.90	6.69	13.07	5.85	12.60	5.37	11.92	4.71
62	15.53	8.27	14.44	7.18	13.55	6.28	13.05	5.76	12.32	5.06
63	16.16	8.82	14.99	7.67	14.04	6.72	13.49	6.16	12.73	5.40
64	16.78	9.39	15.54	8.17	14.52	7.15	13.94	6.56	13.13	5.75
65	17.39	9.96	16.08	8.66	15.00	7.58	14.39	6.95	13.53	6.09
66	18.58	11.13	17.12	9.68	15.91	8.46	15.21	7.77	14.26	6.81
67	19.76	12.31	18.14	10.70	16.80	9.36	16.03	8.59	14.98	7.54
68	20.93	13.48	19.17	11.73	17.70	10.25	16.86	9.41	15.71	8.27
69	22.11	14.66	20.20	12.74	18.59	11.14	17.68	10.22	16.43	8.99
70	23.29	15.83	21.22	13.76	19.49	12.03	18.50	11.04	17.16	9.71
71	25.22	17.77	22.90	15.44	20.97	13.50	19.84	12.38	18.36	10.90
72	27.17	19.69	24.59	17.12	22.44	14.96	21.20	13.73	19.56	12.09
73	29.10	21.63	26.27	18.79	23.90	16.42	22.55	15.06	20.76	13.29
74	31.04	23.54	27.96	20.46	25.38	17.90	23.89	16.41	21.97	14.48
75	32.98	25.48	29.63	22.14	26.85	19.36	25.25	17.74	23.17	15.66
76	36.03	28.53	32.30	24.79	29.17	21.68	27.37	19.88	25.05	17.56
77	39.08	31.59	34.95	27.45	31.50	24.00	29.50	22.00	26.92	19.43
78	42.15	34.65	37.61	30.12	33.83	26.32	31.64	24.15	28.81	21.31
79	45.21	37.71	40.27	32.77	36.15	28.66	33.77	26.27	30.68	23.19
80	48.26	40.77	42.92	35.42	38.47	30.98	35.89	28.39	32.56	25.07
81	52.09	44.59	46.24	38.74	41.37	33.87	38.56	31.06	34.91	27.42
82	55.90	48.41	49.56	42.06	44.28	36.78	41.22	33.72	37.27	29.78
83	59.73	52.23	52.89	45.39	47.18	39.68	43.88	36.38	39.61	32.12
84	63.55	56.05	56.21	48.71	50.08	42.59	46.53	39.04	41.97	34.46
85	N/A	59.87	N/A	52.03	N/A	45.49	N/A	41.70	N/A	36.82
86	N/A	63.69	N/A	55.35	N/A	48.39	N/A	44.36	N/A	39.17
87	N/A	67.52	N/A	58.66	N/A	51.29	N/A	47.03	N/A	41.53
88	N/A	71.34	N/A	62.00	N/A	54.20	N/A	49.69	N/A	43.87
89	N/A	75.16	N/A	65.32	N/A	57.10	N/A	52.35	N/A	46.22
90	N/A	78.98	N/A	68.63	N/A	60.01	N/A	55.01	N/A	48.58
91	N/A	80.51	N/A	69.96	N/A	61.16	N/A	56.08	N/A	49.51
92	N/A	82.04	N/A	71.29	N/A	62.33	N/A	57.15	N/A	50.45
93	N/A	83.57	N/A	72.61	N/A	63.49	N/A	58.21	N/A	51.39
94	N/A	85.09	N/A	73.94	N/A	64.65	N/A	59.27	N/A	52.33
95	N/A	86.63	N/A	75.27	N/A	65.81	N/A	60.34	N/A	53.27
96	N/A	87.13	N/A	75.71	N/A	66.20	N/A	60.69	N/A	53.58
97	N/A	87.64	N/A	76.15	N/A	66.59	N/A	61.05	N/A	53.89
98	N/A	88.15	N/A	76.59	N/A	66.97	N/A	61.40	N/A	54.22
99	N/A	88.66	N/A	77.04	N/A	67.36	N/A	61.77	N/A	54.53
100	N/A	89.17	N/A	77.48	N/A	67.75	N/A	62.12	N/A	54.84

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.11	0.88	7.99	0.77	7.90	0.68	7.83	0.62	7.77	0.53
26	8.18	0.96	8.05	0.84	7.95	0.74	7.90	0.67	7.82	0.58
27	8.26	1.03	8.12	0.90	8.02	0.80	7.94	0.72	7.85	0.63
28	8.34	1.12	8.20	0.98	8.09	0.86	8.01	0.78	7.91	0.67
29	8.42	1.20	8.26	1.05	8.14	0.91	8.05	0.83	7.94	0.72
30	8.49	1.28	8.33	1.11	8.21	0.98	8.11	0.89	8.00	0.77
31	8.60	1.39	8.43	1.21	8.28	1.07	8.20	0.97	8.06	0.84
32	8.71	1.50	8.53	1.30	8.37	1.14	8.27	1.05	8.13	0.90
33	8.83	1.61	8.61	1.40	8.45	1.23	8.34	1.11	8.20	0.97
34	8.94	1.72	8.71	1.49	8.54	1.31	8.42	1.19	8.26	1.03
35	9.05	1.83	8.81	1.58	8.61	1.40	8.49	1.28	8.33	1.10
36	9.20	1.97	8.94	1.72	8.72	1.51	8.59	1.38	8.42	1.19
37	9.34	2.11	9.06	1.84	8.83	1.62	8.69	1.47	8.50	1.28
38	9.48	2.26	9.19	1.96	8.95	1.73	8.80	1.57	8.59	1.36
39	9.63	2.40	9.31	2.08	9.06	1.84	8.90	1.67	8.68	1.45
40	9.77	2.54	9.44	2.21	9.16	1.95	9.00	1.77	8.77	1.54
41	9.94	2.72	9.59	2.37	9.31	2.08	9.13	1.90	8.87	1.65
42	10.13	2.90	9.74	2.52	9.44	2.22	9.25	2.04	8.98	1.76
43	10.31	3.08	9.90	2.67	9.57	2.34	9.37	2.16	9.09	1.87
44	10.49	3.28	10.04	2.83	9.71	2.49	9.50	2.29	9.20	1.98
45	10.67	3.45	10.20	2.99	9.85	2.62	9.63	2.42	9.31	2.09
46	10.90	3.67	10.40	3.18	10.01	2.79	9.79	2.57	9.44	2.23
47	11.13	3.91	10.58	3.37	10.19	2.96	9.94	2.73	9.58	2.35
48	11.34	4.13	10.78	3.55	10.35	3.14	10.11	2.88	9.71	2.50
49	11.57	4.35	10.97	3.75	10.52	3.30	10.26	3.04	9.85	2.62
50	11.80	4.58	11.17	3.94	10.68	3.47	10.42	3.19	9.99	2.76
51	12.10	4.87	11.43	4.20	10.91	3.70	10.63	3.40	10.16	2.95
52	12.39	5.17	11.68	4.46	11.14	3.93	10.84	3.61	10.35	3.12
53	12.69	5.47	11.95	4.72	11.36	4.14	11.04	3.83	10.53	3.31
54	12.99	5.78	12.20	4.98	11.59	4.37	11.24	4.04	10.71	3.49
55	13.29	6.07	12.46	5.24	11.81	4.60	11.45	4.24	10.89	3.67
56	13.74	6.52	12.86	5.63	12.17	4.94	11.77	4.55	11.17	3.95
57	14.20	6.97	13.24	6.03	12.51	5.28	12.09	4.87	11.45	4.22
58	14.66	7.45	13.64	6.41	12.85	5.62	12.41	5.18	11.73	4.51
59	15.13	7.90	14.04	6.81	13.19	5.96	12.73	5.50	12.01	4.79
60	15.58	8.35	14.43	7.21	13.53	6.31	13.05	5.82	12.29	5.06
61	16.29	9.01	15.06	7.78	14.09	6.80	13.55	6.28	12.76	5.46
62	17.02	9.67	15.69	8.35	14.64	7.30	14.08	6.73	13.21	5.86
63	17.72	10.33	16.31	8.91	15.20	7.80	14.59	7.19	13.67	6.27
64	18.45	10.99	16.93	9.48	15.75	8.31	15.11	7.65	14.12	6.68
65	19.16	11.65	17.57	10.05	16.30	8.79	15.62	8.11	14.59	7.07
66	20.54	13.02	18.74	11.24	17.34	9.82	16.58	9.06	15.42	7.92
67	21.90	14.39	19.94	12.42	18.37	10.87	17.53	10.01	16.27	8.76
68	23.28	15.75	21.12	13.61	19.42	11.89	18.49	10.97	17.11	9.58
69	24.64	17.13	22.32	14.78	20.45	12.93	19.45	11.91	17.94	10.42
70	26.02	18.49	23.50	15.97	21.48	13.96	20.41	12.87	18.78	11.25
71	28.26	20.72	25.44	17.90	23.19	15.64	21.97	14.43	20.16	12.63
72	30.50	22.96	27.38	19.83	24.89	17.34	23.53	15.98	21.53	13.99
73	32.75	25.19	29.33	21.77	26.59	19.02	25.09	17.53	22.91	15.36
74	34.98	27.42	31.26	23.71	28.29	20.72	26.65	19.10	24.28	16.72
75	37.24	29.66	33.21	25.64	29.99	22.41	28.23	20.65	25.66	18.08
76	40.79	33.22	36.29	28.71	32.68	25.09	30.69	23.12	27.83	20.25
77	44.35	36.77	39.36	31.79	35.37	27.79	33.18	25.61	30.00	22.43
78	47.91	40.34	42.45	34.87	38.05	30.47	35.65	28.08	32.18	24.61
79	51.47	43.89	45.52	37.95	40.74	33.15	38.14	30.57	34.34	26.77
80	55.02	47.45	48.60	41.03	43.43	35.85	40.61	33.04	36.51	28.94
81	59.47	51.90	52.44	44.87	46.79	39.22	43.70	36.14	39.23	31.65
82	63.92	56.35	56.29	48.72	50.15	42.57	46.81	39.23	41.93	34.36
83	68.37	60.80	60.13	52.56	53.52	45.94	49.91	42.34	44.65	37.08
84	72.82	65.25	63.98	56.40	56.87	49.29	53.00	45.43	47.37	39.80
85	N/A	69.70	N/A	60.25	N/A	52.66	N/A	48.53	N/A	42.50
86	N/A	74.14	N/A	64.09	N/A	56.02	N/A	51.62	N/A	45.21
87	N/A	78.61	N/A	67.94	N/A	59.38	N/A	54.73	N/A	47.94
88	N/A	83.05	N/A	71.79	N/A	62.73	N/A	57.83	N/A	50.64
89	N/A	87.51	N/A	75.64	N/A	66.09	N/A	60.93	N/A	53.36
90	N/A	91.95	N/A	79.48	N/A	69.45	N/A	64.02	N/A	56.08
91	N/A	93.73	N/A	81.02	N/A	70.80	N/A	65.26	N/A	57.16
92	N/A	95.50	N/A	82.56	N/A	72.15	N/A	66.50	N/A	58.25
93	N/A	97.30	N/A	84.10	N/A	73.48	N/A	67.74	N/A	59.33
94	N/A	99.07	N/A	85.62	N/A	74.83	N/A	68.97	N/A	60.41
95	N/A	100.85	N/A	87.16	N/A	76.18	N/A	70.21	N/A	61.50
96	N/A	101.44	N/A	87.68	N/A	76.63	N/A	70.63	N/A	61.86
97	N/A	102.04	N/A	88.19	N/A	77.08	N/A	71.04	N/A	62.23
98	N/A	102.63	N/A	88.72	N/A	77.53	N/A	71.46	N/A	62.58
99	N/A	103.22	N/A	89.22	N/A	77.97	N/A	71.86	N/A	62.94
100	N/A	103.82	N/A	89.74	N/A	78.42	N/A	72.28	N/A	63.32

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.34	0.99	8.22	0.87	8.11	0.76	8.04	0.68	7.95	0.61
26	8.43	1.08	8.31	0.95	8.18	0.83	8.10	0.75	8.01	0.65
27	8.53	1.17	8.37	1.01	8.25	0.89	8.16	0.80	8.07	0.72
28	8.60	1.24	8.45	1.10	8.31	0.96	8.22	0.87	8.12	0.76
29	8.69	1.33	8.53	1.17	8.38	1.02	8.28	0.92	8.18	0.83
30	8.78	1.43	8.60	1.24	8.45	1.10	8.34	0.99	8.23	0.87
31	8.90	1.55	8.71	1.35	8.55	1.19	8.43	1.07	8.31	0.95
32	9.02	1.67	8.82	1.45	8.65	1.29	8.51	1.16	8.38	1.02
33	9.15	1.79	8.92	1.57	8.75	1.38	8.60	1.23	8.46	1.10
34	9.27	1.91	9.03	1.67	8.83	1.47	8.68	1.33	8.54	1.18
35	9.39	2.04	9.14	1.78	8.93	1.57	8.77	1.41	8.61	1.24
36	9.56	2.19	9.28	1.91	9.05	1.68	8.89	1.52	8.71	1.34
37	9.71	2.35	9.43	2.06	9.19	1.82	9.00	1.63	8.80	1.45
38	9.88	2.51	9.56	2.20	9.31	1.94	9.11	1.75	8.90	1.54
39	10.04	2.67	9.70	2.34	9.44	2.07	9.22	1.86	9.00	1.64
40	10.20	2.84	9.83	2.49	9.56	2.19	9.33	1.97	9.10	1.74
41	10.40	3.04	10.02	2.66	9.70	2.35	9.47	2.11	9.22	1.86
42	10.60	3.23	10.20	2.84	9.87	2.50	9.60	2.26	9.35	1.98
43	10.81	3.44	10.37	3.01	10.02	2.66	9.76	2.39	9.47	2.11
44	11.01	3.65	10.55	3.19	10.18	2.82	9.90	2.53	9.59	2.23
45	11.21	3.85	10.74	3.37	10.33	2.97	10.04	2.67	9.71	2.35
46	11.46	4.10	10.96	3.59	10.52	3.17	10.21	2.85	9.87	2.50
47	11.72	4.36	11.18	3.81	10.71	3.34	10.40	3.03	10.02	2.66
48	11.98	4.61	11.39	4.03	10.89	3.54	10.56	3.20	10.18	2.82
49	12.23	4.86	11.61	4.25	11.09	3.72	10.75	3.38	10.33	2.97
50	12.49	5.12	11.83	4.48	11.28	3.91	10.91	3.55	10.48	3.12
51	12.82	5.45	12.12	4.75	11.53	4.16	11.14	3.78	10.69	3.33
52	13.15	5.78	12.40	5.05	11.78	4.41	11.37	4.02	10.90	3.54
53	13.49	6.12	12.69	5.32	12.02	4.66	11.61	4.24	11.10	3.75
54	13.82	6.45	12.97	5.62	12.27	4.92	11.84	4.48	11.32	3.95
55	14.15	6.79	13.27	5.90	12.52	5.17	12.07	4.71	11.53	4.16
56	14.67	7.30	13.72	6.35	12.91	5.56	12.43	5.06	11.84	4.48
57	15.19	7.83	14.17	6.80	13.30	5.95	12.79	5.42	12.14	4.79
58	15.73	8.36	14.62	7.25	13.70	6.34	13.17	5.80	12.47	5.10
59	16.25	8.89	15.07	7.70	14.09	6.72	13.53	6.16	12.78	5.41
60	16.78	9.41	15.52	8.15	14.48	7.12	13.88	6.52	13.09	5.73
61	17.58	10.15	16.23	8.79	15.10	7.68	14.47	7.04	13.60	6.18
62	18.37	10.89	16.93	9.44	15.73	8.24	15.05	7.56	14.11	6.63
63	19.17	11.63	17.62	10.08	16.34	8.81	15.62	8.07	14.61	7.07
64	19.97	12.38	18.33	10.73	16.96	9.37	16.20	8.59	15.13	7.52
65	20.77	13.11	19.03	11.36	17.59	9.93	16.78	9.12	15.62	7.98
66	22.30	14.64	20.36	12.69	18.76	11.10	17.84	10.18	16.56	8.91
67	23.83	16.16	21.68	14.01	19.92	12.27	18.92	11.25	17.50	9.85
68	25.36	17.69	23.01	15.33	21.09	13.42	19.99	12.32	18.44	10.77
69	26.88	19.21	24.33	16.67	22.25	14.59	21.07	13.40	19.38	11.70
70	28.40	20.74	25.66	17.99	23.42	15.75	22.13	14.47	20.32	12.64
71	30.89	23.20	27.82	20.14	25.32	17.64	23.89	16.20	21.86	14.17
72	33.36	25.67	29.98	22.28	27.23	19.54	25.64	17.95	23.40	15.70
73	35.84	28.14	32.12	24.43	29.12	21.43	27.40	19.69	24.93	17.24
74	38.31	30.61	34.29	26.57	31.02	23.31	29.15	21.44	26.47	18.77
75	40.80	33.08	36.43	28.72	32.92	25.20	30.91	23.19	28.01	20.28
76	44.77	37.05	39.89	32.16	35.95	28.23	33.69	25.97	30.44	22.72
77	48.73	41.02	43.33	35.61	38.97	31.25	36.48	28.75	32.87	25.15
78	52.70	44.99	46.77	39.06	42.00	34.28	39.26	31.54	35.31	27.59
79	56.67	48.96	50.23	42.50	45.01	37.30	42.04	34.33	37.74	30.03
80	60.64	52.92	53.67	45.95	48.04	40.33	44.83	37.11	40.17	32.46
81	65.60	57.89	57.98	50.26	51.82	44.10	48.30	40.59	43.22	35.50
82	70.58	62.85	62.28	54.56	55.59	47.88	51.78	44.07	46.27	38.54
83	75.53	67.80	66.59	58.87	59.39	51.67	55.26	47.55	49.31	41.59
84	80.49	72.78	70.90	63.17	63.16	55.45	58.74	51.03	52.35	44.64
85	N/A	77.74	N/A	67.49	N/A	59.22	N/A	54.51	N/A	47.69
86	N/A	82.70	N/A	71.80	N/A	63.01	N/A	57.98	N/A	50.72
87	N/A	87.66	N/A	76.11	N/A	66.78	N/A	61.46	N/A	53.77
88	N/A	92.62	N/A	80.41	N/A	70.58	N/A	64.94	N/A	56.80
89	N/A	97.58	N/A	84.72	N/A	74.35	N/A	68.42	N/A	59.85
90	N/A	102.54	N/A	89.03	N/A	78.12	N/A	71.90	N/A	62.90
91	N/A	104.53	N/A	90.75	N/A	79.63	N/A	73.28	N/A	64.11
92	N/A	106.51	N/A	92.48	N/A	81.15	N/A	74.68	N/A	65.33
93	N/A	108.50	N/A	94.19	N/A	82.65	N/A	76.07	N/A	66.55
94	N/A	110.48	N/A	95.92	N/A	84.17	N/A	77.46	N/A	67.77
95	N/A	112.48	N/A	97.64	N/A	85.68	N/A	78.85	N/A	68.98
96	N/A	113.14	N/A	98.22	N/A	86.19	N/A	79.31	N/A	69.39
97	N/A	113.80	N/A	98.79	N/A	86.69	N/A	79.77	N/A	69.80
98	N/A	114.46	N/A	99.37	N/A	87.20	N/A	80.25	N/A	70.20
99	N/A	115.12	N/A	99.95	N/A	87.70	N/A	80.71	N/A	70.61
100	N/A	115.78	N/A	100.52	N/A	88.21	N/A	81.17	N/A	71.02

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	11.99	4.49	11.41	3.91	10.97	3.47	10.69	3.19	10.30	2.78
46	12.30	4.80	11.66	4.16	11.19	3.69	10.89	3.39	10.47	2.97
47	12.61	5.10	11.92	4.42	11.41	3.92	11.10	3.61	10.65	3.15
48	12.91	5.41	12.19	4.68	11.64	4.14	11.32	3.81	10.82	3.33
49	13.22	5.72	12.45	4.95	11.86	4.37	11.51	4.02	11.01	3.51
50	13.53	6.03	12.71	5.20	12.08	4.59	11.72	4.22	11.19	3.69
51	13.94	6.45	13.05	5.54	12.38	4.87	11.98	4.49	11.42	3.93
52	14.34	6.84	13.39	5.87	12.67	5.17	12.25	4.76	11.65	4.16
53	14.75	7.26	13.73	6.23	12.97	5.47	12.52	5.02	11.88	4.38
54	15.18	7.67	14.07	6.57	13.27	5.76	12.79	5.29	12.11	4.62
55	15.60	8.09	14.41	6.90	13.55	6.05	13.06	5.56	12.34	4.84
56	16.25	8.75	14.98	7.48	14.05	6.55	13.51	6.01	12.73	5.24
57	16.92	9.41	15.57	8.06	14.54	7.04	13.98	6.48	13.11	5.62
58	17.60	10.09	16.16	8.66	15.04	7.54	14.44	6.93	13.53	6.02
59	18.29	10.77	16.75	9.25	15.54	8.05	14.91	7.40	13.93	6.42
60	18.98	11.46	17.36	9.86	16.07	8.56	15.38	7.88	14.31	6.81
61	20.01	12.43	18.25	10.69	16.84	9.28	16.09	8.54	14.94	7.37
62	21.05	13.41	19.16	11.54	17.64	10.02	16.82	9.21	15.58	7.94
63	22.10	14.42	20.09	12.41	18.44	10.75	17.56	9.88	16.20	8.53
64	23.18	15.43	21.01	13.27	19.24	11.50	18.30	10.56	16.83	9.11
65	24.24	16.45	21.95	14.16	20.05	12.25	19.04	11.24	17.47	9.68
66	26.38	18.58	23.78	15.99	21.65	13.86	20.50	12.69	18.73	10.93
67	28.57	20.76	25.69	17.88	23.28	15.48	22.00	14.19	20.03	12.22
68	30.79	22.98	27.60	19.78	24.95	17.14	23.52	15.71	21.34	13.54
69	33.06	25.23	29.57	21.74	26.63	18.82	25.08	17.26	22.69	14.88
70	35.35	27.53	31.55	23.73	28.36	20.54	26.65	18.83	24.06	16.24
71	38.97	31.14	34.66	26.83	31.04	23.22	29.12	21.27	26.17	18.35
72	42.65	34.80	37.84	30.01	33.79	25.96	31.61	23.77	28.34	20.50
73	46.39	38.54	41.07	33.22	36.59	28.73	34.16	26.31	30.54	22.69
74	50.20	42.35	44.35	36.50	39.42	31.56	36.76	28.91	32.78	24.93
75	54.09	46.22	47.71	39.84	42.32	34.45	39.40	31.54	35.06	27.19
76	59.64	51.78	52.49	44.63	46.45	38.59	43.20	35.33	38.32	30.46
77	65.18	57.31	57.28	49.41	50.59	42.71	46.97	39.11	41.59	33.73
78	70.73	62.87	62.05	54.19	54.73	46.85	50.75	42.90	44.85	36.98
79	76.26	68.40	66.84	58.97	58.85	50.97	54.54	46.67	48.11	40.25
80	81.82	73.95	71.62	63.76	62.99	55.11	58.32	50.46	51.38	43.52
81	88.75	80.88	77.59	69.73	68.16	60.28	63.05	55.20	55.46	47.60
82	95.68	87.81	83.57	75.70	73.32	65.44	67.79	59.93	59.54	51.68
83	102.62	94.77	89.55	81.69	78.49	70.61	72.52	64.66	63.62	55.76
84	109.56	101.70	95.51	87.66	83.66	75.78	77.25	69.39	67.71	59.84
85	N/A	108.63	N/A	93.63	N/A	80.95	N/A	74.12	N/A	63.92
86	N/A	115.56	N/A	99.62	N/A	86.12	N/A	78.85	N/A	67.99
87	N/A	122.49	N/A	105.59	N/A	91.28	N/A	83.58	N/A	72.08
88	N/A	129.43	N/A	111.56	N/A	96.45	N/A	88.31	N/A	76.15
89	N/A	136.36	N/A	117.54	N/A	101.61	N/A	93.04	N/A	80.25
90	N/A	143.29	N/A	123.52	N/A	106.78	N/A	97.77	N/A	84.32
91	N/A	146.06	N/A	125.90	N/A	108.85	N/A	99.66	N/A	85.94
92	N/A	148.84	N/A	128.29	N/A	110.92	N/A	101.56	N/A	87.57
93	N/A	151.61	N/A	130.68	N/A	112.99	N/A	103.44	N/A	89.21
94	N/A	154.39	N/A	133.08	N/A	115.06	N/A	105.34	N/A	90.84
95	N/A	157.16	N/A	135.47	N/A	117.13	N/A	107.23	N/A	92.47
96	N/A	158.08	N/A	136.26	N/A	117.81	N/A	107.87	N/A	93.01
97	N/A	159.01	N/A	137.06	N/A	118.49	N/A	108.49	N/A	93.56
98	N/A	159.94	N/A	137.86	N/A	119.20	N/A	109.13	N/A	94.11
99	N/A	160.86	N/A	138.66	N/A	119.88	N/A	109.75	N/A	94.64
100	N/A	161.78	N/A	139.46	N/A	120.56	N/A	110.39	N/A	95.19

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	7.70	0.55	7.63	0.47	7.56	0.42	7.52	0.39	7.47	0.33
26	7.70	0.59	7.63	0.52	7.56	0.45	7.52	0.42	7.47	0.36
27	7.70	0.63	7.63	0.55	7.56	0.48	7.52	0.44	7.47	0.39
28	7.70	0.68	7.63	0.59	7.56	0.52	7.52	0.47	7.47	0.42
29	7.70	0.73	7.63	0.63	7.56	0.55	7.52	0.50	7.47	0.44
30	7.70	0.76	7.63	0.67	7.56	0.57	7.52	0.53	7.47	0.46
31	7.70	0.83	7.63	0.72	7.56	0.62	7.52	0.57	7.47	0.50
32	7.70	0.88	7.63	0.77	7.56	0.67	7.52	0.62	7.47	0.53
33	7.70	0.94	7.63	0.83	7.56	0.70	7.52	0.65	7.47	0.57
34	7.70	0.98	7.63	0.87	7.56	0.75	7.52	0.69	7.47	0.61
35	7.70	1.03	7.63	0.91	7.56	0.79	7.52	0.73	7.47	0.63
36	7.70	1.10	7.63	0.98	7.56	0.85	7.52	0.77	7.47	0.67
37	7.70	1.18	7.63	1.03	7.56	0.89	7.52	0.83	7.47	0.73
38	7.70	1.24	7.63	1.10	7.56	0.95	7.52	0.87	7.47	0.76
39	7.70	1.32	7.63	1.16	7.56	0.99	7.52	0.91	7.47	0.80
40	7.70	1.38	7.63	1.21	7.56	1.05	7.52	0.96	7.47	0.84
41	7.70	1.46	7.63	1.29	7.56	1.11	7.52	1.01	7.47	0.89
42	7.70	1.55	7.63	1.35	7.56	1.17	7.52	1.07	7.47	0.94
43	7.70	1.62	7.63	1.43	7.56	1.23	7.52	1.13	7.47	0.99
44	7.70	1.71	7.63	1.49	7.56	1.29	7.52	1.19	7.47	1.03
45	7.70	1.77	7.63	1.55	7.56	1.34	7.52	1.23	7.47	1.08
46	7.70	1.87	7.63	1.64	7.56	1.42	7.52	1.30	7.47	1.13
47	7.70	1.96	7.63	1.72	7.56	1.49	7.52	1.36	7.47	1.19
48	7.70	2.06	7.63	1.79	7.56	1.55	7.52	1.43	7.47	1.24
49	7.71	2.13	7.63	1.86	7.56	1.62	7.52	1.50	7.47	1.30
50	7.73	2.22	7.63	1.94	7.56	1.68	7.52	1.55	7.47	1.35
51	7.79	2.34	7.63	2.05	7.56	1.77	7.52	1.64	7.47	1.43
52	7.83	2.45	7.63	2.15	7.56	1.86	7.52	1.71	7.47	1.50
53	7.88	2.56	7.63	2.24	7.56	1.95	7.52	1.79	7.47	1.56
54	7.92	2.67	7.63	2.33	7.56	2.02	7.52	1.86	7.47	1.63
55	7.96	2.78	7.63	2.42	7.56	2.10	7.52	1.94	7.47	1.69
56	8.07	2.96	7.69	2.57	7.56	2.23	7.52	2.06	7.47	1.79
57	8.18	3.14	7.78	2.72	7.56	2.37	7.52	2.18	7.47	1.89
58	8.29	3.31	7.85	2.86	7.56	2.50	7.52	2.29	7.47	1.99
59	8.39	3.47	7.92	3.00	7.56	2.62	7.52	2.40	7.47	2.09
60	8.48	3.63	7.99	3.14	7.59	2.74	7.52	2.51	7.47	2.18
61	8.70	3.87	8.16	3.34	7.74	2.92	7.52	2.66	7.47	2.32
62	8.90	4.10	8.33	3.54	7.88	3.09	7.62	2.83	7.47	2.45
63	9.10	4.32	8.49	3.73	8.02	3.25	7.74	2.98	7.47	2.59
64	9.28	4.54	8.65	3.91	8.14	3.41	7.87	3.12	7.47	2.72
65	9.46	4.75	8.79	4.09	8.27	3.56	7.98	3.27	7.54	2.84
66	9.88	5.24	9.15	4.51	8.57	3.93	8.24	3.61	7.76	3.12
67	10.29	5.71	9.48	4.91	8.86	4.28	8.49	3.93	7.98	3.40
68	10.67	6.17	9.81	5.30	9.13	4.62	8.75	4.24	8.17	3.66
69	11.04	6.60	10.12	5.68	9.39	4.95	8.99	4.54	8.37	3.93
70	11.40	7.02	10.42	6.04	9.64	5.27	9.21	4.83	8.55	4.18
71	12.07	7.76	11.00	6.68	10.13	5.82	9.66	5.34	8.92	4.61
72	12.72	8.47	11.54	7.29	10.60	6.36	10.09	5.83	9.27	5.03
73	13.34	9.15	12.07	7.89	11.07	6.88	10.48	6.30	9.61	5.43
74	13.94	9.81	12.57	8.45	11.50	7.37	10.88	6.77	9.94	5.82
75	14.50	10.45	13.06	9.00	11.90	7.84	11.25	7.19	10.24	6.19
76	15.49	11.50	13.89	9.90	12.63	8.64	11.91	7.93	10.80	6.82
77	16.43	12.52	14.70	10.78	13.32	9.41	12.54	8.62	11.33	7.41
78	17.34	13.49	15.47	11.62	13.98	10.13	13.15	9.30	11.84	7.99
79	18.19	14.41	16.19	12.42	14.61	10.82	13.71	9.93	12.32	8.54
80	19.01	15.30	16.89	13.18	15.20	11.50	14.26	10.54	12.77	9.06
81	20.44	16.73	18.13	14.41	16.28	12.57	15.24	11.53	13.63	9.91
82	21.87	18.16	19.36	15.64	17.36	13.65	16.23	12.52	14.48	10.76
83	23.31	19.60	20.59	16.89	18.44	14.72	17.22	13.51	15.32	11.61
84	24.74	21.03	21.82	18.12	19.51	15.80	18.21	14.50	16.17	12.46
85	N/A	22.46	N/A	19.35	N/A	16.87	N/A	15.48	N/A	13.31
86	N/A	23.90	N/A	20.59	N/A	17.95	N/A	16.47	N/A	14.16
87	N/A	25.33	N/A	21.82	N/A	19.03	N/A	17.46	N/A	15.02
88	N/A	26.76	N/A	23.06	N/A	20.11	N/A	18.45	N/A	15.86
89	N/A	28.20	N/A	24.29	N/A	21.19	N/A	19.44	N/A	16.71
90	N/A	29.63	N/A	25.53	N/A	22.26	N/A	20.42	N/A	17.56
91	N/A	30.21	N/A	26.02	N/A	22.69	N/A	20.81	N/A	17.90
92	N/A	30.78	N/A	26.52	N/A	23.12	N/A	21.21	N/A	18.24
93	N/A	31.36	N/A	27.02	N/A	23.55	N/A	21.60	N/A	18.58
94	N/A	31.92	N/A	27.51	N/A	23.98	N/A	22.00	N/A	18.92
95	N/A	32.51	N/A	28.01	N/A	24.42	N/A	22.40	N/A	19.26
96	N/A	32.69	N/A	28.17	N/A	24.56	N/A	22.53	N/A	19.37
97	N/A	32.88	N/A	28.33	N/A	24.71	N/A	22.66	N/A	19.48
98	N/A	33.08	N/A	28.49	N/A	24.85	N/A	22.79	N/A	19.60
99	N/A	33.26	N/A	28.66	N/A	24.99	N/A	22.92	N/A	19.71
100	N/A	33.46	N/A	28.82	N/A	25.14	N/A	23.06	N/A	19.82

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.98	0.77	7.88	0.67	7.80	0.59	7.74	0.53	7.69	0.47
26	7.98	0.83	7.88	0.73	7.80	0.64	7.74	0.57	7.69	0.51
27	7.98	0.89	7.88	0.77	7.80	0.68	7.74	0.62	7.69	0.54
28	7.98	0.95	7.88	0.83	7.80	0.73	7.74	0.65	7.69	0.58
29	7.98	1.00	7.88	0.87	7.80	0.77	7.74	0.69	7.69	0.62
30	7.98	1.07	7.88	0.92	7.80	0.80	7.74	0.74	7.69	0.65
31	7.98	1.14	7.88	0.99	7.80	0.88	7.74	0.79	7.69	0.69
32	7.98	1.22	7.88	1.06	7.80	0.94	7.74	0.85	7.69	0.75
33	7.98	1.30	7.88	1.12	7.80	0.99	7.74	0.89	7.69	0.79
34	7.99	1.38	7.88	1.19	7.80	1.05	7.74	0.95	7.69	0.84
35	8.00	1.45	7.88	1.25	7.80	1.11	7.74	1.00	7.69	0.89
36	8.03	1.55	7.88	1.34	7.80	1.19	7.74	1.07	7.69	0.95
37	8.05	1.64	7.88	1.42	7.80	1.25	7.74	1.14	7.69	1.01
38	8.09	1.74	7.88	1.50	7.80	1.33	7.74	1.20	7.69	1.06
39	8.11	1.82	7.88	1.58	7.80	1.39	7.74	1.27	7.69	1.11
40	8.13	1.91	7.88	1.66	7.80	1.46	7.74	1.32	7.69	1.18
41	8.18	2.02	7.91	1.76	7.80	1.55	7.74	1.41	7.69	1.24
42	8.23	2.13	7.94	1.85	7.80	1.63	7.74	1.49	7.69	1.31
43	8.26	2.23	7.96	1.94	7.80	1.72	7.74	1.55	7.69	1.38
44	8.29	2.33	7.99	2.02	7.80	1.79	7.74	1.63	7.69	1.44
45	8.34	2.44	8.01	2.11	7.80	1.87	7.74	1.69	7.69	1.51
46	8.39	2.57	8.05	2.22	7.80	1.97	7.74	1.79	7.69	1.58
47	8.45	2.68	8.10	2.33	7.82	2.06	7.74	1.88	7.69	1.66
48	8.50	2.82	8.14	2.44	7.84	2.16	7.74	1.96	7.69	1.73
49	8.56	2.93	8.17	2.54	7.87	2.24	7.74	2.05	7.69	1.79
50	8.60	3.05	8.21	2.64	7.89	2.33	7.74	2.12	7.69	1.87
51	8.69	3.20	8.28	2.78	7.94	2.45	7.74	2.23	7.69	1.97
52	8.79	3.36	8.35	2.92	8.00	2.57	7.78	2.34	7.69	2.06
53	8.88	3.51	8.42	3.05	8.04	2.68	7.81	2.45	7.69	2.15
54	8.95	3.66	8.47	3.18	8.09	2.79	7.85	2.55	7.69	2.23
55	9.03	3.80	8.54	3.30	8.13	2.90	7.89	2.65	7.69	2.32
56	9.20	4.04	8.67	3.51	8.24	3.07	7.98	2.82	7.69	2.46
57	9.36	4.26	8.80	3.70	8.34	3.25	8.07	2.97	7.70	2.61
58	9.50	4.48	8.92	3.88	8.44	3.41	8.16	3.12	7.77	2.74
59	9.66	4.69	9.03	4.07	8.54	3.56	8.24	3.27	7.83	2.87
60	9.79	4.88	9.15	4.25	8.62	3.72	8.32	3.41	7.89	2.99
61	10.09	5.20	9.39	4.52	8.83	3.96	8.51	3.63	8.05	3.18
62	10.35	5.51	9.64	4.79	9.03	4.19	8.69	3.85	8.22	3.37
63	10.62	5.80	9.86	5.05	9.23	4.41	8.87	4.05	8.37	3.55
64	10.87	6.08	10.08	5.29	9.41	4.63	9.03	4.26	8.51	3.73
65	11.11	6.36	10.27	5.53	9.58	4.84	9.20	4.44	8.65	3.89
66	11.69	7.01	10.77	6.09	10.01	5.32	9.58	4.90	8.98	4.29
67	12.25	7.63	11.25	6.63	10.42	5.81	9.94	5.32	9.30	4.68
68	12.79	8.24	11.72	7.16	10.81	6.26	10.31	5.74	9.60	5.05
69	13.31	8.82	12.16	7.67	11.19	6.71	10.64	6.15	9.89	5.41
70	13.81	9.38	12.57	8.15	11.55	7.13	10.97	6.55	10.16	5.75
71	14.72	10.36	13.35	9.01	12.23	7.88	11.57	7.22	10.71	6.36
72	15.60	11.31	14.11	9.82	12.88	8.59	12.17	7.88	11.23	6.94
73	16.43	12.21	14.84	10.62	13.50	9.28	12.74	8.50	11.73	7.50
74	17.25	13.08	15.53	11.36	14.10	9.94	13.28	9.12	12.20	8.04
75	18.02	13.92	16.19	12.09	14.67	10.57	13.79	9.69	12.65	8.56
76	19.35	15.32	17.34	13.31	15.66	11.64	14.70	10.67	13.45	9.43
77	20.63	16.68	18.45	14.49	16.62	12.67	15.57	11.62	14.21	10.25
78	21.86	17.96	19.50	15.62	17.53	13.65	16.40	12.52	14.94	11.04
79	23.02	19.21	20.50	16.69	18.40	14.59	17.19	13.38	15.62	11.80
80	24.13	20.38	21.46	17.71	19.24	15.49	17.94	14.20	16.28	12.53
81	26.05	22.30	23.12	19.37	20.68	16.94	19.28	15.53	17.46	13.71
82	27.95	24.20	24.78	21.03	22.14	18.39	20.60	16.86	18.63	14.88
83	29.87	26.11	26.44	22.69	23.58	19.84	21.93	18.19	19.81	16.06
84	31.77	28.03	28.11	24.35	25.05	21.30	23.27	19.51	20.98	17.24
85	N/A	29.94	N/A	26.02	N/A	22.75	N/A	20.85	N/A	18.41
86	N/A	31.85	N/A	27.68	N/A	24.19	N/A	22.19	N/A	19.59
87	N/A	33.76	N/A	29.34	N/A	25.65	N/A	23.52	N/A	20.76
88	N/A	35.67	N/A	31.00	N/A	27.09	N/A	24.84	N/A	21.93
89	N/A	37.58	N/A	32.66	N/A	28.56	N/A	26.18	N/A	23.11
90	N/A	39.49	N/A	34.32	N/A	30.00	N/A	27.51	N/A	24.29
91	N/A	40.26	N/A	34.98	N/A	30.58	N/A	28.04	N/A	24.75
92	N/A	41.02	N/A	35.64	N/A	31.16	N/A	28.57	N/A	25.22
93	N/A	41.79	N/A	36.31	N/A	31.75	N/A	29.11	N/A	25.70
94	N/A	42.55	N/A	36.97	N/A	32.33	N/A	29.63	N/A	26.17
95	N/A	43.31	N/A	37.63	N/A	32.90	N/A	30.17	N/A	26.63
96	N/A	43.56	N/A	37.85	N/A	33.10	N/A	30.34	N/A	26.79
97	N/A	43.82	N/A	38.08	N/A	33.30	N/A	30.53	N/A	26.95
98	N/A	44.08	N/A	38.30	N/A	33.48	N/A	30.70	N/A	27.10
99	N/A	44.33	N/A	38.52	N/A	33.68	N/A	30.88	N/A	27.27
100	N/A	44.58	N/A	38.74	N/A	33.88	N/A	31.05	N/A	27.42

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.17	0.88	8.06	0.78	7.96	0.68	7.91	0.62	7.84	0.54
26	8.18	0.96	8.06	0.84	7.96	0.74	7.91	0.67	7.84	0.58
27	8.18	1.02	8.06	0.90	7.96	0.79	7.91	0.72	7.84	0.63
28	8.18	1.10	8.06	0.96	7.96	0.85	7.91	0.76	7.84	0.66
29	8.18	1.17	8.06	1.01	7.96	0.89	7.91	0.80	7.84	0.70
30	8.18	1.23	8.06	1.08	7.96	0.94	7.91	0.86	7.84	0.74
31	8.21	1.33	8.06	1.16	7.96	1.01	7.91	0.92	7.84	0.80
32	8.23	1.42	8.06	1.23	7.96	1.08	7.91	0.99	7.84	0.86
33	8.26	1.51	8.06	1.31	7.96	1.16	7.91	1.05	7.84	0.90
34	8.28	1.58	8.06	1.38	7.96	1.21	7.91	1.10	7.84	0.96
35	8.29	1.67	8.07	1.45	7.96	1.29	7.91	1.17	7.84	1.01
36	8.35	1.79	8.12	1.55	7.96	1.36	7.91	1.24	7.84	1.08
37	8.38	1.89	8.14	1.65	7.96	1.45	7.91	1.32	7.84	1.16
38	8.43	2.00	8.16	1.75	7.96	1.53	7.91	1.40	7.84	1.21
39	8.46	2.11	8.18	1.83	7.96	1.62	7.91	1.47	7.84	1.28
40	8.50	2.21	8.21	1.93	7.98	1.69	7.91	1.54	7.84	1.34
41	8.57	2.34	8.26	2.04	8.01	1.79	7.91	1.64	7.84	1.42
42	8.64	2.48	8.29	2.15	8.04	1.89	7.91	1.73	7.84	1.50
43	8.69	2.60	8.34	2.26	8.06	1.98	7.91	1.82	7.84	1.57
44	8.75	2.73	8.37	2.35	8.10	2.07	7.92	1.90	7.84	1.65
45	8.80	2.84	8.40	2.46	8.12	2.16	7.93	1.99	7.84	1.73
46	8.89	2.99	8.47	2.59	8.16	2.28	7.98	2.10	7.84	1.82
47	8.97	3.15	8.53	2.72	8.21	2.39	8.01	2.20	7.84	1.90
48	9.03	3.28	8.59	2.84	8.24	2.50	8.04	2.29	7.84	1.99
49	9.11	3.42	8.64	2.96	8.28	2.60	8.07	2.39	7.84	2.07
50	9.17	3.55	8.69	3.07	8.32	2.70	8.11	2.49	7.84	2.15
51	9.30	3.74	8.78	3.22	8.38	2.84	8.16	2.62	7.84	2.27
52	9.41	3.93	8.87	3.39	8.46	2.98	8.23	2.74	7.85	2.38
53	9.53	4.10	8.97	3.54	8.53	3.10	8.28	2.87	7.90	2.49
54	9.63	4.28	9.04	3.69	8.59	3.23	8.33	2.98	7.94	2.59
55	9.72	4.44	9.12	3.83	8.65	3.36	8.38	3.10	7.96	2.68
56	9.92	4.71	9.28	4.07	8.79	3.56	8.50	3.29	8.06	2.86
57	10.13	4.97	9.45	4.29	8.92	3.76	8.61	3.48	8.16	3.01
58	10.32	5.24	9.60	4.52	9.04	3.95	8.73	3.65	8.25	3.17
59	10.51	5.48	9.75	4.73	9.16	4.14	8.83	3.82	8.35	3.32
60	10.67	5.72	9.89	4.94	9.27	4.32	8.93	3.98	8.43	3.47
61	11.01	6.09	10.19	5.26	9.53	4.60	9.16	4.25	8.62	3.70
62	11.34	6.45	10.45	5.57	9.76	4.87	9.38	4.49	8.81	3.91
63	11.65	6.79	10.73	5.86	9.99	5.13	9.59	4.73	8.99	4.13
64	11.96	7.13	10.98	6.15	10.21	5.38	9.79	4.96	9.15	4.32
65	12.24	7.45	11.22	6.42	10.42	5.62	9.98	5.18	9.32	4.52
66	12.93	8.20	11.80	7.07	10.91	6.19	10.44	5.71	9.71	4.98
67	13.59	8.93	12.38	7.70	11.40	6.74	10.88	6.22	10.09	5.43
68	14.22	9.63	12.91	8.32	11.87	7.26	11.30	6.70	10.45	5.85
69	14.83	10.31	13.43	8.90	12.31	7.78	11.70	7.17	10.80	6.27
70	15.41	10.96	13.93	9.46	12.74	8.27	12.09	7.63	11.13	6.67
71	16.49	12.09	14.84	10.44	13.52	9.13	12.82	8.42	11.76	7.37
72	17.51	13.18	15.72	11.39	14.29	9.96	13.51	9.17	12.36	8.03
73	18.49	14.23	16.57	12.30	15.02	10.75	14.18	9.90	12.94	8.68
74	19.44	15.24	17.37	13.17	15.72	11.51	14.81	10.60	13.49	9.28
75	20.34	16.20	18.14	14.00	16.38	12.24	15.42	11.29	14.01	9.88
76	21.90	17.84	19.48	15.42	17.55	13.48	16.49	12.42	14.95	10.88
77	23.41	19.42	20.77	16.78	18.67	14.66	17.51	13.52	15.83	11.84
78	24.84	20.91	22.01	18.08	19.73	15.80	18.49	14.56	16.69	12.76
79	26.21	22.35	23.18	19.33	20.75	16.89	19.43	15.57	17.49	13.63
80	27.51	23.73	24.30	20.52	21.71	17.93	20.31	16.52	18.26	14.47
81	29.73	25.95	26.22	22.44	23.40	19.60	21.86	18.07	19.61	15.83
82	31.97	28.18	28.14	24.35	25.08	21.29	23.40	19.61	20.97	17.18
83	34.19	30.40	30.06	26.28	26.75	22.97	24.95	21.16	22.33	18.55
84	36.41	32.63	31.99	28.20	28.44	24.65	26.50	22.72	23.68	19.90
85	N/A	34.85	N/A	30.12	N/A	26.32	N/A	24.27	N/A	21.25
86	N/A	37.07	N/A	32.04	N/A	28.01	N/A	25.81	N/A	22.61
87	N/A	39.30	N/A	33.97	N/A	29.69	N/A	27.37	N/A	23.97
88	N/A	41.53	N/A	35.89	N/A	31.36	N/A	28.91	N/A	25.32
89	N/A	43.75	N/A	37.82	N/A	33.04	N/A	30.46	N/A	26.69
90	N/A	45.97	N/A	39.74	N/A	34.73	N/A	32.01	N/A	28.04
91	N/A	46.87	N/A	40.51	N/A	35.40	N/A	32.64	N/A	28.58
92	N/A	47.75	N/A	41.27	N/A	36.07	N/A	33.25	N/A	29.13
93	N/A	48.64	N/A	42.04	N/A	36.74	N/A	33.87	N/A	29.67
94	N/A	49.53	N/A	42.81	N/A	37.42	N/A	34.49	N/A	30.21
95	N/A	50.42	N/A	43.58	N/A	38.09	N/A	35.10	N/A	30.75
96	N/A	50.72	N/A	43.84	N/A	38.31	N/A	35.31	N/A	30.93
97	N/A	51.02	N/A	44.10	N/A	38.53	N/A	35.52	N/A	31.12
98	N/A	51.32	N/A	44.35	N/A	38.76	N/A	35.73	N/A	31.30
99	N/A	51.61	N/A	44.62	N/A	38.98	N/A	35.94	N/A	31.47
100	N/A	51.91	N/A	44.87	N/A	39.22	N/A	36.15	N/A	31.66

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.42	0.99	8.29	0.87	8.18	0.76	8.12	0.69	8.03	0.61
26	8.43	1.08	8.31	0.95	8.18	0.83	8.12	0.75	8.03	0.65
27	8.44	1.16	8.29	1.00	8.18	0.89	8.12	0.79	8.03	0.70
28	8.44	1.22	8.29	1.08	8.18	0.94	8.12	0.85	8.03	0.75
29	8.45	1.30	8.29	1.13	8.18	1.00	8.12	0.90	8.03	0.80
30	8.46	1.38	8.29	1.20	8.18	1.06	8.12	0.95	8.03	0.85
31	8.49	1.47	8.31	1.30	8.18	1.13	8.12	1.01	8.03	0.90
32	8.53	1.57	8.33	1.38	8.18	1.21	8.12	1.09	8.03	0.97
33	8.56	1.67	8.35	1.46	8.18	1.29	8.12	1.16	8.03	1.02
34	8.59	1.77	8.36	1.54	8.18	1.36	8.12	1.23	8.03	1.09
35	8.61	1.86	8.38	1.63	8.18	1.44	8.12	1.29	8.03	1.14
36	8.67	1.99	8.43	1.74	8.22	1.53	8.12	1.38	8.03	1.22
37	8.72	2.11	8.47	1.85	8.25	1.64	8.12	1.46	8.03	1.30
38	8.78	2.23	8.49	1.96	8.27	1.73	8.12	1.55	8.03	1.36
39	8.83	2.35	8.53	2.06	8.31	1.83	8.12	1.64	8.03	1.44
40	8.88	2.46	8.56	2.16	8.32	1.90	8.12	1.72	8.03	1.52
41	8.95	2.62	8.62	2.29	8.36	2.02	8.15	1.82	8.03	1.61
42	9.03	2.76	8.69	2.41	8.40	2.13	8.18	1.91	8.03	1.68
43	9.11	2.90	8.73	2.54	8.44	2.24	8.22	2.01	8.03	1.78
44	9.17	3.04	8.79	2.65	8.48	2.34	8.25	2.11	8.03	1.86
45	9.24	3.17	8.84	2.77	8.51	2.45	8.27	2.20	8.03	1.94
46	9.34	3.34	8.92	2.93	8.57	2.57	8.32	2.32	8.04	2.04
47	9.44	3.51	9.00	3.07	8.62	2.70	8.37	2.43	8.07	2.15
48	9.54	3.67	9.06	3.21	8.68	2.82	8.42	2.55	8.11	2.24
49	9.63	3.83	9.13	3.34	8.72	2.93	8.46	2.66	8.13	2.34
50	9.70	3.98	9.20	3.48	8.77	3.04	8.49	2.77	8.15	2.43
51	9.85	4.19	9.32	3.65	8.86	3.20	8.57	2.92	8.22	2.56
52	9.98	4.39	9.42	3.83	8.94	3.34	8.64	3.05	8.28	2.68
53	10.11	4.59	9.52	3.99	9.01	3.50	8.70	3.18	8.33	2.82
54	10.23	4.77	9.61	4.16	9.09	3.64	8.77	3.31	8.38	2.93
55	10.35	4.96	9.70	4.31	9.16	3.77	8.83	3.44	8.43	3.05
56	10.59	5.28	9.91	4.59	9.33	4.02	8.98	3.66	8.55	3.23
57	10.84	5.58	10.10	4.85	9.48	4.25	9.12	3.87	8.66	3.41
58	11.07	5.89	10.29	5.09	9.64	4.46	9.26	4.08	8.78	3.60
59	11.29	6.17	10.47	5.35	9.78	4.66	9.39	4.28	8.88	3.76
60	11.50	6.45	10.64	5.59	9.92	4.87	9.52	4.47	8.98	3.93
61	11.88	6.86	10.97	5.94	10.21	5.19	9.78	4.76	9.19	4.18
62	12.24	7.26	11.29	6.29	10.48	5.49	10.03	5.04	9.41	4.42
63	12.61	7.65	11.58	6.62	10.74	5.80	10.26	5.31	9.60	4.65
64	12.94	8.02	11.88	6.95	10.99	6.07	10.49	5.57	9.80	4.87
65	13.27	8.38	12.16	7.26	11.23	6.35	10.71	5.82	9.99	5.09
66	14.04	9.22	12.82	7.99	11.80	7.00	11.23	6.41	10.43	5.61
67	14.78	10.02	13.45	8.70	12.35	7.61	11.74	6.99	10.86	6.11
68	15.49	10.81	14.06	9.37	12.89	8.21	12.21	7.52	11.26	6.58
69	16.18	11.56	14.65	10.03	13.40	8.78	12.67	8.06	11.67	7.05
70	16.83	12.29	15.21	10.66	13.88	9.34	13.12	8.57	12.05	7.49
71	18.02	13.53	16.23	11.75	14.77	10.30	13.94	9.46	12.75	8.26
72	19.15	14.74	17.20	12.79	15.63	11.21	14.72	10.31	13.43	9.01
73	20.24	15.90	18.15	13.79	16.45	12.10	15.48	11.12	14.08	9.74
74	21.29	17.01	19.05	14.76	17.24	12.95	16.19	11.91	14.71	10.43
75	22.29	18.07	19.91	15.69	17.99	13.77	16.89	12.67	15.30	11.09
76	24.05	19.90	21.42	17.27	19.31	15.16	18.10	13.95	16.35	12.20
77	25.72	21.65	22.87	18.80	20.57	16.49	19.25	15.18	17.35	13.28
78	27.32	23.33	24.26	20.25	21.77	17.78	20.36	16.36	18.30	14.31
79	28.86	24.93	25.58	21.65	22.92	19.00	21.41	17.48	19.22	15.29
80	30.32	26.47	26.84	22.98	24.02	20.16	22.42	18.56	20.09	16.23
81	32.80	28.94	28.99	25.14	25.91	22.06	24.16	20.30	21.60	17.75
82	35.29	31.43	31.14	27.28	27.80	23.94	25.89	22.03	23.13	19.27
83	37.76	33.90	33.30	29.44	29.69	25.84	27.63	23.77	24.65	20.79
84	40.25	36.39	35.44	31.59	31.58	27.72	29.37	25.51	26.18	22.32
85	N/A	38.86	N/A	33.75	N/A	29.61	N/A	27.25	N/A	23.84
86	N/A	41.35	N/A	35.89	N/A	31.50	N/A	28.99	N/A	25.37
87	N/A	43.84	N/A	38.05	N/A	33.40	N/A	30.72	N/A	26.88
88	N/A	46.31	N/A	40.21	N/A	35.29	N/A	32.47	N/A	28.40
89	N/A	48.79	N/A	42.36	N/A	37.17	N/A	34.21	N/A	29.92
90	N/A	51.27	N/A	44.52	N/A	39.06	N/A	35.95	N/A	31.45
91	N/A	52.27	N/A	45.38	N/A	39.82	N/A	36.64	N/A	32.05
92	N/A	53.26	N/A	46.23	N/A	40.58	N/A	37.35	N/A	32.66
93	N/A	54.25	N/A	47.10	N/A	41.33	N/A	38.04	N/A	33.28
94	N/A	55.24	N/A	47.96	N/A	42.09	N/A	38.73	N/A	33.88
95	N/A	56.23	N/A	48.82	N/A	42.85	N/A	39.42	N/A	34.50
96	N/A	56.57	N/A	49.10	N/A	43.10	N/A	39.66	N/A	34.69
97	N/A	56.90	N/A	49.39	N/A	43.34	N/A	39.89	N/A	34.90
98	N/A	57.22	N/A	49.69	N/A	43.60	N/A	40.13	N/A	35.10
99	N/A	57.56	N/A	49.97	N/A	43.86	N/A	40.36	N/A	35.31
100	N/A	57.89	N/A	50.26	N/A	44.10	N/A	40.59	N/A	35.51

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	9.88	3.70	9.41	3.21	9.04	2.85	8.81	2.63	8.48	2.30
46	10.02	3.91	9.50	3.39	9.12	3.00	8.88	2.76	8.54	2.42
47	10.15	4.10	9.61	3.56	9.19	3.15	8.94	2.90	8.58	2.53
48	10.29	4.31	9.70	3.73	9.27	3.29	9.01	3.04	8.62	2.65
49	10.41	4.51	9.80	3.89	9.33	3.43	9.06	3.16	8.67	2.76
50	10.52	4.69	9.89	4.05	9.39	3.56	9.11	3.28	8.70	2.87
51	10.71	4.95	10.02	4.26	9.50	3.75	9.21	3.44	8.78	3.01
52	10.89	5.19	10.16	4.47	9.61	3.93	9.31	3.62	8.84	3.16
53	11.07	5.45	10.30	4.66	9.72	4.10	9.38	3.76	8.91	3.29
54	11.24	5.68	10.42	4.86	9.82	4.27	9.47	3.93	8.98	3.42
55	11.41	5.92	10.54	5.05	9.91	4.42	9.55	4.07	9.03	3.54
56	11.74	6.31	10.82	5.40	10.14	4.73	9.76	4.35	9.20	3.78
57	12.06	6.71	11.10	5.74	10.36	5.03	9.97	4.62	9.35	4.00
58	12.39	7.10	11.37	6.09	10.58	5.30	10.16	4.87	9.52	4.24
59	12.71	7.48	11.64	6.42	10.79	5.59	10.35	5.14	9.67	4.46
60	13.00	7.85	11.89	6.75	11.01	5.86	10.54	5.39	9.81	4.66
61	13.52	8.40	12.33	7.23	11.39	6.28	10.88	5.78	10.10	4.98
62	14.04	8.94	12.77	7.69	11.76	6.69	11.22	6.14	10.38	5.30
63	14.53	9.48	13.21	8.16	12.12	7.07	11.55	6.50	10.65	5.61
64	15.02	10.00	13.62	8.60	12.47	7.46	11.86	6.84	10.91	5.90
65	15.49	10.51	14.03	9.04	12.82	7.83	12.17	7.18	11.17	6.18
66	16.61	11.69	14.98	10.08	13.63	8.72	12.90	8.00	11.79	6.89
67	17.72	12.88	15.93	11.09	14.44	9.60	13.64	8.80	12.43	7.59
68	18.82	14.05	16.86	12.09	15.25	10.47	14.38	9.60	13.05	8.27
69	19.90	15.18	17.79	13.08	16.03	11.33	15.09	10.40	13.66	8.95
70	20.96	16.31	18.70	14.06	16.81	12.18	15.80	11.15	14.26	9.63
71	22.74	18.16	20.22	15.65	18.11	13.55	16.98	12.41	15.27	10.70
72	24.49	19.98	21.73	17.23	19.40	14.91	18.15	13.64	16.27	11.77
73	26.20	21.77	23.20	18.77	20.67	16.23	19.29	14.86	17.25	12.82
74	27.90	23.53	24.64	20.27	21.90	17.53	20.43	16.06	18.21	13.85
75	29.55	25.26	26.06	21.77	23.12	18.82	21.53	17.23	19.15	14.86
76	32.03	27.81	28.19	23.97	24.95	20.72	23.20	18.98	20.58	16.36
77	34.40	30.25	30.23	26.08	26.70	22.54	24.79	20.64	21.96	17.80
78	36.67	32.59	32.18	28.09	28.37	24.29	26.32	22.24	23.25	19.17
79	38.84	34.84	34.03	30.03	29.96	25.96	27.78	23.77	24.51	20.50
80	40.91	36.97	35.81	31.88	31.49	27.56	29.16	25.23	25.70	21.76
81	44.37	40.45	38.80	34.87	34.08	30.14	31.53	27.60	27.73	23.79
82	47.84	43.91	41.79	37.85	36.66	32.73	33.89	29.96	29.78	25.84
83	51.32	47.38	44.77	40.84	39.25	35.31	36.26	32.33	31.81	27.87
84	54.78	50.84	47.76	43.82	41.82	37.88	38.62	34.69	33.86	29.92
85	N/A	54.31	N/A	46.82	N/A	40.47	N/A	37.06	N/A	31.96
86	N/A	57.78	N/A	49.81	N/A	43.05	N/A	39.42	N/A	34.00
87	N/A	61.25	N/A	52.79	N/A	45.64	N/A	41.79	N/A	36.04
88	N/A	64.71	N/A	55.78	N/A	48.22	N/A	44.15	N/A	38.08
89	N/A	68.18	N/A	58.76	N/A	50.81	N/A	46.52	N/A	40.12
90	N/A	71.64	N/A	61.75	N/A	53.39	N/A	48.88	N/A	42.16
91	N/A	73.03	N/A	62.95	N/A	54.43	N/A	49.83	N/A	42.98
92	N/A	74.42	N/A	64.15	N/A	55.46	N/A	50.78	N/A	43.79
93	N/A	75.80	N/A	65.34	N/A	56.50	N/A	51.72	N/A	44.61
94	N/A	77.20	N/A	66.54	N/A	57.53	N/A	52.67	N/A	45.42
95	N/A	78.58	N/A	67.73	N/A	58.56	N/A	53.61	N/A	46.23
96	N/A	79.05	N/A	68.13	N/A	58.91	N/A	53.93	N/A	46.51
97	N/A	79.51	N/A	68.53	N/A	59.25	N/A	54.24	N/A	46.77
98	N/A	79.97	N/A	68.93	N/A	59.60	N/A	54.56	N/A	47.05
99	N/A	80.43	N/A	69.33	N/A	59.94	N/A	54.88	N/A	47.32
100	N/A	80.89	N/A	69.73	N/A	60.28	N/A	55.20	N/A	47.60

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	0.84	0.06	0.84	0.06	0.83	0.04	0.83	0.04	0.81	0.03
26	0.85	0.07	0.84	0.06	0.83	0.06	0.83	0.04	0.81	0.04
27	0.85	0.07	0.84	0.07	0.84	0.06	0.83	0.04	0.83	0.04
28	0.86	0.08	0.85	0.07	0.84	0.06	0.84	0.06	0.83	0.04
29	0.86	0.08	0.85	0.07	0.84	0.07	0.84	0.06	0.83	0.06
30	0.87	0.09	0.86	0.08	0.85	0.07	0.84	0.07	0.84	0.06
31	0.87	0.10	0.86	0.09	0.85	0.07	0.85	0.07	0.84	0.06
32	0.88	0.10	0.87	0.09	0.86	0.08	0.85	0.07	0.84	0.07
33	0.89	0.11	0.88	0.10	0.86	0.09	0.86	0.08	0.85	0.07
34	0.89	0.12	0.88	0.10	0.87	0.09	0.86	0.08	0.85	0.07
35	0.90	0.12	0.89	0.11	0.87	0.10	0.87	0.09	0.86	0.08
36	0.91	0.13	0.89	0.12	0.88	0.10	0.87	0.10	0.86	0.08
37	0.92	0.14	0.90	0.13	0.89	0.11	0.88	0.10	0.87	0.09
38	0.94	0.15	0.91	0.13	0.89	0.12	0.89	0.11	0.87	0.10
39	0.95	0.17	0.92	0.14	0.90	0.12	0.89	0.11	0.88	0.10
40	0.96	0.18	0.94	0.15	0.91	0.13	0.90	0.12	0.88	0.11
41	0.97	0.19	0.95	0.17	0.92	0.14	0.91	0.13	0.89	0.11
42	0.98	0.20	0.96	0.18	0.94	0.15	0.91	0.14	0.90	0.12
43	0.99	0.21	0.97	0.19	0.94	0.17	0.92	0.14	0.91	0.13
44	1.00	0.22	0.98	0.20	0.95	0.17	0.94	0.15	0.91	0.13
45	1.01	0.24	0.99	0.21	0.96	0.18	0.95	0.17	0.92	0.14
46	1.03	0.25	1.00	0.22	0.97	0.19	0.96	0.18	0.94	0.15
47	1.05	0.26	1.01	0.23	0.98	0.20	0.97	0.19	0.95	0.17
48	1.07	0.29	1.02	0.25	0.99	0.22	0.98	0.20	0.95	0.18
49	1.08	0.30	1.05	0.26	1.00	0.23	0.99	0.21	0.96	0.19
50	1.09	0.32	1.06	0.28	1.02	0.24	1.00	0.22	0.97	0.19
51	1.11	0.33	1.07	0.30	1.03	0.25	1.01	0.23	0.98	0.21
52	1.13	0.35	1.09	0.31	1.05	0.26	1.02	0.25	0.99	0.22
53	1.16	0.37	1.11	0.33	1.07	0.29	1.05	0.26	1.01	0.23
54	1.18	0.40	1.12	0.35	1.08	0.30	1.06	0.28	1.02	0.24
55	1.20	0.42	1.14	0.36	1.09	0.32	1.07	0.29	1.03	0.25
56	1.23	0.45	1.18	0.40	1.12	0.34	1.09	0.32	1.06	0.28
57	1.27	0.48	1.20	0.42	1.14	0.36	1.11	0.34	1.07	0.30
58	1.30	0.52	1.23	0.45	1.17	0.39	1.13	0.35	1.09	0.31
59	1.33	0.55	1.25	0.47	1.20	0.42	1.16	0.39	1.11	0.33
60	1.36	0.58	1.29	0.51	1.22	0.44	1.18	0.41	1.13	0.35
61	1.42	0.63	1.33	0.54	1.27	0.47	1.22	0.43	1.17	0.37
62	1.46	0.68	1.38	0.58	1.30	0.51	1.25	0.46	1.20	0.41
63	1.52	0.73	1.42	0.63	1.34	0.54	1.30	0.50	1.23	0.43
64	1.57	0.77	1.46	0.66	1.39	0.58	1.33	0.53	1.27	0.46
65	1.63	0.81	1.52	0.70	1.42	0.62	1.38	0.56	1.30	0.48
66	1.73	0.91	1.60	0.79	1.50	0.68	1.44	0.63	1.35	0.55
67	1.83	1.01	1.68	0.87	1.57	0.76	1.51	0.69	1.42	0.61
68	1.93	1.11	1.77	0.96	1.64	0.84	1.57	0.76	1.47	0.66
69	2.01	1.21	1.85	1.03	1.72	0.90	1.64	0.83	1.53	0.72
70	2.11	1.31	1.94	1.12	1.79	0.98	1.71	0.89	1.58	0.77
71	2.28	1.46	2.07	1.27	1.91	1.10	1.82	1.01	1.68	0.87
72	2.44	1.63	2.21	1.40	2.04	1.22	1.94	1.12	1.78	0.97
73	2.60	1.78	2.35	1.54	2.16	1.34	2.05	1.23	1.87	1.06
74	2.76	1.95	2.49	1.67	2.28	1.46	2.16	1.34	1.97	1.16
75	2.92	2.10	2.63	1.82	2.40	1.58	2.27	1.45	2.07	1.24
76	3.17	2.35	2.85	2.02	2.59	1.77	2.44	1.63	2.21	1.40
77	3.42	2.61	3.06	2.24	2.77	1.96	2.62	1.79	2.37	1.54
78	3.67	2.86	3.28	2.46	2.97	2.15	2.78	1.97	2.51	1.69
79	3.93	3.11	3.50	2.68	3.16	2.34	2.96	2.15	2.66	1.85
80	4.18	3.37	3.72	2.89	3.34	2.53	3.14	2.32	2.81	1.99
81	4.50	3.69	3.98	3.17	3.59	2.76	3.36	2.54	2.99	2.18
82	4.81	3.99	4.26	3.44	3.82	3.00	3.58	2.75	3.18	2.37
83	5.13	4.31	4.53	3.72	4.06	3.23	3.78	2.97	3.37	2.55
84	5.45	4.63	4.81	3.98	4.29	3.48	4.00	3.19	3.55	2.74
85	N/A	4.94	N/A	4.26	N/A	3.72	N/A	3.41	N/A	2.93
86	N/A	5.26	N/A	4.53	N/A	3.95	N/A	3.62	N/A	3.11
87	N/A	5.58	N/A	4.80	N/A	4.19	N/A	3.84	N/A	3.30
88	N/A	5.89	N/A	5.07	N/A	4.42	N/A	4.06	N/A	3.49
89	N/A	6.20	N/A	5.35	N/A	4.66	N/A	4.28	N/A	3.67
90	N/A	6.52	N/A	5.62	N/A	4.90	N/A	4.49	N/A	3.86
91	N/A	6.64	N/A	5.72	N/A	4.99	N/A	4.58	N/A	3.94
92	N/A	6.78	N/A	5.83	N/A	5.09	N/A	4.66	N/A	4.02
93	N/A	6.90	N/A	5.94	N/A	5.18	N/A	4.75	N/A	4.09
94	N/A	7.03	N/A	6.05	N/A	5.28	N/A	4.84	N/A	4.16
95	N/A	7.15	N/A	6.16	N/A	5.37	N/A	4.93	N/A	4.24
96	N/A	7.19	N/A	6.19	N/A	5.40	N/A	4.96	N/A	4.26
97	N/A	7.24	N/A	6.24	N/A	5.43	N/A	4.98	N/A	4.29
98	N/A	7.28	N/A	6.27	N/A	5.47	N/A	5.02	N/A	4.31
99	N/A	7.32	N/A	6.30	N/A	5.50	N/A	5.05	N/A	4.33
100	N/A	7.36	N/A	6.34	N/A	5.53	N/A	5.07	N/A	4.36

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.87	0.09	0.86	0.08	0.85	0.07	0.85	0.06	0.84	0.06
26	0.88	0.09	0.87	0.08	0.86	0.07	0.85	0.07	0.85	0.06
27	0.88	0.10	0.87	0.09	0.86	0.08	0.86	0.07	0.85	0.06
28	0.89	0.11	0.88	0.09	0.87	0.08	0.86	0.08	0.85	0.07
29	0.90	0.11	0.88	0.10	0.87	0.09	0.87	0.08	0.86	0.07
30	0.90	0.12	0.89	0.11	0.88	0.09	0.87	0.09	0.86	0.08
31	0.91	0.13	0.90	0.11	0.89	0.10	0.88	0.09	0.87	0.08
32	0.92	0.14	0.91	0.12	0.89	0.11	0.89	0.10	0.87	0.09
33	0.94	0.15	0.92	0.13	0.90	0.12	0.89	0.11	0.88	0.09
34	0.95	0.17	0.92	0.14	0.91	0.12	0.90	0.11	0.89	0.10
35	0.96	0.18	0.94	0.15	0.92	0.13	0.90	0.12	0.89	0.11
36	0.98	0.19	0.95	0.17	0.94	0.14	0.91	0.13	0.90	0.11
37	0.99	0.20	0.96	0.18	0.94	0.15	0.92	0.14	0.91	0.12
38	1.00	0.22	0.97	0.19	0.95	0.17	0.94	0.14	0.91	0.13
39	1.01	0.23	0.98	0.20	0.96	0.18	0.95	0.15	0.92	0.14
40	1.02	0.24	0.99	0.21	0.97	0.19	0.96	0.17	0.94	0.14
41	1.05	0.26	1.01	0.22	0.98	0.20	0.97	0.18	0.95	0.15
42	1.07	0.28	1.02	0.24	1.00	0.21	0.98	0.19	0.96	0.17
43	1.08	0.30	1.03	0.25	1.01	0.22	0.99	0.20	0.97	0.18
44	1.10	0.31	1.06	0.26	1.02	0.23	1.00	0.22	0.98	0.19
45	1.11	0.33	1.07	0.29	1.03	0.25	1.01	0.23	0.99	0.20
46	1.13	0.35	1.09	0.30	1.06	0.26	1.03	0.24	1.00	0.21
47	1.16	0.36	1.11	0.32	1.07	0.29	1.05	0.25	1.01	0.23
48	1.18	0.39	1.12	0.34	1.08	0.30	1.06	0.28	1.02	0.24
49	1.20	0.41	1.14	0.35	1.10	0.32	1.07	0.29	1.03	0.25
50	1.22	0.43	1.17	0.37	1.11	0.33	1.09	0.30	1.06	0.26
51	1.24	0.46	1.19	0.40	1.13	0.35	1.11	0.32	1.07	0.29
52	1.28	0.48	1.21	0.42	1.16	0.37	1.12	0.34	1.09	0.30
53	1.30	0.52	1.23	0.45	1.18	0.40	1.14	0.36	1.10	0.32
54	1.33	0.54	1.25	0.47	1.20	0.42	1.17	0.37	1.12	0.33
55	1.35	0.57	1.29	0.50	1.22	0.44	1.19	0.40	1.13	0.35
56	1.40	0.62	1.32	0.54	1.25	0.47	1.21	0.43	1.17	0.37
57	1.44	0.66	1.35	0.57	1.29	0.50	1.24	0.46	1.19	0.41
58	1.49	0.70	1.40	0.61	1.32	0.53	1.28	0.48	1.21	0.43
59	1.53	0.74	1.43	0.65	1.35	0.56	1.31	0.52	1.24	0.45
60	1.57	0.78	1.47	0.68	1.39	0.59	1.33	0.55	1.27	0.48
61	1.64	0.85	1.53	0.74	1.44	0.65	1.39	0.59	1.31	0.52
62	1.71	0.91	1.58	0.79	1.49	0.69	1.43	0.64	1.35	0.56
63	1.78	0.97	1.65	0.85	1.54	0.74	1.49	0.68	1.40	0.59
64	1.85	1.03	1.71	0.90	1.60	0.78	1.53	0.73	1.44	0.63
65	1.91	1.10	1.77	0.96	1.65	0.84	1.58	0.77	1.49	0.67
66	2.05	1.22	1.88	1.07	1.75	0.94	1.67	0.86	1.57	0.75
67	2.18	1.35	1.99	1.18	1.85	1.03	1.76	0.95	1.65	0.83
68	2.30	1.49	2.11	1.29	1.95	1.12	1.86	1.03	1.73	0.91
69	2.43	1.62	2.22	1.40	2.05	1.22	1.95	1.12	1.80	0.99
70	2.56	1.74	2.33	1.52	2.15	1.32	2.04	1.21	1.89	1.07
71	2.77	1.96	2.52	1.69	2.31	1.49	2.18	1.36	2.02	1.20
72	2.99	2.17	2.71	1.88	2.46	1.65	2.33	1.51	2.16	1.33
73	3.20	2.38	2.89	2.07	2.63	1.80	2.48	1.66	2.29	1.46
74	3.41	2.59	3.08	2.26	2.79	1.97	2.63	1.80	2.42	1.60
75	3.63	2.81	3.26	2.43	2.96	2.13	2.77	1.95	2.55	1.73
76	3.96	3.14	3.55	2.73	3.21	2.39	3.01	2.19	2.75	1.94
77	4.30	3.48	3.84	3.01	3.47	2.64	3.25	2.42	2.96	2.13
78	4.63	3.82	4.14	3.31	3.72	2.89	3.48	2.65	3.17	2.34
79	4.97	4.15	4.43	3.61	3.97	3.15	3.72	2.89	3.38	2.55
80	5.31	4.49	4.72	3.89	4.24	3.41	3.95	3.12	3.59	2.76
81	5.73	4.91	5.08	4.26	4.55	3.73	4.25	3.42	3.84	3.01
82	6.15	5.32	5.46	4.63	4.87	4.05	4.53	3.71	4.10	3.28
83	6.57	5.74	5.82	4.99	5.19	4.37	4.83	4.00	4.36	3.53
84	6.99	6.16	6.18	5.36	5.51	4.69	5.12	4.29	4.62	3.80
85	N/A	6.59	N/A	5.72	N/A	5.01	N/A	4.59	N/A	4.05
86	N/A	7.01	N/A	6.08	N/A	5.32	N/A	4.88	N/A	4.31
87	N/A	7.43	N/A	6.46	N/A	5.64	N/A	5.17	N/A	4.57
88	N/A	7.84	N/A	6.82	N/A	5.96	N/A	5.47	N/A	4.83
89	N/A	8.27	N/A	7.18	N/A	6.28	N/A	5.76	N/A	5.08
90	N/A	8.69	N/A	7.55	N/A	6.60	N/A	6.05	N/A	5.35
91	N/A	8.86	N/A	7.70	N/A	6.73	N/A	6.17	N/A	5.45
92	N/A	9.02	N/A	7.84	N/A	6.85	N/A	6.28	N/A	5.54
93	N/A	9.20	N/A	7.99	N/A	6.99	N/A	6.40	N/A	5.65
94	N/A	9.36	N/A	8.13	N/A	7.11	N/A	6.52	N/A	5.75
95	N/A	9.53	N/A	8.28	N/A	7.24	N/A	6.63	N/A	5.86
96	N/A	9.58	N/A	8.33	N/A	7.28	N/A	6.68	N/A	5.90
97	N/A	9.64	N/A	8.38	N/A	7.33	N/A	6.71	N/A	5.93
98	N/A	9.70	N/A	8.43	N/A	7.37	N/A	6.75	N/A	5.96
99	N/A	9.76	N/A	8.47	N/A	7.41	N/A	6.80	N/A	6.00
100	N/A	9.81	N/A	8.53	N/A	7.46	N/A	6.83	N/A	6.03

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.89	0.10	0.88	0.09	0.87	0.08	0.86	0.07	0.86	0.06
26	0.90	0.11	0.89	0.09	0.88	0.08	0.87	0.08	0.86	0.07
27	0.91	0.11	0.89	0.10	0.88	0.09	0.87	0.08	0.87	0.07
28	0.91	0.12	0.90	0.11	0.89	0.10	0.88	0.09	0.87	0.08
29	0.92	0.13	0.91	0.11	0.89	0.10	0.89	0.09	0.87	0.08
30	0.94	0.14	0.91	0.12	0.90	0.11	0.89	0.10	0.88	0.09
31	0.95	0.15	0.92	0.13	0.91	0.12	0.90	0.11	0.89	0.09
32	0.96	0.17	0.94	0.14	0.92	0.12	0.91	0.11	0.89	0.10
33	0.97	0.18	0.95	0.15	0.92	0.13	0.91	0.12	0.90	0.11
34	0.98	0.19	0.96	0.17	0.94	0.14	0.92	0.13	0.91	0.11
35	0.99	0.20	0.97	0.18	0.95	0.15	0.94	0.14	0.91	0.12
36	1.01	0.22	0.98	0.19	0.96	0.17	0.95	0.15	0.92	0.13
37	1.02	0.23	1.00	0.20	0.97	0.18	0.96	0.17	0.94	0.14
38	1.05	0.25	1.01	0.22	0.99	0.19	0.97	0.18	0.95	0.15
39	1.06	0.26	1.02	0.23	1.00	0.20	0.98	0.19	0.96	0.15
40	1.08	0.28	1.03	0.24	1.01	0.21	0.99	0.20	0.97	0.17
41	1.09	0.30	1.06	0.26	1.02	0.23	1.00	0.21	0.98	0.18
42	1.11	0.32	1.07	0.28	1.03	0.24	1.02	0.22	0.99	0.20
43	1.13	0.34	1.09	0.30	1.06	0.25	1.03	0.24	1.00	0.21
44	1.16	0.36	1.10	0.31	1.07	0.28	1.05	0.25	1.01	0.22
45	1.18	0.37	1.12	0.33	1.08	0.29	1.06	0.26	1.02	0.23
46	1.20	0.41	1.14	0.35	1.10	0.31	1.08	0.29	1.03	0.24
47	1.22	0.43	1.17	0.37	1.12	0.33	1.09	0.30	1.06	0.26
48	1.24	0.45	1.19	0.40	1.13	0.34	1.11	0.32	1.07	0.28
49	1.28	0.47	1.21	0.42	1.16	0.36	1.13	0.33	1.08	0.29
50	1.30	0.51	1.23	0.43	1.18	0.39	1.14	0.35	1.10	0.31
51	1.33	0.54	1.25	0.46	1.20	0.41	1.17	0.37	1.12	0.32
52	1.36	0.57	1.29	0.50	1.22	0.43	1.19	0.40	1.13	0.34
53	1.40	0.61	1.31	0.52	1.25	0.45	1.21	0.42	1.16	0.36
54	1.43	0.64	1.34	0.55	1.28	0.48	1.23	0.44	1.18	0.39
55	1.46	0.67	1.38	0.57	1.30	0.51	1.27	0.46	1.20	0.41
56	1.51	0.72	1.42	0.62	1.34	0.54	1.30	0.51	1.23	0.44
57	1.56	0.77	1.45	0.66	1.38	0.58	1.33	0.54	1.27	0.46
58	1.62	0.81	1.50	0.70	1.41	0.62	1.36	0.57	1.29	0.50
59	1.66	0.87	1.54	0.75	1.45	0.66	1.40	0.61	1.32	0.53
60	1.72	0.91	1.58	0.79	1.49	0.69	1.43	0.64	1.35	0.56
61	1.79	0.99	1.66	0.86	1.55	0.75	1.50	0.69	1.41	0.61
62	1.87	1.07	1.73	0.91	1.61	0.80	1.55	0.74	1.45	0.65
63	1.95	1.13	1.79	0.98	1.67	0.86	1.61	0.79	1.51	0.69
64	2.02	1.21	1.86	1.05	1.74	0.91	1.66	0.84	1.55	0.74
65	2.11	1.29	1.94	1.11	1.79	0.97	1.72	0.89	1.61	0.78
66	2.26	1.43	2.06	1.23	1.90	1.08	1.83	1.00	1.69	0.87
67	2.41	1.58	2.19	1.36	2.02	1.20	1.93	1.10	1.79	0.97
68	2.56	1.74	2.32	1.50	2.13	1.31	2.04	1.21	1.88	1.06
69	2.71	1.88	2.45	1.63	2.26	1.42	2.13	1.31	1.97	1.14
70	2.86	2.04	2.59	1.76	2.37	1.54	2.24	1.42	2.07	1.24
71	3.11	2.28	2.79	1.97	2.55	1.72	2.42	1.58	2.22	1.39
72	3.36	2.53	3.01	2.18	2.74	1.90	2.59	1.76	2.37	1.54
73	3.60	2.77	3.22	2.40	2.93	2.09	2.76	1.93	2.52	1.69
74	3.85	3.01	3.44	2.61	3.11	2.28	2.94	2.10	2.67	1.84
75	4.09	3.27	3.65	2.82	3.30	2.46	3.10	2.28	2.83	1.99
76	4.49	3.65	3.99	3.16	3.60	2.76	3.38	2.54	3.06	2.23
77	4.87	4.05	4.33	3.50	3.89	3.06	3.65	2.82	3.30	2.46
78	5.27	4.43	4.66	3.84	4.18	3.36	3.93	3.09	3.54	2.71
79	5.67	4.83	5.01	4.17	4.48	3.65	4.19	3.37	3.77	2.95
80	6.05	5.23	5.35	4.51	4.77	3.95	4.47	3.63	4.02	3.18
81	6.55	5.71	5.76	4.94	5.15	4.31	4.81	3.97	4.31	3.49
82	7.03	6.20	6.19	5.36	5.52	4.69	5.15	4.31	4.61	3.78
83	7.52	6.69	6.61	5.79	5.89	5.05	5.49	4.65	4.92	4.08
84	8.01	7.18	7.04	6.20	6.26	5.42	5.83	4.99	5.21	4.38
85	N/A	7.67	N/A	6.62	N/A	5.80	N/A	5.34	N/A	4.68
86	N/A	8.15	N/A	7.05	N/A	6.16	N/A	5.68	N/A	4.97
87	N/A	8.65	N/A	7.47	N/A	6.53	N/A	6.02	N/A	5.27
88	N/A	9.13	N/A	7.90	N/A	6.90	N/A	6.36	N/A	5.57
89	N/A	9.63	N/A	8.32	N/A	7.27	N/A	6.70	N/A	5.87
90	N/A	10.11	N/A	8.75	N/A	7.65	N/A	7.04	N/A	6.17
91	N/A	10.31	N/A	8.91	N/A	7.79	N/A	7.18	N/A	6.29
92	N/A	10.51	N/A	9.09	N/A	7.93	N/A	7.32	N/A	6.40
93	N/A	10.70	N/A	9.25	N/A	8.09	N/A	7.45	N/A	6.52
94	N/A	10.90	N/A	9.42	N/A	8.23	N/A	7.59	N/A	6.64
95	N/A	11.09	N/A	9.59	N/A	8.38	N/A	7.72	N/A	6.77
96	N/A	11.15	N/A	9.65	N/A	8.43	N/A	7.77	N/A	6.81
97	N/A	11.22	N/A	9.70	N/A	8.48	N/A	7.81	N/A	6.84
98	N/A	11.29	N/A	9.76	N/A	8.53	N/A	7.87	N/A	6.89
99	N/A	11.35	N/A	9.81	N/A	8.58	N/A	7.91	N/A	6.92
100	N/A	11.42	N/A	9.87	N/A	8.62	N/A	7.95	N/A	6.96

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.91	0.11	0.90	0.10	0.89	0.09	0.88	0.08	0.88	0.07
26	0.92	0.12	0.91	0.10	0.90	0.09	0.89	0.08	0.88	0.08
27	0.94	0.13	0.92	0.11	0.90	0.10	0.90	0.09	0.89	0.08
28	0.95	0.13	0.94	0.12	0.91	0.11	0.90	0.10	0.89	0.09
29	0.96	0.14	0.94	0.13	0.92	0.11	0.91	0.10	0.90	0.09
30	0.97	0.15	0.95	0.13	0.94	0.12	0.91	0.11	0.90	0.10
31	0.98	0.17	0.96	0.15	0.95	0.13	0.92	0.12	0.91	0.10
32	0.99	0.19	0.97	0.17	0.95	0.14	0.94	0.13	0.92	0.11
33	1.01	0.20	0.98	0.18	0.96	0.15	0.95	0.13	0.94	0.12
34	1.02	0.21	0.99	0.19	0.97	0.17	0.96	0.14	0.94	0.13
35	1.03	0.22	1.00	0.20	0.98	0.18	0.97	0.15	0.95	0.13
36	1.06	0.24	1.02	0.21	1.00	0.19	0.98	0.17	0.96	0.14
37	1.07	0.26	1.03	0.23	1.01	0.20	0.99	0.18	0.97	0.15
38	1.09	0.28	1.06	0.24	1.02	0.21	1.00	0.19	0.98	0.17
39	1.10	0.30	1.07	0.25	1.03	0.23	1.01	0.21	0.99	0.18
40	1.12	0.31	1.08	0.28	1.06	0.24	1.02	0.22	1.00	0.19
41	1.14	0.33	1.10	0.30	1.07	0.26	1.05	0.23	1.01	0.21
42	1.17	0.35	1.12	0.31	1.09	0.28	1.06	0.25	1.02	0.22
43	1.19	0.37	1.14	0.33	1.10	0.30	1.08	0.26	1.05	0.23
44	1.21	0.40	1.17	0.35	1.12	0.31	1.09	0.28	1.06	0.24
45	1.23	0.42	1.18	0.37	1.13	0.33	1.10	0.30	1.07	0.26
46	1.27	0.45	1.21	0.40	1.16	0.35	1.12	0.32	1.09	0.28
47	1.29	0.48	1.23	0.42	1.18	0.36	1.14	0.33	1.10	0.30
48	1.32	0.51	1.25	0.44	1.20	0.39	1.17	0.35	1.12	0.31
49	1.34	0.54	1.28	0.47	1.22	0.41	1.18	0.37	1.13	0.33
50	1.38	0.56	1.30	0.50	1.24	0.43	1.20	0.40	1.16	0.34
51	1.41	0.59	1.33	0.53	1.27	0.46	1.22	0.42	1.18	0.36
52	1.44	0.64	1.36	0.55	1.30	0.48	1.25	0.44	1.20	0.39
53	1.49	0.67	1.40	0.58	1.32	0.52	1.28	0.46	1.22	0.41
54	1.52	0.72	1.43	0.62	1.35	0.54	1.30	0.50	1.24	0.43
55	1.55	0.75	1.46	0.65	1.38	0.57	1.33	0.52	1.27	0.46
56	1.62	0.80	1.51	0.70	1.42	0.62	1.36	0.56	1.30	0.50
57	1.67	0.86	1.56	0.75	1.46	0.65	1.41	0.59	1.33	0.53
58	1.73	0.92	1.61	0.79	1.51	0.69	1.45	0.64	1.38	0.56
59	1.78	0.98	1.66	0.85	1.55	0.74	1.49	0.68	1.41	0.59
60	1.85	1.03	1.71	0.89	1.60	0.78	1.53	0.72	1.44	0.63
61	1.94	1.11	1.78	0.97	1.66	0.85	1.60	0.77	1.50	0.68
62	2.02	1.20	1.86	1.03	1.73	0.90	1.65	0.84	1.55	0.73
63	2.11	1.28	1.94	1.11	1.79	0.97	1.72	0.89	1.61	0.78
64	2.20	1.36	2.01	1.18	1.87	1.03	1.78	0.95	1.66	0.83
65	2.29	1.44	2.09	1.25	1.94	1.09	1.85	1.00	1.72	0.88
66	2.45	1.61	2.24	1.40	2.07	1.22	1.96	1.12	1.83	0.98
67	2.62	1.78	2.39	1.54	2.19	1.35	2.08	1.24	1.93	1.08
68	2.79	1.95	2.53	1.68	2.32	1.47	2.20	1.35	2.02	1.19
69	2.96	2.11	2.67	1.84	2.45	1.61	2.32	1.47	2.13	1.29
70	3.12	2.28	2.83	1.98	2.57	1.74	2.43	1.60	2.23	1.39
71	3.40	2.55	3.06	2.21	2.78	1.94	2.63	1.78	2.41	1.56
72	3.67	2.83	3.30	2.45	2.99	2.15	2.82	1.98	2.57	1.73
73	3.94	3.09	3.53	2.68	3.20	2.35	3.01	2.17	2.74	1.89
74	4.21	3.37	3.77	2.93	3.41	2.56	3.21	2.35	2.92	2.07
75	4.49	3.64	4.00	3.16	3.62	2.77	3.40	2.55	3.08	2.23
76	4.93	4.07	4.39	3.54	3.95	3.10	3.71	2.86	3.34	2.50
77	5.36	4.51	4.76	3.92	4.29	3.44	4.02	3.17	3.62	2.77
78	5.80	4.95	5.15	4.30	4.62	3.77	4.32	3.47	3.88	3.04
79	6.24	5.39	5.52	4.68	4.95	4.10	4.62	3.77	4.15	3.30
80	6.67	5.82	5.91	5.06	5.28	4.43	4.93	4.08	4.42	3.58
81	7.22	6.37	6.38	5.53	5.70	4.85	5.31	4.47	4.75	3.91
82	7.77	6.92	6.85	6.01	6.12	5.27	5.70	4.85	5.09	4.24
83	8.31	7.46	7.33	6.48	6.53	5.69	6.08	5.23	5.42	4.58
84	8.86	8.01	7.80	6.95	6.95	6.09	6.46	5.61	5.76	4.91
85	N/A	8.55	N/A	7.43	N/A	6.51	N/A	6.00	N/A	5.25
86	N/A	9.10	N/A	7.90	N/A	6.93	N/A	6.38	N/A	5.58
87	N/A	9.65	N/A	8.37	N/A	7.35	N/A	6.77	N/A	5.92
88	N/A	10.19	N/A	8.84	N/A	7.77	N/A	7.14	N/A	6.25
89	N/A	10.74	N/A	9.32	N/A	8.17	N/A	7.52	N/A	6.58
90	N/A	11.28	N/A	9.79	N/A	8.59	N/A	7.91	N/A	6.92
91	N/A	11.50	N/A	9.98	N/A	8.76	N/A	8.06	N/A	7.05
92	N/A	11.72	N/A	10.18	N/A	8.93	N/A	8.22	N/A	7.18
93	N/A	11.94	N/A	10.36	N/A	9.10	N/A	8.37	N/A	7.33
94	N/A	12.16	N/A	10.55	N/A	9.26	N/A	8.53	N/A	7.46
95	N/A	12.38	N/A	10.74	N/A	9.43	N/A	8.68	N/A	7.59
96	N/A	12.44	N/A	10.80	N/A	9.48	N/A	8.72	N/A	7.63
97	N/A	12.52	N/A	10.87	N/A	9.54	N/A	8.78	N/A	7.68
98	N/A	12.60	N/A	10.93	N/A	9.59	N/A	8.82	N/A	7.72
99	N/A	12.66	N/A	10.99	N/A	9.65	N/A	8.88	N/A	7.77
100	N/A	12.74	N/A	11.06	N/A	9.70	N/A	8.93	N/A	7.81

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	1.32	0.50	1.25	0.43	1.21	0.39	1.18	0.35	1.13	0.31
46	1.35	0.53	1.29	0.46	1.23	0.41	1.20	0.37	1.16	0.33
47	1.39	0.56	1.31	0.48	1.25	0.43	1.22	0.40	1.17	0.34
48	1.42	0.59	1.34	0.52	1.28	0.45	1.24	0.42	1.19	0.36
49	1.45	0.63	1.38	0.54	1.31	0.48	1.27	0.44	1.21	0.39
50	1.49	0.66	1.40	0.57	1.33	0.51	1.29	0.46	1.23	0.41
51	1.53	0.70	1.43	0.61	1.36	0.54	1.32	0.50	1.25	0.43
52	1.57	0.75	1.47	0.65	1.40	0.57	1.35	0.53	1.29	0.46
53	1.63	0.80	1.51	0.68	1.43	0.61	1.38	0.55	1.31	0.48
54	1.67	0.85	1.55	0.73	1.46	0.64	1.41	0.58	1.33	0.51
55	1.72	0.89	1.58	0.76	1.49	0.67	1.44	0.62	1.35	0.53
56	1.79	0.96	1.65	0.83	1.54	0.72	1.49	0.66	1.40	0.57
57	1.86	1.03	1.72	0.89	1.60	0.77	1.54	0.72	1.44	0.62
58	1.94	1.11	1.78	0.96	1.65	0.83	1.58	0.76	1.49	0.66
59	2.01	1.19	1.85	1.01	1.71	0.88	1.64	0.81	1.53	0.70
60	2.09	1.27	1.91	1.09	1.77	0.95	1.69	0.87	1.57	0.75
61	2.20	1.36	2.00	1.18	1.85	1.02	1.77	0.94	1.64	0.81
62	2.32	1.47	2.11	1.27	1.94	1.10	1.85	1.01	1.72	0.87
63	2.43	1.58	2.21	1.36	2.02	1.19	1.94	1.09	1.78	0.94
64	2.55	1.69	2.31	1.46	2.11	1.27	2.01	1.17	1.85	1.00
65	2.66	1.80	2.41	1.56	2.20	1.35	2.09	1.23	1.93	1.07
66	2.90	2.05	2.62	1.76	2.38	1.53	2.26	1.40	2.06	1.20
67	3.15	2.29	2.83	1.97	2.56	1.71	2.42	1.56	2.20	1.34
68	3.39	2.53	3.04	2.18	2.74	1.88	2.59	1.73	2.34	1.49
69	3.64	2.77	3.26	2.39	2.93	2.07	2.76	1.90	2.50	1.64
70	3.89	3.03	3.47	2.61	3.12	2.26	2.94	2.07	2.65	1.78
71	4.29	3.42	3.82	2.95	3.41	2.55	3.20	2.34	2.88	2.01
72	4.69	3.83	4.16	3.30	3.72	2.86	3.48	2.62	3.11	2.26
73	5.10	4.24	4.52	3.65	4.03	3.16	3.76	2.89	3.36	2.50
74	5.52	4.66	4.87	4.02	4.33	3.48	4.05	3.18	3.61	2.74
75	5.95	5.08	5.25	4.38	4.65	3.78	4.33	3.47	3.86	2.99
76	6.56	5.70	5.78	4.91	5.12	4.25	4.75	3.88	4.21	3.36
77	7.17	6.30	6.30	5.43	5.57	4.70	5.17	4.30	4.58	3.71
78	7.78	6.92	6.83	5.96	6.02	5.15	5.59	4.72	4.94	4.07
79	8.39	7.52	7.35	6.49	6.47	5.61	6.00	5.14	5.29	4.43
80	9.00	8.14	7.88	7.02	6.93	6.06	6.41	5.56	5.65	4.79
81	9.76	8.90	8.54	7.67	7.50	6.63	6.94	6.07	6.11	5.24
82	10.53	9.66	9.20	8.33	8.06	7.19	7.46	6.59	6.55	5.69
83	11.29	10.43	9.85	8.99	8.64	7.77	7.98	7.12	7.00	6.14
84	12.06	11.19	10.51	9.65	9.20	8.34	8.49	7.63	7.45	6.58
85	N/A	11.95	N/A	10.30	N/A	8.90	N/A	8.15	N/A	7.03
86	N/A	12.72	N/A	10.96	N/A	9.47	N/A	8.67	N/A	7.48
87	N/A	13.48	N/A	11.62	N/A	10.04	N/A	9.20	N/A	7.93
88	N/A	14.23	N/A	12.28	N/A	10.60	N/A	9.71	N/A	8.38
89	N/A	15.00	N/A	12.93	N/A	11.18	N/A	10.23	N/A	8.82
90	N/A	15.76	N/A	13.59	N/A	11.75	N/A	10.76	N/A	9.27
91	N/A	16.07	N/A	13.85	N/A	11.98	N/A	10.97	N/A	9.45
92	N/A	16.37	N/A	14.11	N/A	12.20	N/A	11.18	N/A	9.64
93	N/A	16.68	N/A	14.38	N/A	12.43	N/A	11.37	N/A	9.81
94	N/A	16.98	N/A	14.64	N/A	12.66	N/A	11.58	N/A	9.99
95	N/A	17.29	N/A	14.91	N/A	12.88	N/A	11.79	N/A	10.18
96	N/A	17.39	N/A	14.99	N/A	12.96	N/A	11.87	N/A	10.23
97	N/A	17.49	N/A	15.08	N/A	13.04	N/A	11.94	N/A	10.30
98	N/A	17.59	N/A	15.17	N/A	13.11	N/A	12.00	N/A	10.35
99	N/A	17.70	N/A	15.26	N/A	13.19	N/A	12.08	N/A	10.41
100	N/A	17.80	N/A	15.35	N/A	13.27	N/A	12.14	N/A	10.47

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R950 - Proposed Rates

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-39	1.10	0.00	1.10	0.00	1.10	0.00	1.10	0.00	1.10	0.00
40-49	1.73	0.00	1.73	0.00	1.73	0.00	1.73	0.00	1.73	0.00
50-54	2.19	0.00	2.19	0.00	2.19	0.00	2.19	0.00	2.19	0.00
55-59	2.74	0.00	2.74	0.00	2.74	0.00	2.74	0.00	2.74	0.00
60-64	3.52	0.00	3.52	0.00	3.52	0.00	3.52	0.00	3.52	0.00
65-69	4.95	0.00	4.95	0.00	4.95	0.00	4.95	0.00	4.95	0.00
70-74	7.33	0.00	7.33	0.00	7.33	0.00	7.33	0.00	7.33	0.00
75-79	10.96	0.00	10.96	0.00	10.96	0.00	10.96	0.00	10.96	0.00
80+	15.54	0.00	15.54	0.00	15.54	0.00	15.54	0.00	15.54	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R952
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R959
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

Physicians Mutual Insurance Company
Exhibit 4

Long Term Care Policy Form P131 - Proposed Rates

Sample Rate Calculation Comparison

Issue Age	**65**
Monthly Benefit Amount	**3000**
Elimination Period	**90**
Benefit Period	**Lifetime**

Optional Riders Elected at Issue	
R493 (Inflation Protection Rider)	**Yes**
R497 (Optional Inflation Protection Rider	**Yes**
R494 (Return of Premium Rider)	**Yes**
R953 (Security Rider)	**Yes**
R954 (Surviving Spouse Waiver of Premium Rider)	**Yes**
R960 (Joint Spouse Waiver of Premium Rider)	**Yes**
R487 (Spouse Discount)	**Yes**
Payment Mode	**Monthly**
Risk Class	**Standard**

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	**19.89**
9 Additional $300 Units @ 11.75 per unit	**105.75**
Spouse Discount (7.5%)	**(9.42)**
A Total Base Premium	**116.22**
R493 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	**12.71**
9 Additional $300 Units @ 7.51 per unit	**67.59**
B Total Rider Premium	**80.30**
R497 Optional Inflation Protection Rider Monthly Premium	
First $300 Monthly Benefit	**0.90**
9 Additional $300 Units @ 0.53 per unit	**4.77**
C Total Rider Premium	**5.67**
R494 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	**9.70**
9 Additional $300 Units @ 5.73 per unit	**51.57**
D Total Rider Premium	**61.27**
R953 Security Rider Monthly Premium @ 4.5 per Month	**4.50**
E Total Rider Premium	**4.50**
R954 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	**50.91**
R960 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	**5.09**
Total Monthly Premium = A + B + C + D + E + F + G	**323.96**
Multiply by Monthly Modal Factor of 1	**323.96**
Multiply by Standard Risk Class Adjustment of 1	**323.96**

Proposed New Premium with 10% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	**21.88**
9 Additional $300 Units @ 12.93 per unit	**116.37**
Spouse Discount (7.5%)	**(10.37)**
A Total Base Premium	**127.88**
R493 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	**13.98**
9 Additional $300 Units @ 8.26 per unit	**74.34**
B Total Rider Premium	**88.32**
R497 Optional Inflation Protection Rider Monthly Premium	
First $300 Monthly Benefit	**0.99**
9 Additional $300 Units @ 0.58 per unit	**5.22**
C Total Rider Premium	**6.21**
R494 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	**10.67**
9 Additional $300 Units @ 6.3 per unit	**56.70**
C Total Rider Premium	**67.37**
R953 Security Rider Monthly Premium @ 4.95 per Month	**4.95**
D Total Rider Premium	**4.95**
R954 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**56.00**
R960 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**5.60**
Total Monthly Premium = A + B + C + D + E + F + G	**356.33**
Multiply by Monthly Modal Factor of 1	**356.33**
Multiply by Standard Risk Class Adjustment of 1	**356.33**

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.10 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P131

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18	7.97	0.57	7.90	0.49	7.83	0.43	7.79	0.39	7.74	0.34
26	8.02	0.62	7.94	0.55	7.87	0.47	7.83	0.43	7.77	0.37
27	8.07	0.67	7.99	0.59	7.91	0.52	7.86	0.46	7.80	0.40
28	8.12	0.73	8.03	0.64	7.94	0.55	7.90	0.51	7.84	0.44
29	8.17	0.78	8.08	0.68	7.98	0.59	7.93	0.54	7.87	0.47
30	8.22	0.83	8.12	0.73	8.02	0.63	7.97	0.58	7.90	0.51
31	8.29	0.90	8.18	0.79	8.07	0.68	8.02	0.63	7.94	0.55
32	8.36	0.97	8.24	0.85	8.13	0.74	8.07	0.68	7.99	0.59
33	8.44	1.04	8.31	0.92	8.18	0.79	8.12	0.73	8.03	0.64
34	8.51	1.11	8.37	0.98	8.24	0.85	8.17	0.78	8.08	0.68
35	8.59	1.18	8.43	1.04	8.29	0.90	8.22	0.83	8.12	0.72
36	8.68	1.27	8.51	1.12	8.36	0.97	8.29	0.89	8.18	0.78
37	8.77	1.37	8.60	1.20	8.43	1.04	8.35	0.96	8.23	0.84
38	8.87	1.46	8.69	1.29	8.51	1.11	8.42	1.02	8.29	0.89
39	8.96	1.57	8.77	1.37	8.59	1.18	8.48	1.09	8.34	0.95
40	9.05	1.66	8.85	1.45	8.66	1.25	8.55	1.15	8.40	1.01
41	9.17	1.78	8.95	1.56	8.75	1.34	8.64	1.23	8.47	1.08
42	9.29	1.90	9.05	1.66	8.84	1.43	8.72	1.31	8.54	1.15
43	9.40	2.01	9.16	1.77	8.92	1.53	8.80	1.40	8.63	1.22
44	9.52	2.13	9.26	1.87	9.01	1.62	8.88	1.48	8.70	1.29
45	9.65	2.25	9.36	1.97	9.10	1.71	8.96	1.57	8.77	1.36
46	9.80	2.40	9.49	2.10	9.21	1.82	9.06	1.67	8.86	1.45
47	9.94	2.55	9.63	2.22	9.32	1.93	9.16	1.77	8.95	1.55
48	10.09	2.70	9.75	2.35	9.44	2.04	9.27	1.88	9.03	1.64
49	10.23	2.84	9.88	2.47	9.55	2.15	9.37	1.98	9.12	1.73
50	10.38	2.99	10.01	2.61	9.67	2.26	9.47	2.08	9.21	1.82
51	10.58	3.18	10.18	2.78	9.81	2.41	9.62	2.22	9.33	1.94
52	10.78	3.38	10.35	2.95	9.96	2.56	9.76	2.35	9.45	2.06
53	10.98	3.58	10.52	3.12	10.10	2.71	9.89	2.49	9.57	2.17
54	11.17	3.78	10.70	3.29	10.25	2.85	10.03	2.63	9.70	2.29
55	11.37	3.97	10.87	3.46	10.39	3.00	10.17	2.77	9.82	2.41
56	11.69	4.28	11.13	3.73	10.63	3.23	10.38	2.98	10.00	2.60
57	12.00	4.60	11.39	3.99	10.87	3.46	10.59	3.19	10.18	2.78
58	12.31	4.91	11.66	4.25	11.10	3.71	10.80	3.39	10.37	2.96
59	12.63	5.22	11.92	4.51	11.34	3.94	11.01	3.61	10.55	3.14
60	12.94	5.53	12.18	4.78	11.57	4.17	11.22	3.82	10.74	3.32
61	13.44	5.98	12.63	5.16	11.97	4.50	11.58	4.12	11.06	3.59
62	13.95	6.43	13.06	5.54	12.35	4.84	11.95	4.42	11.37	3.85
63	14.46	6.88	13.50	5.92	12.75	5.16	12.31	4.74	11.70	4.11
64	14.97	7.33	13.94	6.30	13.13	5.49	12.68	5.04	12.01	4.37
65	15.47	7.78	14.38	6.69	13.52	5.83	13.04	5.34	12.33	4.64
66	16.40	8.70	15.18	7.48	14.22	6.52	13.68	5.98	12.88	5.18
67	17.32	9.62	15.98	8.27	14.92	7.21	14.31	6.62	13.43	5.73
68	18.25	10.54	16.78	9.07	15.60	7.91	14.96	7.24	13.98	6.27
69	19.17	11.46	17.57	9.86	16.30	8.60	15.59	7.88	14.53	6.82
70	20.10	12.38	18.37	10.66	17.00	9.29	16.23	8.51	15.08	7.36
71	21.62	13.90	19.70	11.97	18.15	10.43	17.29	9.56	15.98	8.26
72	23.15	15.42	21.01	13.28	19.30	11.57	18.35	10.62	16.89	9.15
73	24.68	16.94	22.33	14.58	20.46	12.73	19.40	11.67	17.79	10.05
74	26.21	18.46	23.64	15.90	21.61	13.87	20.46	12.72	18.70	10.94
75	27.73	19.98	24.97	17.21	22.77	15.01	21.52	13.77	19.59	11.84
76	30.13	22.37	27.03	19.27	24.56	16.81	23.18	15.42	21.02	13.26
77	32.53	24.78	29.10	21.34	26.37	18.61	24.83	17.07	22.43	14.68
78	34.93	27.17	31.16	23.40	28.17	20.41	26.48	18.73	23.86	16.10
79	37.33	29.57	33.23	25.47	29.98	22.22	28.13	20.37	25.27	17.51
80	39.72	31.97	35.29	27.53	31.77	24.02	29.78	22.03	26.69	18.94
81	42.72	34.97	37.88	30.12	34.03	26.27	31.85	24.09	28.47	20.72
82	45.71	37.96	40.45	32.69	36.28	28.52	33.92	26.16	30.25	22.49
83	48.71	40.96	43.04	35.28	38.52	30.76	35.98	28.22	32.02	24.26
84	51.70	43.95	45.61	37.85	40.77	33.02	38.05	30.29	33.79	26.04
85	N/A	46.94	N/A	40.44	N/A	35.27	N/A	32.35	N/A	27.82
86	N/A	49.94	N/A	43.03	N/A	37.52	N/A	34.41	N/A	29.59
87	N/A	52.94	N/A	45.60	N/A	39.77	N/A	36.48	N/A	31.37
88	N/A	55.93	N/A	48.19	N/A	42.03	N/A	38.54	N/A	33.14
89	N/A	58.93	N/A	50.76	N/A	44.28	N/A	40.61	N/A	34.92
90	N/A	61.93	N/A	53.35	N/A	46.53	N/A	42.67	N/A	36.69
91	N/A	63.14	N/A	54.38	N/A	47.43	N/A	43.50	N/A	37.40
92	N/A	64.33	N/A	55.42	N/A	48.33	N/A	44.33	N/A	38.12
93	N/A	65.53	N/A	56.45	N/A	49.23	N/A	45.15	N/A	38.82
94	N/A	66.72	N/A	57.49	N/A	50.13	N/A	45.98	N/A	39.54
95	N/A	67.92	N/A	58.52	N/A	51.03	N/A	46.80	N/A	40.25
96	N/A	68.33	N/A	58.86	N/A	51.33	N/A	47.08	N/A	40.48
97	N/A	68.72	N/A	59.21	N/A	51.63	N/A	47.36	N/A	40.72
98	N/A	69.12	N/A	59.55	N/A	51.92	N/A	47.63	N/A	40.96
99	N/A	69.52	N/A	59.89	N/A	52.23	N/A	47.91	N/A	41.20
100	N/A	69.92	N/A	60.24	N/A	52.53	N/A	48.19	N/A	41.43

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.26	0.80	8.16	0.69	8.08	0.61	8.02	0.55	7.96	0.49
26	8.33	0.87	8.22	0.75	8.13	0.66	8.07	0.60	8.00	0.53
27	8.40	0.94	8.28	0.82	8.19	0.71	8.12	0.65	8.05	0.57
28	8.48	1.01	8.34	0.88	8.24	0.78	8.17	0.69	8.09	0.62
29	8.55	1.08	8.40	0.94	8.30	0.83	8.22	0.74	8.14	0.66
30	8.62	1.15	8.47	1.00	8.35	0.88	8.27	0.80	8.18	0.70
31	8.72	1.25	8.56	1.08	8.43	0.96	8.34	0.87	8.24	0.77
32	8.82	1.36	8.64	1.17	8.51	1.03	8.42	0.94	8.30	0.83
33	8.91	1.45	8.73	1.25	8.58	1.11	8.48	1.00	8.36	0.89
34	9.02	1.55	8.81	1.35	8.66	1.18	8.55	1.07	8.43	0.95
35	9.12	1.65	8.90	1.43	8.73	1.26	8.62	1.14	8.49	1.01
36	9.25	1.79	9.02	1.54	8.83	1.37	8.71	1.23	8.57	1.09
37	9.37	1.91	9.13	1.65	8.93	1.46	8.80	1.33	8.65	1.17
38	9.51	2.04	9.23	1.76	9.03	1.56	8.88	1.41	8.72	1.24
39	9.63	2.16	9.34	1.88	9.12	1.65	8.98	1.50	8.80	1.33
40	9.76	2.30	9.46	1.99	9.22	1.75	9.07	1.59	8.88	1.41
41	9.92	2.46	9.60	2.13	9.34	1.88	9.18	1.70	8.99	1.51
42	10.09	2.61	9.74	2.26	9.47	2.00	9.29	1.82	9.08	1.61
43	10.24	2.77	9.87	2.41	9.60	2.12	9.40	1.93	9.18	1.70
44	10.40	2.93	10.02	2.54	9.72	2.24	9.52	2.04	9.27	1.81
45	10.57	3.09	10.16	2.68	9.84	2.37	9.63	2.15	9.37	1.91
46	10.76	3.29	10.33	2.86	10.00	2.52	9.77	2.30	9.50	2.03
47	10.97	3.49	10.51	3.03	10.15	2.67	9.90	2.44	9.62	2.15
48	11.16	3.69	10.68	3.20	10.29	2.83	10.05	2.57	9.74	2.26
49	11.36	3.89	10.85	3.38	10.44	2.98	10.18	2.71	9.86	2.39
50	11.56	4.09	11.03	3.55	10.60	3.13	10.32	2.86	9.99	2.51
51	11.82	4.36	11.26	3.78	10.80	3.34	10.51	3.04	10.15	2.67
52	12.10	4.62	11.50	4.02	11.01	3.54	10.70	3.22	10.31	2.84
53	12.36	4.90	11.72	4.24	11.20	3.73	10.88	3.42	10.47	2.99
54	12.64	5.16	11.95	4.48	11.40	3.94	11.08	3.60	10.63	3.15
55	12.90	5.43	12.19	4.71	11.61	4.14	11.26	3.78	10.79	3.32
56	13.31	5.83	12.55	5.07	11.91	4.45	11.55	4.07	11.04	3.56
57	13.72	6.24	12.89	5.42	12.22	4.75	11.83	4.36	11.29	3.81
58	14.12	6.64	13.25	5.77	12.54	5.06	12.12	4.63	11.54	4.06
59	14.52	7.05	13.60	6.12	12.84	5.37	12.40	4.92	11.79	4.31
60	14.93	7.46	13.95	6.48	13.15	5.67	12.69	5.20	12.04	4.56
61	15.59	8.05	14.52	6.99	13.66	6.12	13.16	5.61	12.45	4.92
62	16.23	8.64	15.10	7.51	14.16	6.57	13.63	6.03	12.87	5.28
63	16.88	9.22	15.67	8.02	14.67	7.02	14.10	6.44	13.30	5.64
64	17.52	9.81	16.24	8.54	15.17	7.47	14.57	6.85	13.72	6.01
65	18.18	10.40	16.81	9.05	15.68	7.92	15.03	7.26	14.14	6.36
66	19.41	11.63	17.88	10.12	16.62	8.84	15.89	8.12	14.89	7.12
67	20.64	12.86	18.95	11.18	17.55	9.78	16.75	8.98	15.66	7.87
68	21.87	14.09	20.03	12.25	18.49	10.71	17.62	9.82	16.41	8.64
69	23.10	15.32	21.10	13.31	19.43	11.65	18.47	10.68	17.18	9.39
70	24.34	16.54	22.17	14.38	20.37	12.58	19.33	11.54	17.93	10.15
71	26.36	18.56	23.93	16.14	21.91	14.11	20.74	12.93	19.19	11.39
72	28.39	20.57	25.69	17.88	23.45	15.64	22.14	14.34	20.44	12.64
73	30.41	22.59	27.45	19.64	24.98	17.17	23.56	15.74	21.70	13.88
74	32.44	24.60	29.21	21.38	26.52	18.70	24.97	17.15	22.95	15.13
75	34.46	26.62	30.97	23.13	28.06	20.23	26.38	18.54	24.20	16.37
76	37.65	29.81	33.74	25.91	30.49	22.65	28.60	20.77	26.17	18.34
77	40.84	33.01	36.52	28.68	32.92	25.08	30.82	22.99	28.13	20.30
78	44.04	36.21	39.30	31.47	35.34	27.51	33.06	25.22	30.10	22.27
79	47.24	39.40	42.08	34.24	37.77	29.94	35.28	27.45	32.06	24.23
80	50.43	42.60	44.85	37.02	40.20	32.36	37.51	29.67	34.03	26.19
81	54.43	46.59	48.32	40.48	43.23	35.39	40.29	32.46	36.49	28.65
82	58.42	50.58	51.79	43.95	46.27	38.43	43.06	35.23	38.94	31.11
83	62.41	54.58	55.26	47.43	49.30	41.46	45.85	38.02	41.39	33.56
84	66.40	58.57	58.73	50.90	52.34	44.50	48.62	40.79	43.85	36.02
85	N/A	62.57	N/A	54.37	N/A	47.53	N/A	43.57	N/A	38.47
86	N/A	66.56	N/A	57.83	N/A	50.56	N/A	46.36	N/A	40.93
87	N/A	70.55	N/A	61.30	N/A	53.60	N/A	49.14	N/A	43.39
88	N/A	74.54	N/A	64.78	N/A	56.63	N/A	51.92	N/A	45.84
89	N/A	78.54	N/A	68.25	N/A	59.67	N/A	54.70	N/A	48.30
90	N/A	82.53	N/A	71.72	N/A	62.70	N/A	57.49	N/A	50.76
91	N/A	84.13	N/A	73.10	N/A	63.91	N/A	58.60	N/A	51.73
92	N/A	85.72	N/A	74.49	N/A	65.13	N/A	59.71	N/A	52.71
93	N/A	87.32	N/A	75.88	N/A	66.34	N/A	60.82	N/A	53.70
94	N/A	88.91	N/A	77.27	N/A	67.55	N/A	61.93	N/A	54.68
95	N/A	90.51	N/A	78.65	N/A	68.77	N/A	63.05	N/A	55.66
96	N/A	91.05	N/A	79.11	N/A	69.18	N/A	63.41	N/A	55.99
97	N/A	91.58	N/A	79.58	N/A	69.58	N/A	63.79	N/A	56.31
98	N/A	92.12	N/A	80.04	N/A	69.98	N/A	64.16	N/A	56.65
99	N/A	92.65	N/A	80.51	N/A	70.39	N/A	64.54	N/A	56.98
100	N/A	93.18	N/A	80.97	N/A	70.80	N/A	64.90	N/A	57.30

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.47	0.92	8.34	0.80	8.25	0.71	8.19	0.64	8.12	0.56
26	8.55	1.00	8.42	0.88	8.31	0.77	8.25	0.70	8.17	0.61
27	8.63	1.08	8.49	0.95	8.37	0.83	8.30	0.75	8.21	0.66
28	8.71	1.17	8.56	1.02	8.45	0.90	8.36	0.81	8.26	0.70
29	8.80	1.26	8.63	1.09	8.51	0.96	8.42	0.87	8.30	0.75
30	8.88	1.34	8.70	1.16	8.57	1.02	8.48	0.93	8.35	0.80
31	8.99	1.45	8.81	1.27	8.65	1.11	8.56	1.01	8.43	0.88
32	9.11	1.57	8.91	1.36	8.74	1.19	8.64	1.09	8.50	0.95
33	9.23	1.68	9.00	1.46	8.83	1.29	8.71	1.16	8.56	1.01
34	9.34	1.79	9.11	1.56	8.92	1.37	8.80	1.25	8.63	1.08
35	9.46	1.91	9.21	1.66	9.00	1.46	8.88	1.33	8.70	1.15
36	9.61	2.06	9.34	1.79	9.12	1.58	8.98	1.43	8.80	1.25
37	9.75	2.20	9.47	1.92	9.23	1.69	9.08	1.53	8.89	1.34
38	9.91	2.36	9.60	2.05	9.35	1.80	9.20	1.65	8.97	1.42
39	10.05	2.50	9.72	2.17	9.47	1.92	9.30	1.75	9.06	1.51
40	10.21	2.66	9.86	2.31	9.58	2.03	9.40	1.85	9.16	1.61
41	10.39	2.84	10.02	2.47	9.72	2.17	9.54	1.99	9.27	1.72
42	10.59	3.04	10.18	2.64	9.87	2.32	9.67	2.12	9.38	1.83
43	10.77	3.22	10.34	2.79	10.00	2.45	9.80	2.26	9.50	1.96
44	10.97	3.42	10.50	2.96	10.15	2.60	9.93	2.39	9.61	2.07
45	11.15	3.61	10.66	3.12	10.29	2.74	10.06	2.52	9.72	2.18
46	11.39	3.84	10.87	3.32	10.46	2.91	10.23	2.69	9.87	2.33
47	11.63	4.08	11.06	3.52	10.64	3.09	10.39	2.85	10.01	2.46
48	11.86	4.31	11.27	3.72	10.82	3.28	10.56	3.01	10.15	2.61
49	12.09	4.54	11.46	3.92	10.99	3.45	10.72	3.17	10.29	2.74
50	12.33	4.78	11.67	4.12	11.17	3.63	10.89	3.34	10.43	2.88
51	12.64	5.09	11.94	4.39	11.40	3.86	11.10	3.55	10.62	3.08
52	12.95	5.41	12.21	4.66	11.64	4.10	11.32	3.77	10.82	3.27
53	13.27	5.72	12.48	4.93	11.88	4.33	11.54	4.00	11.00	3.46
54	13.58	6.04	12.75	5.20	12.11	4.56	11.75	4.21	11.20	3.65
55	13.88	6.34	13.02	5.47	12.35	4.80	11.97	4.43	11.38	3.84
56	14.36	6.82	13.43	5.88	12.71	5.16	12.30	4.76	11.67	4.13
57	14.84	7.29	13.84	6.29	13.07	5.52	12.63	5.09	11.97	4.42
58	15.32	7.78	14.26	6.71	13.42	5.87	12.97	5.42	12.26	4.71
59	15.80	8.25	14.67	7.12	13.78	6.23	13.30	5.75	12.56	5.00
60	16.27	8.72	15.08	7.53	14.14	6.59	13.63	6.08	12.84	5.28
61	17.03	9.41	15.74	8.13	14.72	7.11	14.16	6.56	13.33	5.71
62	17.78	10.10	16.39	8.72	15.30	7.63	14.71	7.03	13.80	6.13
63	18.52	10.79	17.05	9.31	15.88	8.15	15.24	7.52	14.29	6.55
64	19.27	11.48	17.70	9.91	16.46	8.67	15.79	7.99	14.76	6.97
65	20.02	12.17	18.35	10.51	17.04	9.19	16.33	8.48	15.24	7.40
66	21.45	13.61	19.59	11.74	18.12	10.27	17.32	9.48	16.12	8.27
67	22.89	15.04	20.84	12.98	19.20	11.35	18.32	10.46	17.00	9.15
68	24.32	16.46	22.07	14.21	20.29	12.42	19.32	11.46	17.87	10.01
69	25.75	17.89	23.32	15.45	21.37	13.50	20.32	12.45	18.75	10.89
70	27.18	19.32	24.56	16.69	22.45	14.58	21.32	13.45	19.62	11.76
71	29.53	21.66	26.58	18.70	24.23	16.35	22.96	15.08	21.06	13.19
72	31.87	23.99	28.61	20.72	26.01	18.12	24.59	16.71	22.50	14.62
73	34.22	26.33	30.64	22.75	27.78	19.88	26.22	18.32	23.94	16.05
74	36.55	28.65	32.67	24.77	29.56	21.65	27.85	19.95	25.37	17.47
75	38.90	30.99	34.70	26.79	31.33	23.41	29.49	21.58	26.81	18.90
76	42.62	34.71	37.91	30.00	34.14	26.22	32.07	24.16	29.08	21.17
77	46.34	38.43	41.13	33.22	36.96	29.04	34.67	26.76	31.34	23.43
78	50.06	42.15	44.35	36.44	39.76	31.84	37.26	29.34	33.62	25.71
79	53.78	45.87	47.57	39.66	42.57	34.65	39.85	31.94	35.89	27.97
80	57.49	49.58	50.78	42.87	45.38	37.46	42.44	34.53	38.15	30.24
81	62.14	54.23	54.80	46.89	48.89	40.97	45.67	37.76	40.98	33.07
82	66.80	58.89	58.81	50.90	52.41	44.49	48.90	40.99	43.82	35.91
83	71.44	63.53	62.83	54.92	55.92	48.00	52.15	44.24	46.66	38.75
84	76.10	68.19	66.85	58.94	59.43	51.51	55.38	47.47	49.49	41.58
85	N/A	72.83	N/A	62.95	N/A	55.02	N/A	50.71	N/A	44.41
86	N/A	77.48	N/A	66.97	N/A	58.53	N/A	53.94	N/A	47.25
87	N/A	82.13	N/A	70.99	N/A	62.05	N/A	57.19	N/A	50.09
88	N/A	86.78	N/A	75.01	N/A	65.55	N/A	60.42	N/A	52.92
89	N/A	91.43	N/A	79.03	N/A	69.06	N/A	63.66	N/A	55.76
90	N/A	96.08	N/A	83.05	N/A	72.57	N/A	66.90	N/A	58.60
91	N/A	97.94	N/A	84.66	N/A	73.97	N/A	68.20	N/A	59.73
92	N/A	99.80	N/A	86.26	N/A	75.39	N/A	69.48	N/A	60.86
93	N/A	101.66	N/A	87.87	N/A	76.79	N/A	70.78	N/A	62.00
94	N/A	103.52	N/A	89.48	N/A	78.20	N/A	72.07	N/A	63.13
95	N/A	105.38	N/A	91.08	N/A	79.60	N/A	73.37	N/A	64.26
96	N/A	106.00	N/A	91.62	N/A	80.07	N/A	73.80	N/A	64.64
97	N/A	106.62	N/A	92.15	N/A	80.54	N/A	74.23	N/A	65.02
98	N/A	107.24	N/A	92.70	N/A	81.01	N/A	74.66	N/A	65.39
99	N/A	107.86	N/A	93.24	N/A	81.47	N/A	75.10	N/A	65.78
100	N/A	108.48	N/A	93.77	N/A	81.95	N/A	75.53	N/A	66.16

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.72	1.03	8.59	0.90	8.47	0.79	8.40	0.71	8.32	0.63
26	8.81	1.12	8.67	0.99	8.55	0.86	8.46	0.78	8.37	0.68
27	8.90	1.22	8.75	1.06	8.62	0.93	8.53	0.84	8.43	0.75
28	8.99	1.30	8.83	1.14	8.68	1.00	8.59	0.90	8.48	0.80
29	9.08	1.40	8.90	1.22	8.76	1.07	8.65	0.97	8.55	0.86
30	9.18	1.49	8.99	1.30	8.83	1.14	8.72	1.03	8.60	0.91
31	9.30	1.62	9.10	1.42	8.94	1.24	8.81	1.11	8.68	0.99
32	9.43	1.74	9.22	1.52	9.03	1.34	8.89	1.21	8.76	1.07
33	9.57	1.87	9.32	1.64	9.14	1.44	8.99	1.29	8.84	1.14
34	9.69	2.00	9.44	1.74	9.23	1.54	9.07	1.39	8.91	1.23
35	9.82	2.12	9.56	1.86	9.33	1.64	9.17	1.47	9.00	1.30
36	9.99	2.29	9.70	2.01	9.46	1.76	9.28	1.59	9.10	1.41
37	10.15	2.46	9.85	2.15	9.60	1.90	9.40	1.70	9.20	1.51
38	10.32	2.63	9.99	2.30	9.72	2.03	9.51	1.83	9.30	1.61
39	10.49	2.79	10.13	2.45	9.86	2.16	9.63	1.94	9.40	1.71
40	10.66	2.96	10.28	2.59	9.99	2.29	9.74	2.06	9.50	1.82
41	10.87	3.17	10.47	2.78	10.14	2.46	9.89	2.21	9.63	1.94
42	11.08	3.38	10.66	2.96	10.31	2.61	10.04	2.35	9.77	2.07
43	11.30	3.60	10.84	3.15	10.47	2.78	10.20	2.50	9.89	2.21
44	11.51	3.81	11.03	3.33	10.64	2.94	10.34	2.65	10.03	2.33
45	11.72	4.02	11.21	3.52	10.79	3.11	10.49	2.79	10.15	2.46
46	11.98	4.28	11.45	3.75	10.99	3.31	10.67	2.98	10.31	2.61
47	12.24	4.55	11.68	3.98	11.19	3.50	10.86	3.16	10.47	2.78
48	12.52	4.82	11.90	4.21	11.38	3.70	11.04	3.35	10.64	2.94
49	12.78	5.08	12.13	4.44	11.58	3.89	11.22	3.53	10.79	3.11
50	13.04	5.34	12.36	4.67	11.78	4.08	11.40	3.72	10.95	3.27
51	13.39	5.69	12.66	4.97	12.04	4.35	11.64	3.96	11.17	3.49
52	13.73	6.04	12.96	5.27	12.31	4.61	11.89	4.20	11.39	3.70
53	14.09	6.39	13.26	5.57	12.56	4.87	12.13	4.43	11.60	3.92
54	14.44	6.74	13.56	5.87	12.82	5.13	12.37	4.67	11.82	4.13
55	14.78	7.09	13.86	6.16	13.08	5.40	12.61	4.91	12.04	4.35
56	15.33	7.63	14.33	6.64	13.49	5.81	12.99	5.29	12.37	4.67
57	15.88	8.18	14.81	7.11	13.90	6.22	13.37	5.67	12.69	5.00
58	16.43	8.74	15.28	7.57	14.31	6.62	13.76	6.06	13.03	5.33
59	16.98	9.28	15.75	8.04	14.72	7.02	14.13	6.44	13.36	5.66
60	17.52	9.83	16.22	8.52	15.13	7.43	14.51	6.81	13.68	5.99
61	18.36	10.61	16.96	9.19	15.78	8.02	15.11	7.36	14.21	6.46
62	19.19	11.38	17.69	9.86	16.43	8.61	15.72	7.90	14.74	6.93
63	20.03	12.15	18.42	10.53	17.07	9.21	16.32	8.44	15.27	7.39
64	20.86	12.93	19.15	11.20	17.72	9.80	16.93	8.98	15.80	7.86
65	21.70	13.70	19.89	11.88	18.38	10.38	17.52	9.52	16.33	8.34
66	23.30	15.30	21.27	13.26	19.59	11.60	18.65	10.64	17.30	9.31
67	24.90	16.88	22.66	14.65	20.81	12.82	19.77	11.76	18.29	10.29
68	26.49	18.48	24.05	16.02	22.04	14.03	20.88	12.87	19.27	11.26
69	28.09	20.07	25.43	17.41	23.26	15.25	22.01	14.00	20.25	12.23
70	29.68	21.66	26.82	18.80	24.48	16.46	23.13	15.11	21.23	13.21
71	32.28	24.24	29.06	21.04	26.46	18.44	24.97	16.94	22.84	14.81
72	34.86	26.83	31.32	23.28	28.44	20.41	26.80	18.76	24.44	16.40
73	37.45	29.40	33.57	25.53	30.43	22.39	28.63	20.58	26.05	18.01
74	40.04	31.98	35.83	27.76	32.41	24.36	30.46	22.41	27.66	19.60
75	42.63	34.57	38.07	30.01	34.40	26.33	32.30	24.23	29.26	21.20
76	46.78	38.71	41.67	33.61	37.56	29.49	35.21	27.14	31.80	23.74
77	50.93	42.86	45.28	37.21	40.72	32.66	38.12	30.05	34.35	26.28
78	55.07	47.01	48.88	40.81	43.88	35.82	41.02	32.96	36.90	28.83
79	59.22	51.16	52.48	44.42	47.04	38.98	43.93	35.87	39.44	31.37
80	63.37	55.30	56.08	48.02	50.20	42.14	46.84	38.78	41.98	33.92
81	68.55	60.49	60.59	52.52	54.15	46.08	50.47	42.41	45.16	37.10
82	73.74	65.68	65.08	57.02	58.10	50.03	54.11	46.04	48.34	40.28
83	78.92	70.85	69.58	61.52	62.06	53.99	57.75	49.69	51.52	43.46
84	84.11	76.04	74.08	66.01	66.00	57.94	61.38	53.32	54.71	46.64
85	N/A	81.23	N/A	70.52	N/A	61.89	N/A	56.95	N/A	49.82
86	N/A	86.42	N/A	75.02	N/A	65.84	N/A	60.59	N/A	53.00
87	N/A	91.60	N/A	79.53	N/A	69.78	N/A	64.22	N/A	56.19
88	N/A	96.78	N/A	84.02	N/A	73.74	N/A	67.86	N/A	59.36
89	N/A	101.97	N/A	88.53	N/A	77.69	N/A	71.49	N/A	62.54
90	N/A	107.15	N/A	93.03	N/A	81.64	N/A	75.13	N/A	65.72
91	N/A	109.23	N/A	94.83	N/A	83.21	N/A	76.58	N/A	66.99
92	N/A	111.30	N/A	96.63	N/A	84.80	N/A	78.04	N/A	68.26
93	N/A	113.38	N/A	98.43	N/A	86.37	N/A	79.49	N/A	69.54
94	N/A	115.45	N/A	100.23	N/A	87.96	N/A	80.94	N/A	70.81
95	N/A	117.53	N/A	102.03	N/A	89.53	N/A	82.39	N/A	72.08
96	N/A	118.22	N/A	102.63	N/A	90.06	N/A	82.88	N/A	72.50
97	N/A	118.91	N/A	103.23	N/A	90.58	N/A	83.36	N/A	72.93
98	N/A	119.60	N/A	103.83	N/A	91.12	N/A	83.85	N/A	73.35
99	N/A	120.29	N/A	104.43	N/A	91.64	N/A	84.34	N/A	73.78
100	N/A	120.98	N/A	105.03	N/A	92.17	N/A	84.82	N/A	74.20

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	12.53	4.69	11.92	4.08	11.46	3.62	11.17	3.33	10.75	2.91
46	12.85	5.01	12.19	4.34	11.70	3.85	11.38	3.54	10.95	3.10
47	13.17	5.33	12.47	4.62	11.92	4.09	11.60	3.77	11.13	3.28
48	13.49	5.66	12.73	4.89	12.17	4.32	11.82	3.98	11.31	3.48
49	13.81	5.98	13.01	5.17	12.39	4.56	12.03	4.19	11.50	3.67
50	14.13	6.30	13.28	5.44	12.63	4.79	12.24	4.41	11.68	3.85
51	14.56	6.73	13.63	5.79	12.93	5.09	12.52	4.69	11.93	4.10
52	14.99	7.15	13.98	6.14	13.24	5.40	12.81	4.98	12.18	4.34
53	15.42	7.59	14.35	6.51	13.55	5.71	13.08	5.24	12.41	4.58
54	15.86	8.01	14.70	6.86	13.86	6.02	13.36	5.53	12.66	4.83
55	16.30	8.45	15.05	7.21	14.16	6.32	13.64	5.81	12.89	5.06
56	16.98	9.14	15.65	7.81	14.68	6.84	14.11	6.28	13.30	5.47
57	17.68	9.83	16.26	8.42	15.19	7.36	14.61	6.77	13.71	5.87
58	18.39	10.54	16.88	9.04	15.72	7.88	15.09	7.24	14.13	6.29
59	19.11	11.26	17.51	9.66	16.24	8.41	15.58	7.74	14.55	6.71
60	19.83	11.97	18.14	10.29	16.79	8.95	16.07	8.23	14.96	7.12
61	20.91	12.99	19.07	11.17	17.60	9.70	16.82	8.92	15.61	7.70
62	22.00	14.02	20.02	12.06	18.44	10.48	17.58	9.62	16.27	8.30
63	23.09	15.07	20.99	12.97	19.26	11.24	18.35	10.33	16.93	8.91
64	24.21	16.12	21.96	13.87	20.11	12.02	19.12	11.03	17.59	9.51
65	25.34	17.18	22.93	14.79	20.95	12.81	19.89	11.75	18.25	10.11
66	27.56	19.41	24.86	16.71	22.62	14.48	21.42	13.27	19.57	11.43
67	29.85	21.69	26.84	18.68	24.32	16.17	22.98	14.83	20.93	12.78
68	32.17	24.01	28.84	20.67	26.07	17.91	24.58	16.41	22.30	14.15
69	34.54	26.36	30.89	22.72	27.83	19.67	26.20	18.04	23.71	15.55
70	36.95	28.77	32.97	24.79	29.63	21.46	27.85	19.68	25.13	16.97
71	40.72	32.54	36.22	28.03	32.44	24.27	30.42	22.23	27.35	19.17
72	44.57	36.37	39.54	31.35	35.31	27.12	33.03	24.83	29.61	21.42
73	48.47	40.27	42.92	34.71	38.23	30.02	35.70	27.50	31.91	23.71
74	52.46	44.26	46.34	38.13	41.20	32.98	38.41	30.21	34.25	26.04
75	56.52	48.30	49.85	41.63	44.22	35.99	41.17	32.96	36.64	28.42
76	62.32	54.10	54.85	46.63	48.55	40.32	45.13	36.92	40.05	31.83
77	68.11	59.89	59.85	51.63	52.86	44.63	49.08	40.86	43.46	35.25
78	73.90	65.69	64.84	56.62	57.18	48.95	53.04	44.82	46.87	38.65
79	79.69	71.48	69.84	61.62	61.49	53.26	56.99	48.77	50.28	42.06
80	85.49	77.28	74.84	66.62	65.82	57.59	60.95	52.73	53.69	45.48
81	92.74	84.52	81.08	72.87	71.22	62.99	65.89	57.67	57.95	49.73
82	99.98	91.76	87.32	79.11	76.61	68.38	70.83	62.62	62.22	54.00
83	107.24	99.02	93.57	85.35	82.02	73.79	75.78	67.56	66.48	58.26
84	114.48	106.26	99.81	91.59	87.41	79.18	80.72	72.50	70.75	62.53
85	N/A	113.51	N/A	97.84	N/A	84.58	N/A	77.45	N/A	66.79
86	N/A	120.75	N/A	104.09	N/A	89.99	N/A	82.39	N/A	71.05
87	N/A	127.99	N/A	110.33	N/A	95.38	N/A	87.33	N/A	75.32
88	N/A	135.24	N/A	116.58	N/A	100.78	N/A	92.28	N/A	79.58
89	N/A	142.48	N/A	122.81	N/A	106.18	N/A	97.22	N/A	83.85
90	N/A	149.73	N/A	129.06	N/A	111.58	N/A	102.16	N/A	88.10
91	N/A	152.62	N/A	131.56	N/A	113.74	N/A	104.14	N/A	89.81
92	N/A	155.52	N/A	134.06	N/A	115.90	N/A	106.12	N/A	91.51
93	N/A	158.42	N/A	136.55	N/A	118.06	N/A	108.09	N/A	93.22
94	N/A	161.32	N/A	139.06	N/A	120.23	N/A	110.07	N/A	94.92
95	N/A	164.22	N/A	141.55	N/A	122.39	N/A	112.05	N/A	96.62
96	N/A	165.19	N/A	142.38	N/A	123.10	N/A	112.71	N/A	97.19
97	N/A	166.15	N/A	143.22	N/A	123.82	N/A	113.37	N/A	97.76
98	N/A	167.12	N/A	144.05	N/A	124.55	N/A	114.03	N/A	98.33
99	N/A	168.09	N/A	144.89	N/A	125.26	N/A	114.68	N/A	98.90
100	N/A	169.05	N/A	145.72	N/A	125.98	N/A	115.35	N/A	99.47

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.12	0.29	4.08	0.26	4.05	0.22	4.03	0.20	4.00	0.18
26	4.15	0.32	4.10	0.28	4.07	0.25	4.05	0.22	4.02	0.19
27	4.17	0.34	4.13	0.30	4.09	0.27	4.06	0.24	4.03	0.21
28	4.20	0.38	4.15	0.33	4.10	0.28	4.08	0.26	4.05	0.23
29	4.22	0.40	4.18	0.35	4.13	0.30	4.10	0.28	4.07	0.25
30	4.25	0.43	4.20	0.38	4.15	0.32	4.12	0.30	4.08	0.26
31	4.29	0.46	4.23	0.41	4.17	0.35	4.15	0.32	4.10	0.28
32	4.32	0.50	4.26	0.44	4.20	0.38	4.17	0.35	4.13	0.30
33	4.37	0.54	4.30	0.48	4.23	0.41	4.20	0.38	4.15	0.33
34	4.40	0.57	4.33	0.51	4.26	0.44	4.22	0.40	4.18	0.35
35	4.44	0.61	4.36	0.54	4.29	0.46	4.25	0.43	4.20	0.37
36	4.49	0.66	4.40	0.58	4.32	0.50	4.29	0.46	4.23	0.40
37	4.53	0.71	4.44	0.62	4.36	0.54	4.32	0.50	4.26	0.43
38	4.59	0.76	4.49	0.67	4.40	0.57	4.36	0.53	4.29	0.46
39	4.63	0.81	4.53	0.71	4.44	0.61	4.39	0.56	4.31	0.49
40	4.68	0.86	4.57	0.75	4.48	0.65	4.42	0.60	4.34	0.52
41	4.74	0.92	4.63	0.80	4.52	0.69	4.47	0.64	4.38	0.56
42	4.80	0.98	4.68	0.86	4.57	0.74	4.51	0.68	4.42	0.60
43	4.86	1.04	4.74	0.91	4.61	0.79	4.55	0.73	4.46	0.63
44	4.92	1.10	4.79	0.97	4.66	0.84	4.59	0.77	4.50	0.67
45	4.99	1.16	4.84	1.02	4.71	0.88	4.63	0.81	4.53	0.71
46	5.07	1.24	4.91	1.09	4.76	0.94	4.68	0.86	4.58	0.75
47	5.14	1.32	4.98	1.15	4.82	1.00	4.74	0.91	4.63	0.80
48	5.22	1.39	5.04	1.22	4.88	1.05	4.79	0.97	4.67	0.85
49	5.29	1.47	5.11	1.28	4.94	1.11	4.85	1.02	4.72	0.89
50	5.37	1.55	5.18	1.35	5.00	1.17	4.90	1.08	4.76	0.94
51	5.47	1.65	5.26	1.44	5.07	1.25	4.97	1.15	4.83	1.00
52	5.57	1.75	5.35	1.52	5.15	1.32	5.04	1.22	4.89	1.07
53	5.68	1.85	5.44	1.61	5.22	1.40	5.11	1.29	4.95	1.12
54	5.78	1.95	5.53	1.70	5.30	1.47	5.19	1.36	5.01	1.19
55	5.88	2.05	5.62	1.79	5.37	1.55	5.26	1.43	5.08	1.25
56	6.04	2.21	5.75	1.93	5.49	1.67	5.37	1.54	5.17	1.34
57	6.20	2.37	5.89	2.06	5.61	1.79	5.47	1.65	5.26	1.44
58	6.36	2.54	6.02	2.20	5.73	1.91	5.58	1.75	5.36	1.53
59	6.51	2.69	6.15	2.33	5.85	2.03	5.68	1.86	5.44	1.62
60	6.65	2.84	6.26	2.46	5.95	2.14	5.77	1.96	5.52	1.71
61	6.88	3.06	6.46	2.64	6.12	2.30	5.93	2.11	5.66	1.83
62	7.08	3.27	6.63	2.82	6.27	2.46	6.07	2.25	5.77	1.95
63	7.27	3.46	6.78	2.97	6.40	2.59	6.19	2.38	5.88	2.07
64	7.41	3.63	6.90	3.12	6.50	2.72	6.28	2.50	5.95	2.17
65	7.54	3.79	7.01	3.26	6.59	2.84	6.36	2.61	6.01	2.26
66	7.84	4.16	7.26	3.58	6.80	3.12	6.54	2.86	6.16	2.48
67	8.09	4.49	7.46	3.86	6.97	3.37	6.68	3.09	6.27	2.67
68	8.31	4.80	7.64	4.13	7.10	3.60	6.81	3.30	6.36	2.86
69	8.46	5.06	7.76	4.35	7.20	3.80	6.89	3.48	6.42	3.01
70	8.56	5.27	7.83	4.54	7.24	3.96	6.91	3.63	6.42	3.14
71	8.87	5.70	8.07	4.91	7.44	4.28	7.09	3.92	6.55	3.39
72	9.09	6.05	8.24	5.21	7.58	4.54	7.20	4.17	6.63	3.59
73	9.26	6.35	8.37	5.47	7.67	4.77	7.28	4.37	6.67	3.77
74	9.38	6.60	8.46	5.69	7.73	4.96	7.32	4.55	6.69	3.91
75	9.57	6.89	8.61	5.94	7.85	5.18	7.43	4.75	6.76	4.08
76	9.71	7.21	8.71	6.21	7.91	5.42	7.47	4.97	6.77	4.27
77	9.89	7.53	8.84	6.49	8.01	5.66	7.55	5.19	6.82	4.46
78	10.00	7.78	8.92	6.70	8.07	5.85	7.58	5.36	6.83	4.61
79	10.01	7.93	8.91	6.83	8.04	5.96	7.54	5.46	6.78	4.70
80	9.93	7.99	8.82	6.88	7.94	6.00	7.45	5.51	6.67	4.73
81	10.68	8.74	9.47	7.53	8.51	6.57	7.96	6.02	7.12	5.18
82	11.43	9.49	10.11	8.17	9.07	7.13	8.48	6.54	7.56	5.62
83	12.18	10.24	10.76	8.82	9.63	7.69	8.99	7.05	8.00	6.07
84	12.93	10.99	11.40	9.46	10.19	8.25	9.51	7.57	8.45	6.51
85	N/A	11.74	N/A	10.11	N/A	8.82	N/A	8.09	N/A	6.95
86	N/A	12.49	N/A	10.76	N/A	9.38	N/A	8.60	N/A	7.40
87	N/A	13.24	N/A	11.40	N/A	9.94	N/A	9.12	N/A	7.84
88	N/A	13.98	N/A	12.05	N/A	10.51	N/A	9.64	N/A	8.28
89	N/A	14.73	N/A	12.69	N/A	11.07	N/A	10.15	N/A	8.73
90	N/A	15.48	N/A	13.34	N/A	11.63	N/A	10.67	N/A	9.17
91	N/A	15.78	N/A	13.59	N/A	11.86	N/A	10.88	N/A	9.35
92	N/A	16.08	N/A	13.85	N/A	12.08	N/A	11.08	N/A	9.53
93	N/A	16.38	N/A	14.11	N/A	12.31	N/A	11.29	N/A	9.71
94	N/A	16.68	N/A	14.37	N/A	12.53	N/A	11.49	N/A	9.89
95	N/A	16.98	N/A	14.63	N/A	12.76	N/A	11.70	N/A	10.06
96	N/A	17.08	N/A	14.72	N/A	12.83	N/A	11.77	N/A	10.12
97	N/A	17.18	N/A	14.80	N/A	12.91	N/A	11.84	N/A	10.18
98	N/A	17.28	N/A	14.89	N/A	12.98	N/A	11.91	N/A	10.24
99	N/A	17.38	N/A	14.97	N/A	13.06	N/A	11.98	N/A	10.30
100	N/A	17.48	N/A	15.06	N/A	13.13	N/A	12.05	N/A	10.36

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.27	0.41	4.22	0.36	4.18	0.32	4.15	0.28	4.11	0.25
26	4.31	0.45	4.25	0.39	4.20	0.34	4.17	0.31	4.13	0.27
27	4.35	0.49	4.28	0.42	4.24	0.37	4.20	0.34	4.16	0.30
28	4.38	0.52	4.31	0.45	4.26	0.40	4.22	0.36	4.18	0.32
29	4.42	0.56	4.35	0.49	4.29	0.43	4.25	0.39	4.21	0.34
30	4.46	0.60	4.38	0.52	4.32	0.45	4.28	0.41	4.23	0.36
31	4.51	0.65	4.42	0.56	4.36	0.50	4.31	0.45	4.26	0.40
32	4.56	0.70	4.47	0.61	4.40	0.53	4.35	0.49	4.29	0.43
33	4.61	0.75	4.51	0.65	4.44	0.57	4.38	0.52	4.32	0.46
34	4.66	0.80	4.56	0.70	4.48	0.61	4.42	0.55	4.36	0.49
35	4.72	0.85	4.60	0.74	4.51	0.65	4.46	0.59	4.39	0.52
36	4.78	0.92	4.66	0.80	4.57	0.71	4.50	0.64	4.43	0.56
37	4.85	0.99	4.72	0.85	4.61	0.75	4.55	0.69	4.47	0.61
38	4.92	1.05	4.77	0.91	4.67	0.81	4.59	0.73	4.51	0.64
39	4.98	1.12	4.83	0.97	4.72	0.85	4.64	0.78	4.55	0.69
40	5.05	1.19	4.89	1.03	4.77	0.91	4.69	0.82	4.59	0.73
41	5.13	1.27	4.96	1.10	4.83	0.97	4.75	0.88	4.65	0.78
42	5.22	1.35	5.04	1.17	4.89	1.03	4.80	0.94	4.69	0.83
43	5.30	1.43	5.11	1.24	4.96	1.10	4.86	1.00	4.75	0.88
44	5.38	1.51	5.18	1.31	5.03	1.16	4.92	1.05	4.79	0.93
45	5.46	1.60	5.25	1.39	5.09	1.22	4.98	1.11	4.85	0.99
46	5.56	1.70	5.34	1.48	5.17	1.30	5.05	1.19	4.91	1.05
47	5.67	1.80	5.43	1.57	5.25	1.38	5.12	1.26	4.97	1.11
48	5.77	1.91	5.52	1.66	5.32	1.46	5.19	1.33	5.04	1.17
49	5.88	2.01	5.61	1.75	5.40	1.54	5.26	1.40	5.10	1.23
50	5.98	2.11	5.70	1.84	5.48	1.62	5.34	1.48	5.16	1.30
51	6.11	2.25	5.82	1.96	5.59	1.72	5.43	1.57	5.25	1.38
52	6.26	2.39	5.94	2.08	5.69	1.83	5.53	1.67	5.33	1.47
53	6.39	2.53	6.06	2.19	5.79	1.93	5.63	1.77	5.41	1.55
54	6.53	2.67	6.18	2.32	5.90	2.04	5.73	1.86	5.50	1.63
55	6.67	2.81	6.30	2.44	6.00	2.14	5.82	1.96	5.58	1.71
56	6.88	3.02	6.48	2.62	6.16	2.30	5.97	2.10	5.70	1.84
57	7.09	3.23	6.66	2.80	6.31	2.46	6.11	2.25	5.83	1.97
58	7.29	3.43	6.84	2.98	6.47	2.61	6.26	2.39	5.96	2.10
59	7.49	3.63	7.01	3.16	6.62	2.77	6.40	2.54	6.08	2.22
60	7.67	3.83	7.17	3.33	6.76	2.91	6.52	2.67	6.19	2.34
61	7.97	4.12	7.43	3.57	6.99	3.13	6.73	2.87	6.37	2.52
62	8.24	4.39	7.67	3.81	7.19	3.34	6.92	3.06	6.54	2.68
63	8.48	4.63	7.87	4.03	7.37	3.53	7.08	3.23	6.68	2.83
64	8.68	4.86	8.04	4.23	7.51	3.70	7.21	3.39	6.79	2.98
65	8.86	5.07	8.20	4.41	7.64	3.86	7.33	3.54	6.89	3.10
66	9.28	5.56	8.55	4.84	7.95	4.23	7.60	3.88	7.12	3.40
67	9.64	6.01	8.85	5.22	8.20	4.57	7.82	4.19	7.31	3.68
68	9.96	6.41	9.12	5.58	8.42	4.88	8.02	4.47	7.47	3.93
69	10.20	6.76	9.32	5.88	8.58	5.14	8.16	4.72	7.58	4.15
70	10.37	7.05	9.44	6.13	8.68	5.36	8.23	4.91	7.64	4.32
71	10.81	7.61	9.81	6.62	8.98	5.78	8.50	5.30	7.87	4.67
72	11.14	8.07	10.08	7.02	9.20	6.14	8.69	5.63	8.02	4.96
73	11.40	8.47	10.29	7.36	9.37	6.44	8.84	5.90	8.14	5.21
74	11.60	8.80	10.45	7.65	9.49	6.69	8.93	6.13	8.21	5.41
75	11.89	9.18	10.68	7.98	9.68	6.98	9.10	6.40	8.35	5.65
76	12.13	9.61	10.87	8.35	9.82	7.30	9.22	6.69	8.43	5.91
77	12.41	10.03	11.10	8.72	10.00	7.62	9.37	6.99	8.55	6.17
78	12.61	10.37	11.26	9.01	10.12	7.88	9.47	7.22	8.62	6.38
79	12.67	10.56	11.28	9.18	10.13	8.03	9.46	7.36	8.60	6.50
80	12.61	10.65	11.21	9.25	10.05	8.09	9.38	7.42	8.51	6.55
81	13.61	11.65	12.08	10.12	10.81	8.85	10.07	8.11	9.12	7.16
82	14.60	12.65	12.95	10.99	11.57	9.61	10.77	8.81	9.74	7.78
83	15.60	13.65	13.82	11.86	12.32	10.37	11.46	9.50	10.35	8.39
84	16.60	14.64	14.68	12.72	13.08	11.13	12.16	10.20	10.96	9.00
85	N/A	15.64	N/A	13.59	N/A	11.88	N/A	10.89	N/A	9.62
86	N/A	16.64	N/A	14.46	N/A	12.64	N/A	11.59	N/A	10.23
87	N/A	17.64	N/A	15.33	N/A	13.40	N/A	12.29	N/A	10.85
88	N/A	18.64	N/A	16.20	N/A	14.16	N/A	12.98	N/A	11.46
89	N/A	19.64	N/A	17.06	N/A	14.92	N/A	13.68	N/A	12.07
90	N/A	20.63	N/A	17.93	N/A	15.67	N/A	14.37	N/A	12.69
91	N/A	21.03	N/A	18.28	N/A	15.98	N/A	14.65	N/A	12.93
92	N/A	21.43	N/A	18.62	N/A	16.28	N/A	14.93	N/A	13.18
93	N/A	21.83	N/A	18.97	N/A	16.59	N/A	15.21	N/A	13.43
94	N/A	22.23	N/A	19.32	N/A	16.89	N/A	15.48	N/A	13.67
95	N/A	22.63	N/A	19.66	N/A	17.19	N/A	15.76	N/A	13.92
96	N/A	22.76	N/A	19.78	N/A	17.29	N/A	15.85	N/A	14.00
97	N/A	22.89	N/A	19.90	N/A	17.40	N/A	15.95	N/A	14.08
98	N/A	23.03	N/A	20.01	N/A	17.50	N/A	16.04	N/A	14.16
99	N/A	23.16	N/A	20.13	N/A	17.60	N/A	16.13	N/A	14.24
100	N/A	23.29	N/A	20.24	N/A	17.70	N/A	16.23	N/A	14.33

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.38	0.47	4.31	0.42	4.27	0.37	4.23	0.33	4.20	0.29
26	4.42	0.52	4.35	0.45	4.30	0.40	4.27	0.36	4.22	0.31
27	4.46	0.56	4.39	0.49	4.33	0.43	4.29	0.39	4.24	0.34
28	4.51	0.61	4.43	0.53	4.37	0.46	4.32	0.42	4.27	0.36
29	4.55	0.65	4.46	0.56	4.40	0.50	4.35	0.45	4.29	0.39
30	4.59	0.69	4.50	0.60	4.43	0.53	4.38	0.48	4.32	0.42
31	4.65	0.75	4.55	0.66	4.47	0.58	4.43	0.52	4.36	0.45
32	4.71	0.81	4.61	0.70	4.52	0.62	4.47	0.56	4.39	0.49
33	4.77	0.87	4.65	0.76	4.56	0.67	4.51	0.60	4.43	0.52
34	4.83	0.93	4.71	0.80	4.61	0.71	4.55	0.64	4.46	0.56
35	4.89	0.99	4.76	0.86	4.65	0.76	4.59	0.69	4.50	0.60
36	4.97	1.07	4.83	0.93	4.71	0.81	4.64	0.74	4.55	0.64
37	5.04	1.14	4.89	0.99	4.77	0.87	4.70	0.79	4.60	0.69
38	5.12	1.22	4.96	1.06	4.84	0.93	4.76	0.85	4.64	0.73
39	5.20	1.29	5.03	1.12	4.89	0.99	4.81	0.91	4.69	0.78
40	5.28	1.37	5.10	1.19	4.95	1.05	4.86	0.96	4.73	0.83
41	5.37	1.47	5.18	1.28	5.03	1.12	4.93	1.03	4.79	0.89
42	5.47	1.57	5.26	1.36	5.10	1.20	5.00	1.10	4.85	0.95
43	5.57	1.67	5.35	1.44	5.17	1.27	5.06	1.17	4.91	1.01
44	5.67	1.77	5.43	1.53	5.25	1.34	5.13	1.24	4.97	1.07
45	5.77	1.86	5.51	1.61	5.32	1.42	5.20	1.30	5.03	1.13
46	5.89	1.99	5.62	1.71	5.41	1.51	5.29	1.39	5.10	1.20
47	6.01	2.11	5.72	1.82	5.50	1.60	5.37	1.48	5.18	1.27
48	6.13	2.23	5.83	1.92	5.59	1.69	5.46	1.56	5.25	1.35
49	6.25	2.35	5.93	2.03	5.68	1.78	5.54	1.64	5.32	1.42
50	6.37	2.47	6.03	2.13	5.77	1.87	5.63	1.73	5.39	1.49
51	6.53	2.63	6.17	2.27	5.90	2.00	5.74	1.84	5.49	1.59
52	6.69	2.80	6.31	2.41	6.02	2.12	5.85	1.95	5.59	1.69
53	6.86	2.96	6.45	2.55	6.14	2.24	5.96	2.07	5.69	1.79
54	7.02	3.12	6.59	2.69	6.26	2.36	6.08	2.18	5.79	1.89
55	7.18	3.28	6.73	2.83	6.39	2.48	6.19	2.29	5.88	1.99
56	7.42	3.52	6.94	3.04	6.57	2.67	6.36	2.46	6.03	2.13
57	7.67	3.77	7.15	3.25	6.75	2.85	6.52	2.63	6.18	2.28
58	7.91	4.02	7.36	3.46	6.93	3.03	6.70	2.80	6.33	2.43
59	8.15	4.25	7.56	3.67	7.11	3.21	6.86	2.96	6.47	2.58
60	8.36	4.48	7.75	3.87	7.27	3.39	7.00	3.12	6.60	2.72
61	8.71	4.82	8.05	4.16	7.53	3.64	7.25	3.36	6.82	2.92
62	9.03	5.13	8.32	4.43	7.77	3.88	7.47	3.57	7.01	3.11
63	9.30	5.42	8.56	4.68	7.98	4.09	7.66	3.78	7.18	3.29
64	9.54	5.69	8.76	4.91	8.15	4.29	7.82	3.96	7.31	3.45
65	9.76	5.94	8.95	5.12	8.31	4.48	7.96	4.13	7.43	3.61
66	10.26	6.51	9.37	5.62	8.66	4.91	8.29	4.53	7.71	3.96
67	10.69	7.02	9.73	6.06	8.97	5.30	8.56	4.89	7.94	4.27
68	11.07	7.49	10.05	6.47	9.24	5.66	8.80	5.22	8.14	4.56
69	11.37	7.90	10.30	6.82	9.44	5.96	8.97	5.50	8.28	4.81
70	11.58	8.23	10.46	7.11	9.56	6.21	9.08	5.73	8.36	5.01
71	12.11	8.88	10.90	7.67	9.93	6.70	9.41	6.18	8.64	5.41
72	12.51	9.41	11.23	8.13	10.21	7.11	9.65	6.56	8.83	5.74
73	12.83	9.87	11.49	8.53	10.42	7.45	9.83	6.87	8.98	6.02
74	13.08	10.25	11.69	8.86	10.57	7.74	9.96	7.14	9.07	6.25
75	13.42	10.69	11.97	9.24	10.81	8.08	10.17	7.44	9.25	6.52
76	13.73	11.18	12.22	9.67	11.00	8.45	10.33	7.79	9.37	6.82
77	14.08	11.68	12.50	10.10	11.23	8.82	10.54	8.13	9.53	7.12
78	14.34	12.07	12.70	10.44	11.39	9.12	10.67	8.40	9.63	7.36
79	14.42	12.30	12.75	10.63	11.41	9.29	10.68	8.56	9.62	7.50
80	14.37	12.40	12.69	10.72	11.35	9.37	10.61	8.63	9.54	7.56
81	15.53	13.56	13.70	11.72	12.22	10.24	11.42	9.44	10.25	8.27
82	16.70	14.72	14.70	12.73	13.10	11.12	12.23	10.25	10.95	8.98
83	17.86	15.88	15.71	13.73	13.98	12.00	13.04	11.06	11.66	9.69
84	19.02	17.05	16.71	14.73	14.86	12.88	13.85	11.87	12.37	10.40
85	N/A	18.21	N/A	15.74	N/A	13.76	N/A	12.68	N/A	11.10
86	N/A	19.37	N/A	16.74	N/A	14.63	N/A	13.49	N/A	11.81
87	N/A	20.53	N/A	17.75	N/A	15.51	N/A	14.30	N/A	12.52
88	N/A	21.69	N/A	18.75	N/A	16.39	N/A	15.10	N/A	13.23
89	N/A	22.86	N/A	19.76	N/A	17.27	N/A	15.92	N/A	13.94
90	N/A	24.02	N/A	20.76	N/A	18.14	N/A	16.72	N/A	14.65
91	N/A	24.49	N/A	21.16	N/A	18.49	N/A	17.05	N/A	14.93
92	N/A	24.95	N/A	21.57	N/A	18.85	N/A	17.37	N/A	15.22
93	N/A	25.42	N/A	21.97	N/A	19.20	N/A	17.70	N/A	15.50
94	N/A	25.88	N/A	22.37	N/A	19.55	N/A	18.02	N/A	15.78
95	N/A	26.34	N/A	22.77	N/A	19.90	N/A	18.34	N/A	16.07
96	N/A	26.50	N/A	22.90	N/A	20.02	N/A	18.45	N/A	16.16
97	N/A	26.65	N/A	23.04	N/A	20.13	N/A	18.56	N/A	16.26
98	N/A	26.81	N/A	23.18	N/A	20.25	N/A	18.67	N/A	16.35
99	N/A	26.97	N/A	23.31	N/A	20.37	N/A	18.77	N/A	16.44
100	N/A	27.12	N/A	23.44	N/A	20.49	N/A	18.88	N/A	16.54

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.51	0.53	4.44	0.47	4.38	0.41	4.34	0.37	4.30	0.33
26	4.56	0.58	4.48	0.51	4.42	0.45	4.38	0.40	4.33	0.35
27	4.60	0.63	4.52	0.55	4.46	0.48	4.41	0.43	4.36	0.39
28	4.65	0.67	4.57	0.59	4.49	0.52	4.44	0.47	4.39	0.41
29	4.70	0.72	4.60	0.63	4.53	0.55	4.47	0.50	4.42	0.45
30	4.75	0.77	4.65	0.67	4.57	0.59	4.51	0.53	4.45	0.47
31	4.81	0.84	4.71	0.73	4.62	0.64	4.56	0.58	4.49	0.51
32	4.88	0.90	4.77	0.79	4.67	0.69	4.60	0.62	4.53	0.55
33	4.95	0.97	4.82	0.85	4.72	0.74	4.65	0.67	4.57	0.59
34	5.01	1.03	4.88	0.90	4.77	0.80	4.69	0.72	4.61	0.64
35	5.08	1.10	4.94	0.96	4.83	0.85	4.74	0.76	4.65	0.67
36	5.16	1.18	5.02	1.04	4.89	0.91	4.80	0.82	4.71	0.73
37	5.25	1.27	5.09	1.11	4.96	0.98	4.86	0.88	4.76	0.78
38	5.34	1.36	5.16	1.19	5.03	1.05	4.92	0.94	4.81	0.83
39	5.42	1.44	5.24	1.26	5.10	1.12	4.98	1.00	4.86	0.88
40	5.51	1.53	5.32	1.34	5.16	1.18	5.04	1.06	4.91	0.94
41	5.62	1.64	5.41	1.44	5.24	1.27	5.11	1.14	4.98	1.00
42	5.73	1.75	5.51	1.53	5.33	1.35	5.19	1.22	5.05	1.07
43	5.84	1.86	5.60	1.63	5.41	1.44	5.27	1.29	5.11	1.14
44	5.95	1.97	5.70	1.72	5.50	1.52	5.35	1.37	5.18	1.21
45	6.06	2.08	5.80	1.82	5.58	1.61	5.42	1.44	5.25	1.27
46	6.19	2.22	5.92	1.94	5.68	1.71	5.52	1.54	5.33	1.35
47	6.33	2.35	6.04	2.06	5.79	1.81	5.61	1.63	5.41	1.44
48	6.47	2.49	6.15	2.18	5.89	1.91	5.71	1.73	5.50	1.52
49	6.61	2.63	6.27	2.30	5.99	2.01	5.80	1.82	5.58	1.61
50	6.74	2.76	6.39	2.42	6.09	2.11	5.90	1.92	5.66	1.69
51	6.92	2.94	6.55	2.57	6.23	2.25	6.02	2.05	5.78	1.80
52	7.10	3.12	6.70	2.73	6.36	2.38	6.15	2.17	5.89	1.91
53	7.29	3.31	6.86	2.88	6.49	2.52	6.27	2.29	6.00	2.03
54	7.47	3.49	7.01	3.03	6.63	2.65	6.40	2.42	6.11	2.13
55	7.64	3.66	7.17	3.19	6.76	2.79	6.52	2.54	6.23	2.25
56	7.92	3.95	7.41	3.43	6.97	3.00	6.71	2.74	6.39	2.42
57	8.20	4.23	7.65	3.67	7.18	3.21	6.91	2.93	6.56	2.58
58	8.49	4.51	7.89	3.91	7.39	3.42	7.10	3.13	6.73	2.75
59	8.75	4.79	8.12	4.15	7.59	3.62	7.29	3.32	6.89	2.92
60	9.01	5.05	8.34	4.38	7.78	3.82	7.46	3.50	7.03	3.08
61	9.40	5.43	8.68	4.70	8.07	4.10	7.73	3.77	7.27	3.30
62	9.75	5.78	8.98	5.01	8.34	4.37	7.98	4.01	7.49	3.52
63	10.06	6.10	9.25	5.29	8.58	4.63	8.20	4.24	7.67	3.71
64	10.33	6.40	9.48	5.55	8.78	4.85	8.38	4.45	7.83	3.89
65	10.58	6.68	9.70	5.79	8.96	5.06	8.55	4.64	7.96	4.07
66	11.14	7.32	10.17	6.34	9.37	5.55	8.92	5.09	8.28	4.45
67	11.63	7.89	10.58	6.84	9.72	5.99	9.23	5.49	8.54	4.81
68	12.06	8.41	10.95	7.29	10.03	6.39	9.51	5.86	8.77	5.12
69	12.40	8.86	11.23	7.69	10.27	6.73	9.72	6.18	8.94	5.40
70	12.64	9.23	11.42	8.01	10.42	7.01	9.85	6.44	9.04	5.63
71	13.23	9.94	11.92	8.63	10.85	7.56	10.24	6.94	9.36	6.07
72	13.68	10.53	12.29	9.14	11.16	8.01	10.52	7.36	9.59	6.44
73	14.04	11.02	12.59	9.57	11.41	8.39	10.74	7.72	9.77	6.75
74	14.32	11.44	12.82	9.93	11.59	8.71	10.90	8.02	9.89	7.01
75	14.71	11.93	13.14	10.35	11.87	9.09	11.14	8.36	10.10	7.31
76	15.07	12.47	13.43	10.83	12.10	9.50	11.34	8.75	10.25	7.65
77	15.48	13.03	13.76	11.31	12.38	9.92	11.58	9.13	10.44	7.99
78	15.77	13.46	14.00	11.69	12.57	10.26	11.75	9.44	10.57	8.26
79	15.88	13.72	14.07	11.91	12.61	10.45	11.78	9.62	10.57	8.41
80	15.84	13.83	14.02	12.00	12.55	10.53	11.71	9.69	10.49	8.48
81	17.14	15.12	15.15	13.13	13.54	11.52	12.62	10.60	11.29	9.27
82	18.44	16.42	16.27	14.25	14.52	12.51	13.53	11.51	12.09	10.07
83	19.73	17.71	17.40	15.38	15.51	13.50	14.44	12.42	12.88	10.86
84	21.03	19.01	18.52	16.50	16.50	14.48	15.35	13.33	13.68	11.66
85	N/A	20.31	N/A	17.63	N/A	15.47	N/A	14.24	N/A	12.46
86	N/A	21.60	N/A	18.76	N/A	16.46	N/A	15.15	N/A	13.25
87	N/A	22.90	N/A	19.88	N/A	17.45	N/A	16.05	N/A	14.05
88	N/A	24.19	N/A	21.01	N/A	18.44	N/A	16.97	N/A	14.84
89	N/A	25.49	N/A	22.13	N/A	19.42	N/A	17.87	N/A	15.63
90	N/A	26.79	N/A	23.26	N/A	20.41	N/A	18.78	N/A	16.43
91	N/A	27.31	N/A	23.71	N/A	20.80	N/A	19.14	N/A	16.75
92	N/A	27.83	N/A	24.16	N/A	21.20	N/A	19.51	N/A	17.07
93	N/A	28.34	N/A	24.61	N/A	21.59	N/A	19.87	N/A	17.39
94	N/A	28.86	N/A	25.06	N/A	21.99	N/A	20.24	N/A	17.70
95	N/A	29.38	N/A	25.51	N/A	22.38	N/A	20.60	N/A	18.02
96	N/A	29.55	N/A	25.66	N/A	22.51	N/A	20.72	N/A	18.13
97	N/A	29.73	N/A	25.81	N/A	22.65	N/A	20.84	N/A	18.23
98	N/A	29.90	N/A	25.96	N/A	22.78	N/A	20.96	N/A	18.34
99	N/A	30.07	N/A	26.11	N/A	22.91	N/A	21.08	N/A	18.45
100	N/A	30.25	N/A	26.26	N/A	23.04	N/A	21.20	N/A	18.55

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	6.48	2.42	6.16	2.11	5.93	1.87	5.78	1.72	5.56	1.50
46	6.64	2.59	6.30	2.25	6.05	1.99	5.89	1.83	5.66	1.60
47	6.81	2.76	6.45	2.39	6.16	2.11	6.00	1.95	5.75	1.70
48	6.98	2.93	6.58	2.53	6.29	2.24	6.11	2.06	5.85	1.80
49	7.14	3.09	6.73	2.67	6.41	2.36	6.22	2.17	5.95	1.90
50	7.31	3.26	6.87	2.81	6.53	2.48	6.33	2.28	6.04	1.99
51	7.53	3.48	7.05	2.99	6.68	2.63	6.47	2.42	6.17	2.12
52	7.75	3.70	7.23	3.18	6.84	2.79	6.62	2.57	6.30	2.25
53	7.97	3.92	7.42	3.36	7.00	2.95	6.76	2.71	6.42	2.37
54	8.20	4.14	7.60	3.55	7.16	3.11	6.91	2.86	6.55	2.50
55	8.43	4.37	7.78	3.73	7.32	3.27	7.05	3.00	6.67	2.62
56	8.78	4.72	8.09	4.04	7.59	3.53	7.29	3.25	6.87	2.83
57	9.13	5.08	8.40	4.35	7.85	3.80	7.55	3.50	7.08	3.04
58	9.50	5.44	8.72	4.67	8.12	4.07	7.79	3.74	7.30	3.25
59	9.85	5.80	9.03	4.98	8.38	4.34	8.03	3.99	7.50	3.46
60	10.19	6.15	9.32	5.29	8.63	4.60	8.26	4.23	7.69	3.66
61	10.70	6.65	9.76	5.72	9.01	4.97	8.61	4.57	7.99	3.94
62	11.17	7.12	10.17	6.12	9.36	5.32	8.93	4.88	8.26	4.22
63	11.60	7.57	10.55	6.51	9.68	5.64	9.22	5.19	8.50	4.48
64	11.99	7.99	10.87	6.87	9.96	5.95	9.47	5.46	8.71	4.71
65	12.35	8.38	11.18	7.21	10.22	6.25	9.70	5.73	8.90	4.93
66	13.18	9.28	11.89	7.99	10.82	6.92	10.24	6.35	9.36	5.47
67	13.94	10.13	12.53	8.73	11.36	7.55	10.73	6.93	9.77	5.97
68	14.65	10.93	13.13	9.41	11.87	8.15	11.19	7.47	10.15	6.44
69	15.25	11.64	13.64	10.03	12.29	8.68	11.57	7.97	10.47	6.86
70	15.74	12.25	14.04	10.56	12.62	9.14	11.86	8.38	10.71	7.23
71	16.70	13.34	14.85	11.49	13.30	9.95	12.47	9.12	11.21	7.86
72	17.49	14.27	15.52	12.30	13.86	10.65	12.96	9.75	11.62	8.41
73	18.18	15.10	16.09	13.02	14.34	11.26	13.39	10.31	11.97	8.89
74	18.77	15.83	16.58	13.64	14.74	11.80	13.74	10.81	12.25	9.32
75	19.50	16.66	17.20	14.36	15.26	12.42	14.20	11.37	12.64	9.80
76	20.08	17.43	17.67	15.03	15.64	12.99	14.54	11.89	12.90	10.26
77	20.70	18.20	18.19	15.69	16.06	13.56	14.92	12.42	13.21	10.71
78	21.17	18.81	18.57	16.22	16.38	14.02	15.19	12.84	13.42	11.07
79	21.37	19.16	18.73	16.52	16.49	14.28	15.28	13.08	13.48	11.28
80	21.37	19.32	18.71	16.65	16.45	14.40	15.24	13.18	13.42	11.37
81	23.18	21.13	20.27	18.22	17.80	15.75	16.47	14.42	14.49	12.43
82	25.00	22.94	21.83	19.78	19.15	17.10	17.71	15.65	15.56	13.50
83	26.81	24.75	23.39	21.34	20.50	18.45	18.94	16.89	16.62	14.57
84	28.62	26.57	24.95	22.90	21.85	19.80	20.18	18.13	17.69	15.63
85	N/A	28.38	N/A	24.46	N/A	21.15	N/A	19.36	N/A	16.70
86	N/A	30.19	N/A	26.02	N/A	22.50	N/A	20.60	N/A	17.76
87	N/A	32.00	N/A	27.58	N/A	23.84	N/A	21.83	N/A	18.83
88	N/A	33.81	N/A	29.14	N/A	25.20	N/A	23.07	N/A	19.89
89	N/A	35.62	N/A	30.70	N/A	26.54	N/A	24.31	N/A	20.96
90	N/A	37.43	N/A	32.27	N/A	27.89	N/A	25.54	N/A	22.03
91	N/A	38.16	N/A	32.89	N/A	28.44	N/A	26.04	N/A	22.45
92	N/A	38.88	N/A	33.52	N/A	28.98	N/A	26.53	N/A	22.88
93	N/A	39.61	N/A	34.14	N/A	29.52	N/A	27.02	N/A	23.30
94	N/A	40.33	N/A	34.76	N/A	30.06	N/A	27.52	N/A	23.73
95	N/A	41.06	N/A	35.39	N/A	30.60	N/A	28.01	N/A	24.16
96	N/A	41.30	N/A	35.60	N/A	30.78	N/A	28.18	N/A	24.30
97	N/A	41.54	N/A	35.80	N/A	30.96	N/A	28.34	N/A	24.44
98	N/A	41.78	N/A	36.01	N/A	31.14	N/A	28.51	N/A	24.58
99	N/A	42.02	N/A	36.22	N/A	31.32	N/A	28.67	N/A	24.73
100	N/A	42.26	N/A	36.43	N/A	31.50	N/A	28.84	N/A	24.87

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.36	0.03	0.36	0.02	0.35	0.02	0.35	0.02	0.35	0.02
26	0.36	0.03	0.36	0.02	0.35	0.02	0.35	0.02	0.35	0.02
27	0.36	0.03	0.36	0.03	0.36	0.02	0.35	0.02	0.35	0.02
28	0.37	0.03	0.36	0.03	0.36	0.02	0.36	0.02	0.35	0.02
29	0.37	0.03	0.36	0.03	0.36	0.03	0.36	0.02	0.35	0.02
30	0.37	0.04	0.37	0.03	0.36	0.03	0.36	0.03	0.36	0.02
31	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.02
32	0.38	0.04	0.37	0.04	0.37	0.03	0.36	0.03	0.36	0.03
33	0.38	0.05	0.37	0.04	0.37	0.04	0.37	0.03	0.36	0.03
34	0.38	0.05	0.38	0.04	0.37	0.04	0.37	0.03	0.36	0.03
35	0.39	0.05	0.38	0.05	0.37	0.04	0.37	0.04	0.37	0.03
36	0.39	0.06	0.38	0.05	0.38	0.04	0.37	0.04	0.37	0.03
37	0.39	0.06	0.39	0.05	0.38	0.05	0.38	0.04	0.37	0.04
38	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
39	0.40	0.07	0.39	0.06	0.39	0.05	0.38	0.05	0.38	0.04
40	0.41	0.07	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
41	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
42	0.42	0.09	0.41	0.07	0.40	0.06	0.39	0.06	0.38	0.05
43	0.42	0.09	0.41	0.08	0.40	0.07	0.40	0.06	0.39	0.05
44	0.43	0.10	0.42	0.08	0.41	0.07	0.40	0.07	0.39	0.06
45	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
46	0.44	0.11	0.43	0.09	0.41	0.08	0.41	0.07	0.40	0.07
47	0.45	0.11	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
48	0.45	0.12	0.44	0.11	0.42	0.09	0.42	0.08	0.41	0.07
49	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
50	0.47	0.13	0.45	0.12	0.43	0.10	0.43	0.09	0.41	0.08
51	0.48	0.14	0.46	0.12	0.44	0.11	0.43	0.10	0.42	0.09
52	0.48	0.15	0.47	0.13	0.45	0.11	0.44	0.11	0.43	0.09
53	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10
54	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.10
55	0.51	0.18	0.49	0.16	0.47	0.13	0.46	0.12	0.44	0.11
56	0.53	0.19	0.50	0.17	0.48	0.15	0.47	0.13	0.45	0.12
57	0.54	0.21	0.51	0.18	0.49	0.16	0.48	0.14	0.46	0.12
58	0.55	0.22	0.52	0.19	0.50	0.17	0.49	0.15	0.47	0.13
59	0.57	0.23	0.54	0.20	0.51	0.18	0.50	0.16	0.47	0.14
60	0.58	0.25	0.55	0.21	0.52	0.19	0.50	0.17	0.48	0.15
61	0.60	0.27	0.57	0.23	0.54	0.20	0.52	0.19	0.50	0.16
62	0.63	0.29	0.59	0.25	0.56	0.22	0.54	0.20	0.51	0.17
63	0.65	0.31	0.61	0.27	0.57	0.23	0.55	0.21	0.53	0.18
64	0.67	0.33	0.63	0.28	0.59	0.25	0.57	0.23	0.54	0.20
65	0.70	0.35	0.65	0.30	0.61	0.26	0.59	0.24	0.55	0.21
66	0.74	0.39	0.68	0.34	0.64	0.29	0.62	0.27	0.58	0.23
67	0.78	0.43	0.72	0.37	0.67	0.32	0.64	0.30	0.60	0.26
68	0.82	0.47	0.75	0.41	0.70	0.36	0.67	0.33	0.63	0.28
69	0.86	0.52	0.79	0.44	0.73	0.39	0.70	0.35	0.65	0.31
70	0.90	0.56	0.83	0.48	0.76	0.42	0.73	0.38	0.68	0.33
71	0.97	0.63	0.89	0.54	0.82	0.47	0.78	0.43	0.72	0.37
72	1.04	0.69	0.95	0.60	0.87	0.52	0.83	0.48	0.76	0.41
73	1.11	0.76	1.00	0.66	0.92	0.57	0.87	0.52	0.80	0.45
74	1.18	0.83	1.06	0.72	0.97	0.62	0.92	0.57	0.84	0.49
75	1.25	0.90	1.12	0.77	1.02	0.68	0.97	0.62	0.88	0.53
76	1.36	1.01	1.22	0.87	1.11	0.76	1.04	0.69	0.95	0.60
77	1.46	1.11	1.31	0.96	1.19	0.84	1.12	0.77	1.01	0.66
78	1.57	1.22	1.40	1.05	1.27	0.92	1.19	0.84	1.07	0.72
79	1.68	1.33	1.50	1.15	1.35	1.00	1.27	0.92	1.14	0.79
80	1.79	1.44	1.59	1.24	1.43	1.08	1.34	0.99	1.20	0.85
81	1.92	1.57	1.70	1.36	1.53	1.18	1.43	1.08	1.28	0.93
82	2.06	1.71	1.82	1.47	1.63	1.28	1.53	1.18	1.36	1.01
83	2.19	1.84	1.94	1.59	1.73	1.38	1.62	1.27	1.44	1.09
84	2.33	1.98	2.05	1.70	1.83	1.49	1.71	1.36	1.52	1.17
85	N/A	2.11	N/A	1.82	N/A	1.59	N/A	1.46	N/A	1.25
86	N/A	2.25	N/A	1.94	N/A	1.69	N/A	1.55	N/A	1.33
87	N/A	2.38	N/A	2.05	N/A	1.79	N/A	1.64	N/A	1.41
88	N/A	2.52	N/A	2.17	N/A	1.89	N/A	1.73	N/A	1.49
89	N/A	2.65	N/A	2.28	N/A	1.99	N/A	1.83	N/A	1.57
90	N/A	2.79	N/A	2.40	N/A	2.09	N/A	1.92	N/A	1.65
91	N/A	2.84	N/A	2.45	N/A	2.13	N/A	1.96	N/A	1.68
92	N/A	2.89	N/A	2.49	N/A	2.17	N/A	1.99	N/A	1.72
93	N/A	2.95	N/A	2.54	N/A	2.22	N/A	2.03	N/A	1.75
94	N/A	3.00	N/A	2.59	N/A	2.26	N/A	2.07	N/A	1.78
95	N/A	3.06	N/A	2.63	N/A	2.30	N/A	2.11	N/A	1.81
96	N/A	3.07	N/A	2.65	N/A	2.31	N/A	2.12	N/A	1.82
97	N/A	3.09	N/A	2.66	N/A	2.32	N/A	2.13	N/A	1.83
98	N/A	3.11	N/A	2.68	N/A	2.34	N/A	2.14	N/A	1.84
99	N/A	3.13	N/A	2.70	N/A	2.35	N/A	2.16	N/A	1.85
100	N/A	3.15	N/A	2.71	N/A	2.36	N/A	2.17	N/A	1.86

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.37	0.04	0.37	0.03	0.36	0.03	0.36	0.02	0.36	0.02
26	0.38	0.04	0.37	0.03	0.37	0.03	0.36	0.03	0.36	0.02
27	0.38	0.04	0.37	0.04	0.37	0.03	0.37	0.03	0.36	0.03
28	0.38	0.05	0.38	0.04	0.37	0.03	0.37	0.03	0.36	0.03
29	0.38	0.05	0.38	0.04	0.37	0.04	0.37	0.03	0.37	0.03
30	0.39	0.05	0.38	0.04	0.38	0.04	0.37	0.04	0.37	0.03
31	0.39	0.06	0.39	0.05	0.38	0.04	0.38	0.04	0.37	0.03
32	0.40	0.06	0.39	0.05	0.38	0.05	0.38	0.04	0.37	0.04
33	0.40	0.07	0.39	0.06	0.39	0.05	0.38	0.04	0.38	0.04
34	0.41	0.07	0.40	0.06	0.39	0.05	0.38	0.05	0.38	0.04
35	0.41	0.07	0.40	0.06	0.39	0.06	0.39	0.05	0.38	0.05
36	0.42	0.08	0.41	0.07	0.40	0.06	0.39	0.06	0.39	0.05
37	0.42	0.09	0.41	0.07	0.40	0.07	0.40	0.06	0.39	0.05
38	0.43	0.09	0.42	0.08	0.41	0.07	0.40	0.06	0.39	0.06
39	0.43	0.10	0.42	0.08	0.41	0.07	0.40	0.07	0.40	0.06
40	0.44	0.10	0.43	0.09	0.41	0.08	0.41	0.07	0.40	0.06
41	0.45	0.11	0.43	0.10	0.42	0.08	0.41	0.08	0.40	0.07
42	0.45	0.12	0.44	0.10	0.43	0.09	0.42	0.08	0.41	0.07
43	0.46	0.12	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
44	0.47	0.13	0.45	0.11	0.44	0.10	0.43	0.09	0.42	0.08
45	0.48	0.14	0.46	0.12	0.44	0.11	0.43	0.10	0.42	0.09
46	0.48	0.15	0.46	0.13	0.45	0.11	0.44	0.10	0.43	0.09
47	0.49	0.16	0.47	0.14	0.46	0.12	0.45	0.11	0.43	0.10
48	0.50	0.17	0.48	0.14	0.46	0.13	0.45	0.12	0.44	0.10
49	0.51	0.17	0.49	0.15	0.47	0.13	0.46	0.12	0.44	0.11
50	0.52	0.18	0.50	0.16	0.48	0.14	0.46	0.13	0.45	0.11
51	0.53	0.20	0.51	0.17	0.49	0.15	0.47	0.14	0.46	0.12
52	0.54	0.21	0.52	0.18	0.50	0.16	0.48	0.15	0.46	0.13
53	0.56	0.22	0.53	0.19	0.50	0.17	0.49	0.15	0.47	0.13
54	0.57	0.23	0.54	0.20	0.51	0.18	0.50	0.16	0.48	0.14
55	0.58	0.24	0.55	0.21	0.52	0.19	0.51	0.17	0.49	0.15
56	0.60	0.26	0.56	0.23	0.54	0.20	0.52	0.18	0.50	0.16
57	0.62	0.28	0.58	0.24	0.55	0.21	0.53	0.20	0.51	0.17
58	0.64	0.30	0.60	0.26	0.56	0.23	0.55	0.21	0.52	0.18
59	0.65	0.32	0.61	0.28	0.58	0.24	0.56	0.22	0.53	0.19
60	0.67	0.34	0.63	0.29	0.59	0.26	0.57	0.23	0.54	0.21
61	0.70	0.36	0.65	0.31	0.61	0.28	0.59	0.25	0.56	0.22
62	0.73	0.39	0.68	0.34	0.64	0.30	0.61	0.27	0.58	0.24
63	0.76	0.41	0.71	0.36	0.66	0.32	0.63	0.29	0.60	0.25
64	0.79	0.44	0.73	0.38	0.68	0.34	0.66	0.31	0.62	0.27
65	0.82	0.47	0.76	0.41	0.71	0.36	0.68	0.33	0.64	0.29
66	0.87	0.52	0.80	0.46	0.75	0.40	0.72	0.37	0.67	0.32
67	0.93	0.58	0.85	0.50	0.79	0.44	0.75	0.40	0.70	0.35
68	0.98	0.63	0.90	0.55	0.83	0.48	0.79	0.44	0.74	0.39
69	1.04	0.69	0.95	0.60	0.87	0.52	0.83	0.48	0.77	0.42
70	1.10	0.74	1.00	0.65	0.92	0.57	0.87	0.52	0.81	0.46
71	1.19	0.84	1.08	0.73	0.99	0.63	0.93	0.58	0.86	0.51
72	1.28	0.93	1.16	0.80	1.06	0.70	1.00	0.65	0.92	0.57
73	1.37	1.02	1.24	0.88	1.12	0.77	1.06	0.71	0.98	0.62
74	1.46	1.11	1.31	0.96	1.19	0.84	1.12	0.77	1.03	0.68
75	1.55	1.20	1.39	1.04	1.26	0.91	1.19	0.83	1.09	0.74
76	1.69	1.34	1.52	1.17	1.37	1.02	1.29	0.93	1.18	0.83
77	1.84	1.49	1.64	1.29	1.48	1.13	1.39	1.03	1.27	0.91
78	1.98	1.63	1.77	1.42	1.59	1.24	1.49	1.14	1.35	1.00
79	2.13	1.77	1.89	1.54	1.70	1.35	1.59	1.24	1.44	1.09
80	2.27	1.92	2.02	1.67	1.81	1.46	1.69	1.34	1.53	1.18
81	2.45	2.10	2.17	1.82	1.95	1.59	1.81	1.46	1.64	1.29
82	2.63	2.28	2.33	1.98	2.08	1.73	1.94	1.59	1.75	1.40
83	2.81	2.46	2.49	2.13	2.22	1.87	2.06	1.71	1.86	1.51
84	2.99	2.64	2.64	2.29	2.36	2.00	2.19	1.84	1.97	1.62
85	N/A	2.82	N/A	2.45	N/A	2.14	N/A	1.96	N/A	1.73
86	N/A	2.99	N/A	2.60	N/A	2.28	N/A	2.09	N/A	1.84
87	N/A	3.17	N/A	2.76	N/A	2.41	N/A	2.21	N/A	1.95
88	N/A	3.35	N/A	2.92	N/A	2.55	N/A	2.34	N/A	2.06
89	N/A	3.53	N/A	3.07	N/A	2.69	N/A	2.46	N/A	2.17
90	N/A	3.71	N/A	3.23	N/A	2.82	N/A	2.59	N/A	2.28
91	N/A	3.79	N/A	3.29	N/A	2.88	N/A	2.64	N/A	2.33
92	N/A	3.86	N/A	3.35	N/A	2.93	N/A	2.69	N/A	2.37
93	N/A	3.93	N/A	3.41	N/A	2.99	N/A	2.74	N/A	2.42
94	N/A	4.00	N/A	3.48	N/A	3.04	N/A	2.79	N/A	2.46
95	N/A	4.07	N/A	3.54	N/A	3.09	N/A	2.84	N/A	2.50
96	N/A	4.10	N/A	3.56	N/A	3.11	N/A	2.85	N/A	2.52
97	N/A	4.12	N/A	3.58	N/A	3.13	N/A	2.87	N/A	2.53
98	N/A	4.15	N/A	3.60	N/A	3.15	N/A	2.89	N/A	2.55
99	N/A	4.17	N/A	3.62	N/A	3.17	N/A	2.90	N/A	2.56
100	N/A	4.19	N/A	3.64	N/A	3.19	N/A	2.92	N/A	2.58

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.38	0.04	0.38	0.04	0.37	0.03	0.37	0.03	0.37	0.03
26	0.38	0.04	0.38	0.04	0.37	0.03	0.37	0.03	0.37	0.03
27	0.39	0.05	0.38	0.04	0.38	0.04	0.37	0.03	0.37	0.03
28	0.39	0.05	0.39	0.05	0.38	0.04	0.38	0.04	0.37	0.03
29	0.40	0.06	0.39	0.05	0.38	0.04	0.38	0.04	0.37	0.03
30	0.40	0.06	0.39	0.05	0.39	0.05	0.38	0.04	0.38	0.04
31	0.40	0.07	0.40	0.06	0.39	0.05	0.39	0.05	0.38	0.04
32	0.41	0.07	0.40	0.06	0.39	0.05	0.39	0.05	0.38	0.04
33	0.42	0.08	0.41	0.07	0.40	0.06	0.39	0.05	0.39	0.05
34	0.42	0.08	0.41	0.07	0.40	0.06	0.40	0.06	0.39	0.05
35	0.43	0.09	0.41	0.07	0.41	0.07	0.40	0.06	0.39	0.05
36	0.43	0.09	0.42	0.08	0.41	0.07	0.40	0.06	0.40	0.06
37	0.44	0.10	0.43	0.09	0.42	0.08	0.41	0.07	0.40	0.06
38	0.45	0.11	0.43	0.09	0.42	0.08	0.41	0.07	0.40	0.06
39	0.45	0.11	0.44	0.10	0.43	0.09	0.42	0.08	0.41	0.07
40	0.46	0.12	0.44	0.10	0.43	0.09	0.42	0.08	0.41	0.07
41	0.47	0.13	0.45	0.11	0.44	0.10	0.43	0.09	0.42	0.08
42	0.48	0.14	0.46	0.12	0.44	0.10	0.44	0.10	0.42	0.08
43	0.48	0.15	0.47	0.13	0.45	0.11	0.44	0.10	0.43	0.09
44	0.49	0.15	0.47	0.13	0.46	0.12	0.45	0.11	0.43	0.09
45	0.50	0.16	0.48	0.14	0.46	0.12	0.45	0.11	0.44	0.10
46	0.51	0.17	0.49	0.15	0.47	0.13	0.46	0.12	0.44	0.10
47	0.52	0.18	0.50	0.16	0.48	0.14	0.47	0.13	0.45	0.11
48	0.53	0.19	0.51	0.17	0.49	0.15	0.48	0.14	0.46	0.12
49	0.54	0.20	0.52	0.18	0.49	0.16	0.48	0.14	0.46	0.12
50	0.55	0.22	0.53	0.19	0.50	0.16	0.49	0.15	0.47	0.13
51	0.57	0.23	0.54	0.20	0.51	0.17	0.50	0.16	0.48	0.14
52	0.58	0.24	0.55	0.21	0.52	0.18	0.51	0.17	0.49	0.15
53	0.60	0.26	0.56	0.22	0.53	0.19	0.52	0.18	0.50	0.16
54	0.61	0.27	0.57	0.23	0.55	0.21	0.53	0.19	0.50	0.16
55	0.62	0.29	0.59	0.25	0.56	0.22	0.54	0.20	0.51	0.17
56	0.65	0.31	0.60	0.26	0.57	0.23	0.55	0.21	0.53	0.19
57	0.67	0.33	0.62	0.28	0.59	0.25	0.57	0.23	0.54	0.20
58	0.69	0.35	0.64	0.30	0.60	0.26	0.58	0.24	0.55	0.21
59	0.71	0.37	0.66	0.32	0.62	0.28	0.60	0.26	0.57	0.22
60	0.73	0.39	0.68	0.34	0.64	0.30	0.61	0.27	0.58	0.24
61	0.77	0.42	0.71	0.37	0.66	0.32	0.64	0.30	0.60	0.26
62	0.80	0.45	0.74	0.39	0.69	0.34	0.66	0.32	0.62	0.28
63	0.83	0.49	0.77	0.42	0.71	0.37	0.69	0.34	0.64	0.29
64	0.87	0.52	0.80	0.45	0.74	0.39	0.71	0.36	0.66	0.31
65	0.90	0.55	0.83	0.47	0.77	0.41	0.73	0.38	0.69	0.33
66	0.97	0.61	0.88	0.53	0.82	0.46	0.78	0.43	0.73	0.37
67	1.03	0.68	0.94	0.58	0.86	0.51	0.82	0.47	0.76	0.41
68	1.09	0.74	0.99	0.64	0.91	0.56	0.87	0.52	0.80	0.45
69	1.16	0.81	1.05	0.70	0.96	0.61	0.91	0.56	0.84	0.49
70	1.22	0.87	1.10	0.75	1.01	0.66	0.96	0.61	0.88	0.53
71	1.33	0.97	1.20	0.84	1.09	0.74	1.03	0.68	0.95	0.59
72	1.43	1.08	1.29	0.93	1.17	0.82	1.11	0.75	1.01	0.66
73	1.54	1.18	1.38	1.02	1.25	0.89	1.18	0.82	1.08	0.72
74	1.64	1.29	1.47	1.11	1.33	0.97	1.25	0.90	1.14	0.79
75	1.75	1.39	1.56	1.21	1.41	1.05	1.33	0.97	1.21	0.85
76	1.92	1.56	1.71	1.35	1.54	1.18	1.44	1.09	1.31	0.95
77	2.09	1.73	1.85	1.49	1.66	1.31	1.56	1.20	1.41	1.05
78	2.25	1.90	2.00	1.64	1.79	1.43	1.68	1.32	1.51	1.16
79	2.42	2.06	2.14	1.78	1.92	1.56	1.79	1.44	1.61	1.26
80	2.59	2.23	2.29	1.93	2.04	1.69	1.91	1.55	1.72	1.36
81	2.80	2.44	2.47	2.11	2.20	1.84	2.06	1.70	1.84	1.49
82	3.01	2.65	2.65	2.29	2.36	2.00	2.20	1.84	1.97	1.62
83	3.21	2.86	2.83	2.47	2.52	2.16	2.35	1.99	2.10	1.74
84	3.42	3.07	3.01	2.65	2.67	2.32	2.49	2.14	2.23	1.87
85	N/A	3.28	N/A	2.83	N/A	2.48	N/A	2.28	N/A	2.00
86	N/A	3.49	N/A	3.01	N/A	2.63	N/A	2.43	N/A	2.13
87	N/A	3.70	N/A	3.19	N/A	2.79	N/A	2.57	N/A	2.25
88	N/A	3.90	N/A	3.38	N/A	2.95	N/A	2.72	N/A	2.38
89	N/A	4.11	N/A	3.56	N/A	3.11	N/A	2.86	N/A	2.51
90	N/A	4.32	N/A	3.74	N/A	3.27	N/A	3.01	N/A	2.64
91	N/A	4.41	N/A	3.81	N/A	3.33	N/A	3.07	N/A	2.69
92	N/A	4.49	N/A	3.88	N/A	3.39	N/A	3.13	N/A	2.74
93	N/A	4.57	N/A	3.95	N/A	3.46	N/A	3.19	N/A	2.79
94	N/A	4.66	N/A	4.03	N/A	3.52	N/A	3.24	N/A	2.84
95	N/A	4.74	N/A	4.10	N/A	3.58	N/A	3.30	N/A	2.89
96	N/A	4.77	N/A	4.12	N/A	3.60	N/A	3.32	N/A	2.91
97	N/A	4.80	N/A	4.15	N/A	3.62	N/A	3.34	N/A	2.93
98	N/A	4.83	N/A	4.17	N/A	3.65	N/A	3.36	N/A	2.94
99	N/A	4.85	N/A	4.20	N/A	3.67	N/A	3.38	N/A	2.96
100	N/A	4.88	N/A	4.22	N/A	3.69	N/A	3.40	N/A	2.98

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.39	0.05	0.39	0.04	0.38	0.04	0.38	0.03	0.37	0.03
26	0.40	0.05	0.39	0.04	0.38	0.04	0.38	0.03	0.38	0.03
27	0.40	0.05	0.39	0.05	0.39	0.04	0.38	0.04	0.38	0.03
28	0.40	0.06	0.40	0.05	0.39	0.04	0.39	0.04	0.38	0.04
29	0.41	0.06	0.40	0.05	0.39	0.05	0.39	0.04	0.38	0.04
30	0.41	0.07	0.40	0.06	0.40	0.05	0.39	0.05	0.39	0.04
31	0.42	0.07	0.41	0.06	0.40	0.06	0.40	0.05	0.39	0.04
32	0.42	0.08	0.41	0.07	0.41	0.06	0.40	0.05	0.39	0.05
33	0.43	0.08	0.42	0.07	0.41	0.06	0.40	0.06	0.40	0.05
34	0.44	0.09	0.42	0.08	0.42	0.07	0.41	0.06	0.40	0.06
35	0.44	0.10	0.43	0.08	0.42	0.07	0.41	0.07	0.40	0.06
36	0.45	0.10	0.44	0.09	0.43	0.08	0.42	0.07	0.41	0.06
37	0.46	0.11	0.44	0.10	0.43	0.09	0.42	0.08	0.41	0.07
38	0.46	0.12	0.45	0.10	0.44	0.09	0.43	0.08	0.42	0.07
39	0.47	0.13	0.46	0.11	0.44	0.10	0.43	0.09	0.42	0.08
40	0.48	0.13	0.46	0.12	0.45	0.10	0.44	0.09	0.43	0.08
41	0.49	0.14	0.47	0.13	0.46	0.11	0.45	0.10	0.43	0.09
42	0.50	0.15	0.48	0.13	0.46	0.12	0.45	0.11	0.44	0.09
43	0.51	0.16	0.49	0.14	0.47	0.13	0.46	0.11	0.45	0.10
44	0.52	0.17	0.50	0.15	0.48	0.13	0.47	0.12	0.45	0.10
45	0.53	0.18	0.50	0.16	0.49	0.14	0.47	0.13	0.46	0.11
46	0.54	0.19	0.52	0.17	0.49	0.15	0.48	0.13	0.46	0.12
47	0.55	0.20	0.53	0.18	0.50	0.16	0.49	0.14	0.47	0.13
48	0.56	0.22	0.54	0.19	0.51	0.17	0.50	0.15	0.48	0.13
49	0.58	0.23	0.55	0.20	0.52	0.17	0.51	0.16	0.49	0.14
50	0.59	0.24	0.56	0.21	0.53	0.18	0.51	0.17	0.49	0.15
51	0.60	0.26	0.57	0.22	0.54	0.20	0.52	0.18	0.50	0.16
52	0.62	0.27	0.58	0.24	0.55	0.21	0.53	0.19	0.51	0.17
53	0.63	0.29	0.60	0.25	0.57	0.22	0.55	0.20	0.52	0.18
54	0.65	0.30	0.61	0.26	0.58	0.23	0.56	0.21	0.53	0.19
55	0.67	0.32	0.62	0.28	0.59	0.24	0.57	0.22	0.54	0.20
56	0.69	0.34	0.64	0.30	0.61	0.26	0.58	0.24	0.56	0.21
57	0.71	0.37	0.67	0.32	0.63	0.28	0.60	0.26	0.57	0.22
58	0.74	0.39	0.69	0.34	0.64	0.30	0.62	0.27	0.59	0.24
59	0.76	0.42	0.71	0.36	0.66	0.32	0.64	0.29	0.60	0.25
60	0.79	0.44	0.73	0.38	0.68	0.33	0.65	0.31	0.62	0.27
61	0.83	0.48	0.76	0.41	0.71	0.36	0.68	0.33	0.64	0.29
62	0.86	0.51	0.80	0.44	0.74	0.39	0.71	0.36	0.66	0.31
63	0.90	0.55	0.83	0.47	0.77	0.41	0.73	0.38	0.69	0.33
64	0.94	0.58	0.86	0.50	0.80	0.44	0.76	0.40	0.71	0.35
65	0.98	0.62	0.89	0.53	0.83	0.47	0.79	0.43	0.73	0.38
66	1.05	0.69	0.96	0.60	0.88	0.52	0.84	0.48	0.78	0.42
67	1.12	0.76	1.02	0.66	0.94	0.58	0.89	0.53	0.82	0.46
68	1.19	0.83	1.08	0.72	0.99	0.63	0.94	0.58	0.87	0.51
69	1.26	0.90	1.14	0.78	1.05	0.69	0.99	0.63	0.91	0.55
70	1.34	0.97	1.21	0.85	1.10	0.74	1.04	0.68	0.96	0.59
71	1.45	1.09	1.31	0.95	1.19	0.83	1.12	0.76	1.03	0.67
72	1.57	1.21	1.41	1.05	1.28	0.92	1.21	0.84	1.10	0.74
73	1.69	1.32	1.51	1.15	1.37	1.01	1.29	0.93	1.17	0.81
74	1.80	1.44	1.61	1.25	1.46	1.10	1.37	1.01	1.24	0.88
75	1.92	1.56	1.71	1.35	1.55	1.19	1.45	1.09	1.32	0.95
76	2.10	1.74	1.88	1.51	1.69	1.33	1.58	1.22	1.43	1.07
77	2.29	1.93	2.04	1.67	1.83	1.47	1.72	1.35	1.55	1.18
78	2.48	2.12	2.20	1.84	1.97	1.61	1.85	1.48	1.66	1.30
79	2.66	2.30	2.36	2.00	2.12	1.75	1.98	1.61	1.77	1.41
80	2.85	2.49	2.52	2.16	2.26	1.90	2.11	1.74	1.89	1.53
81	3.08	2.72	2.73	2.36	2.44	2.07	2.27	1.91	2.03	1.67
82	3.32	2.96	2.93	2.57	2.61	2.25	2.43	2.07	2.18	1.81
83	3.55	3.19	3.13	2.77	2.79	2.43	2.60	2.24	2.32	1.96
84	3.78	3.42	3.33	2.97	2.97	2.61	2.76	2.40	2.46	2.10
85	N/A	3.66	N/A	3.17	N/A	2.78	N/A	2.56	N/A	2.24
86	N/A	3.89	N/A	3.38	N/A	2.96	N/A	2.73	N/A	2.39
87	N/A	4.12	N/A	3.58	N/A	3.14	N/A	2.89	N/A	2.53
88	N/A	4.36	N/A	3.78	N/A	3.32	N/A	3.05	N/A	2.67
89	N/A	4.59	N/A	3.98	N/A	3.50	N/A	3.22	N/A	2.81
90	N/A	4.82	N/A	4.19	N/A	3.67	N/A	3.38	N/A	2.96
91	N/A	4.92	N/A	4.27	N/A	3.74	N/A	3.45	N/A	3.01
92	N/A	5.01	N/A	4.35	N/A	3.82	N/A	3.51	N/A	3.07
93	N/A	5.10	N/A	4.43	N/A	3.89	N/A	3.58	N/A	3.13
94	N/A	5.20	N/A	4.51	N/A	3.96	N/A	3.64	N/A	3.19
95	N/A	5.29	N/A	4.59	N/A	4.03	N/A	3.71	N/A	3.24
96	N/A	5.32	N/A	4.62	N/A	4.05	N/A	3.73	N/A	3.26
97	N/A	5.35	N/A	4.65	N/A	4.08	N/A	3.75	N/A	3.28
98	N/A	5.38	N/A	4.67	N/A	4.10	N/A	3.77	N/A	3.30
99	N/A	5.41	N/A	4.70	N/A	4.12	N/A	3.80	N/A	3.32
100	N/A	5.44	N/A	4.73	N/A	4.15	N/A	3.82	N/A	3.34

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.56	0.21	0.54	0.18	0.52	0.16	0.50	0.15	0.48	0.13
46	0.58	0.23	0.55	0.20	0.53	0.17	0.51	0.16	0.49	0.14
47	0.59	0.24	0.56	0.21	0.54	0.18	0.52	0.17	0.50	0.15
48	0.61	0.25	0.57	0.22	0.55	0.19	0.53	0.18	0.51	0.16
49	0.62	0.27	0.59	0.23	0.56	0.21	0.54	0.19	0.52	0.17
50	0.64	0.28	0.60	0.24	0.57	0.22	0.55	0.20	0.53	0.17
51	0.66	0.30	0.61	0.26	0.58	0.23	0.56	0.21	0.54	0.18
52	0.67	0.32	0.63	0.28	0.60	0.24	0.58	0.22	0.55	0.20
53	0.69	0.34	0.65	0.29	0.61	0.26	0.59	0.24	0.56	0.21
54	0.71	0.36	0.66	0.31	0.62	0.27	0.60	0.25	0.57	0.22
55	0.73	0.38	0.68	0.32	0.64	0.28	0.61	0.26	0.58	0.23
56	0.76	0.41	0.70	0.35	0.66	0.31	0.64	0.28	0.60	0.25
57	0.80	0.44	0.73	0.38	0.68	0.33	0.66	0.30	0.62	0.26
58	0.83	0.47	0.76	0.41	0.71	0.35	0.68	0.33	0.64	0.28
59	0.86	0.51	0.79	0.43	0.73	0.38	0.70	0.35	0.65	0.30
60	0.89	0.54	0.82	0.46	0.76	0.40	0.72	0.37	0.67	0.32
61	0.94	0.58	0.86	0.50	0.79	0.44	0.76	0.40	0.70	0.35
62	0.99	0.63	0.90	0.54	0.83	0.47	0.79	0.43	0.73	0.37
63	1.04	0.68	0.94	0.58	0.87	0.51	0.83	0.46	0.76	0.40
64	1.09	0.73	0.99	0.62	0.90	0.54	0.86	0.50	0.79	0.43
65	1.14	0.77	1.03	0.67	0.94	0.58	0.90	0.53	0.82	0.46
66	1.24	0.87	1.12	0.75	1.02	0.65	0.96	0.60	0.88	0.51
67	1.34	0.98	1.21	0.84	1.09	0.73	1.03	0.67	0.94	0.57
68	1.45	1.08	1.30	0.93	1.17	0.81	1.11	0.74	1.00	0.64
69	1.55	1.19	1.39	1.02	1.25	0.88	1.18	0.81	1.07	0.70
70	1.66	1.29	1.48	1.12	1.33	0.97	1.25	0.89	1.13	0.76
71	1.83	1.46	1.63	1.26	1.46	1.09	1.37	1.00	1.23	0.86
72	2.01	1.64	1.78	1.41	1.59	1.22	1.49	1.12	1.33	0.96
73	2.18	1.81	1.93	1.56	1.72	1.35	1.61	1.24	1.44	1.07
74	2.36	1.99	2.09	1.72	1.85	1.48	1.73	1.36	1.54	1.17
75	2.54	2.17	2.24	1.87	1.99	1.62	1.85	1.48	1.65	1.28
76	2.80	2.43	2.47	2.10	2.18	1.81	2.03	1.66	1.80	1.43
77	3.06	2.69	2.69	2.32	2.38	2.01	2.21	1.84	1.96	1.59
78	3.33	2.96	2.92	2.55	2.57	2.20	2.39	2.02	2.11	1.74
79	3.59	3.22	3.14	2.77	2.77	2.40	2.56	2.19	2.26	1.89
80	3.85	3.48	3.37	3.00	2.96	2.59	2.74	2.37	2.42	2.05
81	4.17	3.80	3.65	3.28	3.20	2.83	2.97	2.60	2.61	2.24
82	4.50	4.13	3.93	3.56	3.45	3.08	3.19	2.82	2.80	2.43
83	4.83	4.46	4.21	3.84	3.69	3.32	3.41	3.04	2.99	2.62
84	5.15	4.78	4.49	4.12	3.93	3.56	3.63	3.26	3.18	2.81
85	N/A	5.11	N/A	4.40	N/A	3.81	N/A	3.49	N/A	3.01
86	N/A	5.43	N/A	4.68	N/A	4.05	N/A	3.71	N/A	3.20
87	N/A	5.76	N/A	4.96	N/A	4.29	N/A	3.93	N/A	3.39
88	N/A	6.09	N/A	5.25	N/A	4.54	N/A	4.15	N/A	3.58
89	N/A	6.41	N/A	5.53	N/A	4.78	N/A	4.37	N/A	3.77
90	N/A	6.74	N/A	5.81	N/A	5.02	N/A	4.60	N/A	3.96
91	N/A	6.87	N/A	5.92	N/A	5.12	N/A	4.69	N/A	4.04
92	N/A	7.00	N/A	6.03	N/A	5.22	N/A	4.78	N/A	4.12
93	N/A	7.13	N/A	6.14	N/A	5.31	N/A	4.86	N/A	4.19
94	N/A	7.26	N/A	6.26	N/A	5.41	N/A	4.95	N/A	4.27
95	N/A	7.39	N/A	6.37	N/A	5.51	N/A	5.04	N/A	4.35
96	N/A	7.43	N/A	6.41	N/A	5.54	N/A	5.07	N/A	4.37
97	N/A	7.48	N/A	6.44	N/A	5.57	N/A	5.10	N/A	4.40
98	N/A	7.52	N/A	6.48	N/A	5.60	N/A	5.13	N/A	4.42
99	N/A	7.56	N/A	6.52	N/A	5.64	N/A	5.16	N/A	4.45
100	N/A	7.61	N/A	6.56	N/A	5.67	N/A	5.19	N/A	4.48

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.04	0.57	7.97	0.50	7.90	0.44	7.86	0.40	7.81	0.35
26	8.04	0.62	7.97	0.55	7.90	0.47	7.86	0.43	7.81	0.37
27	8.04	0.66	7.97	0.58	7.90	0.51	7.86	0.46	7.81	0.40
28	8.04	0.71	7.97	0.62	7.90	0.54	7.86	0.50	7.81	0.44
29	8.04	0.76	7.97	0.66	7.90	0.57	7.86	0.52	7.81	0.46
30	8.04	0.80	7.97	0.70	7.90	0.60	7.86	0.55	7.81	0.49
31	8.04	0.86	7.97	0.75	7.90	0.65	7.86	0.60	7.81	0.52
32	8.04	0.92	7.97	0.80	7.90	0.70	7.86	0.64	7.81	0.55
33	8.04	0.97	7.97	0.86	7.90	0.74	7.86	0.68	7.81	0.60
34	8.04	1.03	7.97	0.91	7.90	0.79	7.86	0.72	7.81	0.63
35	8.04	1.08	7.97	0.95	7.90	0.82	7.86	0.76	7.81	0.66
36	8.04	1.15	7.97	1.02	7.90	0.88	7.86	0.81	7.81	0.71
37	8.04	1.23	7.97	1.08	7.90	0.93	7.86	0.86	7.81	0.75
38	8.04	1.30	7.97	1.15	7.90	0.99	7.86	0.91	7.81	0.79
39	8.04	1.38	7.97	1.21	7.90	1.04	7.86	0.96	7.81	0.84
40	8.04	1.44	7.97	1.27	7.90	1.09	7.86	1.00	7.81	0.88
41	8.04	1.53	7.97	1.34	7.90	1.16	7.86	1.06	7.81	0.93
42	8.04	1.62	7.97	1.41	7.90	1.22	7.86	1.12	7.81	0.98
43	8.04	1.69	7.97	1.49	7.90	1.29	7.86	1.18	7.81	1.03
44	8.04	1.78	7.97	1.56	7.90	1.35	7.86	1.24	7.81	1.08
45	8.04	1.86	7.97	1.62	7.90	1.41	7.86	1.29	7.81	1.12
46	8.04	1.96	7.97	1.71	7.90	1.48	7.86	1.36	7.81	1.19
47	8.04	2.05	7.97	1.79	7.90	1.55	7.86	1.42	7.81	1.24
48	8.04	2.15	7.97	1.87	7.90	1.62	7.86	1.50	7.81	1.30
49	8.05	2.23	7.97	1.95	7.90	1.69	7.86	1.56	7.81	1.36
50	8.08	2.33	7.97	2.03	7.90	1.76	7.86	1.62	7.81	1.41
51	8.13	2.45	7.97	2.13	7.90	1.86	7.86	1.71	7.81	1.49
52	8.18	2.57	7.97	2.24	7.90	1.94	7.86	1.79	7.81	1.56
53	8.23	2.68	7.97	2.34	7.90	2.03	7.86	1.87	7.81	1.63
54	8.27	2.80	7.97	2.44	7.90	2.11	7.86	1.95	7.81	1.70
55	8.32	2.90	7.97	2.53	7.90	2.19	7.86	2.02	7.81	1.77
56	8.44	3.09	8.04	2.69	7.90	2.33	7.86	2.15	7.81	1.87
57	8.55	3.28	8.12	2.84	7.90	2.47	7.86	2.28	7.81	1.98
58	8.66	3.45	8.20	2.99	7.90	2.61	7.86	2.39	7.81	2.08
59	8.77	3.63	8.28	3.14	7.90	2.74	7.86	2.50	7.81	2.18
60	8.86	3.79	8.35	3.27	7.93	2.86	7.86	2.62	7.81	2.28
61	9.09	4.04	8.53	3.49	8.09	3.04	7.86	2.79	7.81	2.42
62	9.30	4.29	8.71	3.70	8.23	3.23	7.97	2.95	7.81	2.57
63	9.51	4.52	8.88	3.89	8.38	3.39	8.09	3.11	7.81	2.70
64	9.70	4.75	9.03	4.08	8.51	3.56	8.22	3.27	7.81	2.83
65	9.89	4.97	9.19	4.27	8.64	3.72	8.33	3.41	7.88	2.96
66	10.33	5.48	9.56	4.71	8.95	4.11	8.61	3.76	8.11	3.26
67	10.75	5.96	9.91	5.13	9.25	4.47	8.88	4.10	8.33	3.55
68	11.15	6.44	10.25	5.54	9.54	4.83	9.14	4.43	8.54	3.83
69	11.54	6.90	10.58	5.93	9.81	5.17	9.39	4.74	8.75	4.10
70	11.91	7.34	10.89	6.31	10.07	5.51	9.62	5.05	8.94	4.36
71	12.61	8.11	11.49	6.98	10.59	6.09	10.09	5.58	9.32	4.82
72	13.29	8.85	12.06	7.62	11.08	6.64	10.54	6.09	9.69	5.25
73	13.94	9.57	12.61	8.24	11.56	7.19	10.96	6.59	10.05	5.68
74	14.56	10.26	13.14	8.83	12.01	7.70	11.37	7.06	10.39	6.08
75	15.15	10.91	13.64	9.40	12.44	8.20	11.76	7.52	10.70	6.47
76	16.18	12.01	14.51	10.35	13.19	9.03	12.45	8.28	11.29	7.12
77	17.17	13.08	15.36	11.26	13.92	9.82	13.10	9.01	11.84	7.75
78	18.11	14.09	16.16	12.13	14.61	10.58	13.73	9.71	12.37	8.35
79	19.01	15.06	16.92	12.97	15.27	11.32	14.32	10.37	12.87	8.92
80	19.86	15.98	17.64	13.77	15.89	12.01	14.89	11.01	13.35	9.47
81	21.36	17.48	18.94	15.06	17.01	13.14	15.92	12.04	14.24	10.36
82	22.86	18.98	20.23	16.35	18.14	14.26	16.96	13.08	15.12	11.25
83	24.36	20.48	21.52	17.64	19.26	15.38	17.99	14.11	16.01	12.13
84	25.85	21.97	22.81	18.93	20.39	16.51	19.02	15.14	16.90	13.02
85	N/A	23.47	N/A	20.22	N/A	17.63	N/A	16.18	N/A	13.91
86	N/A	24.97	N/A	21.51	N/A	18.76	N/A	17.21	N/A	14.80
87	N/A	26.47	N/A	22.80	N/A	19.89	N/A	18.24	N/A	15.69
88	N/A	27.97	N/A	24.09	N/A	21.01	N/A	19.27	N/A	16.57
89	N/A	29.47	N/A	25.38	N/A	22.14	N/A	20.31	N/A	17.46
90	N/A	30.97	N/A	26.67	N/A	23.27	N/A	21.34	N/A	18.35
91	N/A	31.57	N/A	27.19	N/A	23.71	N/A	21.75	N/A	18.70
92	N/A	32.16	N/A	27.71	N/A	24.16	N/A	22.16	N/A	19.06
93	N/A	32.76	N/A	28.22	N/A	24.61	N/A	22.57	N/A	19.41
94	N/A	33.36	N/A	28.74	N/A	25.06	N/A	22.99	N/A	19.77
95	N/A	33.96	N/A	29.26	N/A	25.51	N/A	23.40	N/A	20.12
96	N/A	34.16	N/A	29.43	N/A	25.66	N/A	23.54	N/A	20.24
97	N/A	34.36	N/A	29.60	N/A	25.82	N/A	23.68	N/A	20.36
98	N/A	34.56	N/A	29.77	N/A	25.96	N/A	23.82	N/A	20.48
99	N/A	34.76	N/A	29.95	N/A	26.11	N/A	23.96	N/A	20.60
100	N/A	34.96	N/A	30.12	N/A	26.27	N/A	24.09	N/A	20.72

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.34	0.80	8.24	0.70	8.15	0.62	8.09	0.56	8.03	0.49
26	8.34	0.87	8.24	0.75	8.15	0.66	8.09	0.60	8.03	0.53
27	8.34	0.93	8.24	0.81	8.15	0.71	8.09	0.65	8.03	0.57
28	8.34	0.99	8.24	0.86	8.15	0.76	8.09	0.68	8.03	0.61
29	8.34	1.05	8.24	0.91	8.15	0.80	8.09	0.72	8.03	0.64
30	8.34	1.11	8.24	0.96	8.15	0.84	8.09	0.77	8.03	0.68
31	8.34	1.20	8.24	1.03	8.15	0.91	8.09	0.83	8.03	0.73
32	8.34	1.28	8.24	1.11	8.15	0.97	8.09	0.89	8.03	0.78
33	8.34	1.35	8.24	1.17	8.15	1.04	8.09	0.93	8.03	0.83
34	8.35	1.44	8.24	1.25	8.15	1.10	8.09	0.99	8.03	0.88
35	8.36	1.51	8.24	1.31	8.15	1.16	8.09	1.05	8.03	0.93
36	8.39	1.62	8.24	1.40	8.15	1.24	8.09	1.12	8.03	0.99
37	8.42	1.71	8.24	1.48	8.15	1.31	8.09	1.19	8.03	1.05
38	8.45	1.81	8.24	1.57	8.15	1.39	8.09	1.25	8.03	1.11
39	8.47	1.90	8.24	1.65	8.15	1.45	8.09	1.32	8.03	1.17
40	8.50	2.00	8.24	1.73	8.15	1.53	8.09	1.38	8.03	1.23
41	8.55	2.12	8.27	1.84	8.15	1.62	8.09	1.47	8.03	1.30
42	8.59	2.22	8.30	1.93	8.15	1.70	8.09	1.55	8.03	1.37
43	8.63	2.34	8.32	2.03	8.15	1.79	8.09	1.62	8.03	1.44
44	8.67	2.44	8.35	2.12	8.15	1.87	8.09	1.70	8.03	1.50
45	8.71	2.55	8.37	2.21	8.15	1.95	8.09	1.77	8.03	1.57
46	8.77	2.68	8.42	2.33	8.15	2.05	8.09	1.87	8.03	1.65
47	8.83	2.81	8.46	2.44	8.18	2.15	8.09	1.96	8.03	1.73
48	8.89	2.94	8.50	2.55	8.20	2.25	8.09	2.05	8.03	1.80
49	8.94	3.06	8.54	2.66	8.22	2.34	8.09	2.14	8.03	1.88
50	8.99	3.18	8.58	2.76	8.24	2.44	8.09	2.22	8.03	1.95
51	9.09	3.35	8.65	2.91	8.30	2.56	8.09	2.34	8.03	2.05
52	9.18	3.51	8.73	3.05	8.36	2.69	8.12	2.45	8.03	2.15
53	9.27	3.67	8.79	3.18	8.40	2.80	8.16	2.56	8.03	2.24
54	9.36	3.82	8.86	3.32	8.45	2.92	8.21	2.67	8.03	2.33
55	9.44	3.97	8.92	3.45	8.49	3.03	8.24	2.77	8.03	2.42
56	9.61	4.21	9.06	3.66	8.60	3.21	8.34	2.94	8.03	2.57
57	9.78	4.45	9.19	3.86	8.71	3.39	8.44	3.11	8.05	2.72
58	9.93	4.67	9.32	4.06	8.82	3.56	8.53	3.26	8.12	2.86
59	10.09	4.89	9.44	4.25	8.92	3.73	8.61	3.41	8.19	3.00
60	10.23	5.11	9.56	4.44	9.01	3.89	8.69	3.56	8.25	3.12
61	10.53	5.44	9.82	4.72	9.23	4.14	8.89	3.79	8.42	3.32
62	10.82	5.76	10.06	5.00	9.44	4.38	9.08	4.02	8.58	3.52
63	11.10	6.06	10.30	5.27	9.64	4.61	9.27	4.23	8.74	3.71
64	11.36	6.36	10.52	5.53	9.83	4.84	9.44	4.44	8.89	3.89
65	11.61	6.65	10.74	5.78	10.02	5.06	9.61	4.64	9.03	4.07
66	12.22	7.32	11.26	6.37	10.46	5.57	10.01	5.11	9.38	4.48
67	12.81	7.98	11.76	6.94	10.89	6.07	10.39	5.57	9.71	4.89
68	13.36	8.61	12.24	7.49	11.30	6.55	10.76	6.00	10.03	5.28
69	13.90	9.22	12.70	8.01	11.69	7.01	11.12	6.43	10.34	5.65
70	14.42	9.80	13.14	8.52	12.07	7.45	11.45	6.84	10.63	6.01
71	15.37	10.83	13.96	9.41	12.78	8.23	12.10	7.54	11.19	6.65
72	16.30	11.81	14.75	10.26	13.46	8.98	12.71	8.23	11.73	7.26
73	17.17	12.76	15.50	11.09	14.11	9.70	13.31	8.89	12.25	7.84
74	18.02	13.67	16.23	11.88	14.73	10.39	13.87	9.53	12.75	8.40
75	18.82	14.54	16.92	12.64	15.33	11.05	14.41	10.13	13.22	8.94
76	20.22	16.01	18.12	13.91	16.37	12.17	15.36	11.15	14.06	9.85
77	21.55	17.42	19.27	15.14	17.37	13.24	16.27	12.13	14.85	10.71
78	22.84	18.78	20.38	16.32	18.33	14.26	17.14	13.08	15.61	11.55
79	24.06	20.07	21.43	17.44	19.24	15.25	17.97	13.98	16.33	12.34
80	25.21	21.30	22.42	18.51	20.10	16.18	18.75	14.84	17.01	13.10
81	27.21	23.30	24.16	20.24	21.61	17.70	20.15	16.23	18.24	14.33
82	29.21	25.29	25.89	21.98	23.13	19.22	21.53	17.62	19.47	15.56
83	31.21	27.29	27.63	23.72	24.65	20.73	22.92	19.01	20.70	16.78
84	33.20	29.28	29.37	25.45	26.17	22.25	24.31	20.39	21.92	18.01
85	N/A	31.28	N/A	27.18	N/A	23.77	N/A	21.79	N/A	19.24
86	N/A	33.28	N/A	28.92	N/A	25.28	N/A	23.18	N/A	20.47
87	N/A	35.28	N/A	30.65	N/A	26.80	N/A	24.57	N/A	21.70
88	N/A	37.27	N/A	32.39	N/A	28.32	N/A	25.96	N/A	22.92
89	N/A	39.27	N/A	34.12	N/A	29.84	N/A	27.35	N/A	24.15
90	N/A	41.26	N/A	35.86	N/A	31.35	N/A	28.74	N/A	25.38
91	N/A	42.06	N/A	36.55	N/A	31.96	N/A	29.30	N/A	25.87
92	N/A	42.86	N/A	37.25	N/A	32.56	N/A	29.86	N/A	26.36
93	N/A	43.66	N/A	37.94	N/A	33.17	N/A	30.41	N/A	26.85
94	N/A	44.46	N/A	38.63	N/A	33.78	N/A	30.97	N/A	27.34
95	N/A	45.26	N/A	39.33	N/A	34.38	N/A	31.52	N/A	27.83
96	N/A	45.52	N/A	39.56	N/A	34.59	N/A	31.71	N/A	27.99
97	N/A	45.79	N/A	39.79	N/A	34.79	N/A	31.90	N/A	28.16
98	N/A	46.06	N/A	40.02	N/A	34.99	N/A	32.08	N/A	28.33
99	N/A	46.32	N/A	40.25	N/A	35.20	N/A	32.27	N/A	28.49
100	N/A	46.59	N/A	40.48	N/A	35.40	N/A	32.45	N/A	28.65

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.54	0.93	8.42	0.81	8.33	0.72	8.26	0.64	8.19	0.56
26	8.55	1.00	8.42	0.88	8.33	0.77	8.26	0.70	8.19	0.61
27	8.55	1.07	8.42	0.94	8.33	0.83	8.26	0.74	8.19	0.65
28	8.55	1.15	8.42	1.00	8.33	0.88	8.26	0.80	8.19	0.69
29	8.55	1.22	8.42	1.06	8.33	0.93	8.26	0.84	8.19	0.73
30	8.55	1.29	8.42	1.12	8.33	0.98	8.26	0.89	8.19	0.77
31	8.58	1.39	8.42	1.21	8.33	1.06	8.26	0.96	8.19	0.83
32	8.60	1.48	8.42	1.28	8.33	1.13	8.26	1.03	8.19	0.89
33	8.63	1.57	8.42	1.37	8.33	1.20	8.26	1.09	8.19	0.94
34	8.65	1.66	8.43	1.44	8.33	1.27	8.26	1.15	8.19	1.00
35	8.67	1.75	8.44	1.52	8.33	1.34	8.26	1.22	8.19	1.06
36	8.72	1.87	8.48	1.63	8.33	1.43	8.26	1.30	8.19	1.13
37	8.76	1.98	8.50	1.72	8.33	1.52	8.26	1.38	8.19	1.20
38	8.81	2.10	8.53	1.82	8.33	1.60	8.26	1.46	8.19	1.26
39	8.84	2.20	8.55	1.91	8.33	1.69	8.26	1.54	8.19	1.33
40	8.88	2.31	8.58	2.01	8.34	1.77	8.26	1.61	8.19	1.40
41	8.95	2.45	8.63	2.13	8.37	1.87	8.26	1.71	8.19	1.48
42	9.02	2.59	8.67	2.25	8.41	1.97	8.26	1.81	8.19	1.56
43	9.08	2.72	8.71	2.35	8.43	2.07	8.26	1.90	8.19	1.65
44	9.14	2.85	8.75	2.46	8.45	2.16	8.27	1.99	8.19	1.73
45	9.19	2.97	8.79	2.57	8.48	2.26	8.29	2.08	8.19	1.80
46	9.28	3.13	8.85	2.70	8.53	2.38	8.33	2.19	8.19	1.90
47	9.37	3.29	8.91	2.84	8.57	2.49	8.37	2.30	8.19	1.98
48	9.44	3.43	8.97	2.96	8.61	2.61	8.41	2.39	8.19	2.08
49	9.52	3.57	9.02	3.09	8.65	2.72	8.44	2.50	8.19	2.16
50	9.59	3.72	9.08	3.20	8.68	2.82	8.47	2.60	8.19	2.24
51	9.71	3.91	9.17	3.37	8.76	2.97	8.53	2.73	8.19	2.37
52	9.83	4.11	9.27	3.53	8.84	3.11	8.59	2.86	8.21	2.48
53	9.95	4.29	9.36	3.70	8.91	3.24	8.65	3.00	8.25	2.60
54	10.06	4.47	9.45	3.85	8.97	3.38	8.71	3.12	8.29	2.70
55	10.16	4.64	9.52	4.00	9.03	3.51	8.75	3.24	8.33	2.81
56	10.37	4.92	9.70	4.25	9.18	3.73	8.88	3.44	8.43	2.98
57	10.58	5.20	9.87	4.49	9.32	3.94	9.00	3.63	8.53	3.15
58	10.78	5.47	10.03	4.72	9.44	4.13	9.13	3.81	8.63	3.31
59	10.97	5.73	10.19	4.94	9.57	4.33	9.23	3.99	8.72	3.47
60	11.15	5.98	10.33	5.16	9.69	4.52	9.34	4.16	8.80	3.62
61	11.51	6.36	10.64	5.49	9.95	4.80	9.57	4.43	9.01	3.86
62	11.85	6.74	10.92	5.82	10.20	5.09	9.81	4.69	9.20	4.09
63	12.17	7.10	11.21	6.12	10.44	5.36	10.02	4.94	9.39	4.31
64	12.49	7.44	11.47	6.42	10.67	5.62	10.23	5.18	9.57	4.52
65	12.79	7.78	11.73	6.71	10.88	5.87	10.43	5.42	9.74	4.72
66	13.51	8.57	12.33	7.39	11.41	6.47	10.91	5.97	10.15	5.21
67	14.20	9.33	12.93	8.05	11.91	7.04	11.37	6.49	10.54	5.67
68	14.86	10.06	13.49	8.69	12.40	7.59	11.81	7.01	10.92	6.12
69	15.50	10.77	14.03	9.30	12.86	8.13	12.23	7.49	11.28	6.55
70	16.11	11.45	14.55	9.89	13.31	8.64	12.63	7.97	11.63	6.97
71	17.23	12.64	15.51	10.91	14.13	9.54	13.39	8.80	12.29	7.70
72	18.29	13.77	16.43	11.90	14.93	10.40	14.11	9.59	12.91	8.39
73	19.33	14.87	17.31	12.85	15.69	11.23	14.81	10.35	13.52	9.06
74	20.31	15.92	18.15	13.76	16.42	12.03	15.47	11.08	14.09	9.70
75	21.25	16.93	18.96	14.64	17.12	12.79	16.11	11.79	14.65	10.33
76	22.89	18.64	20.36	16.11	18.34	14.08	17.23	12.98	15.62	11.37
77	24.46	20.28	21.71	17.53	19.50	15.32	18.30	14.12	16.54	12.37
78	25.96	21.85	23.00	18.90	20.62	16.51	19.32	15.22	17.43	13.33
79	27.39	23.36	24.22	20.19	21.68	17.65	20.29	16.27	18.27	14.25
80	28.75	24.79	25.39	21.43	22.69	18.73	21.22	17.26	19.08	15.12
81	31.07	27.11	27.40	23.44	24.45	20.49	22.84	18.88	20.49	16.54
82	33.40	29.44	29.41	25.45	26.20	22.24	24.45	20.50	21.91	17.95
83	35.72	31.77	31.42	27.46	27.96	24.00	26.07	22.12	23.33	19.37
84	38.05	34.09	33.42	29.47	29.72	25.76	27.69	23.74	24.75	20.79
85	N/A	36.42	N/A	31.48	N/A	27.51	N/A	25.35	N/A	22.21
86	N/A	38.74	N/A	33.49	N/A	29.27	N/A	26.97	N/A	23.62
87	N/A	41.07	N/A	35.49	N/A	31.02	N/A	28.59	N/A	25.04
88	N/A	43.39	N/A	37.51	N/A	32.77	N/A	30.21	N/A	26.46
89	N/A	45.72	N/A	39.52	N/A	34.53	N/A	31.83	N/A	27.88
90	N/A	48.04	N/A	41.52	N/A	36.29	N/A	33.45	N/A	29.30
91	N/A	48.97	N/A	42.33	N/A	36.99	N/A	34.10	N/A	29.86
92	N/A	49.90	N/A	43.13	N/A	37.69	N/A	34.74	N/A	30.43
93	N/A	50.83	N/A	43.93	N/A	38.39	N/A	35.39	N/A	31.00
94	N/A	51.76	N/A	44.74	N/A	39.10	N/A	36.03	N/A	31.56
95	N/A	52.69	N/A	45.54	N/A	39.80	N/A	36.68	N/A	32.13
96	N/A	53.00	N/A	45.81	N/A	40.04	N/A	36.90	N/A	32.32
97	N/A	53.31	N/A	46.08	N/A	40.27	N/A	37.12	N/A	32.51
98	N/A	53.62	N/A	46.35	N/A	40.50	N/A	37.33	N/A	32.70
99	N/A	53.93	N/A	46.62	N/A	40.74	N/A	37.55	N/A	32.89
100	N/A	54.24	N/A	46.89	N/A	40.97	N/A	37.76	N/A	33.08

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	8.80	1.04	8.67	0.91	8.55	0.79	8.48	0.72	8.39	0.64
26	8.81	1.12	8.67	0.99	8.55	0.86	8.48	0.78	8.39	0.68
27	8.82	1.21	8.67	1.05	8.55	0.93	8.48	0.83	8.39	0.74
28	8.82	1.28	8.67	1.12	8.55	0.98	8.48	0.89	8.39	0.78
29	8.83	1.36	8.67	1.18	8.55	1.04	8.48	0.94	8.39	0.84
30	8.84	1.44	8.67	1.25	8.55	1.10	8.48	0.99	8.39	0.88
31	8.87	1.54	8.68	1.35	8.55	1.18	8.48	1.06	8.39	0.94
32	8.91	1.65	8.71	1.44	8.55	1.27	8.48	1.14	8.39	1.01
33	8.95	1.75	8.72	1.53	8.55	1.35	8.48	1.21	8.39	1.07
34	8.97	1.85	8.74	1.61	8.55	1.43	8.48	1.28	8.39	1.14
35	9.00	1.94	8.76	1.70	8.56	1.50	8.48	1.35	8.39	1.19
36	9.06	2.08	8.80	1.82	8.58	1.60	8.48	1.44	8.39	1.28
37	9.12	2.21	8.85	1.93	8.62	1.71	8.48	1.53	8.39	1.36
38	9.17	2.33	8.88	2.04	8.64	1.80	8.48	1.62	8.39	1.43
39	9.23	2.46	8.91	2.15	8.67	1.90	8.48	1.71	8.39	1.51
40	9.28	2.58	8.95	2.26	8.69	1.99	8.48	1.79	8.39	1.58
41	9.36	2.73	9.01	2.40	8.73	2.12	8.52	1.90	8.39	1.67
42	9.44	2.88	9.08	2.52	8.78	2.23	8.55	2.00	8.39	1.76
43	9.52	3.03	9.13	2.65	8.82	2.34	8.59	2.11	8.39	1.86
44	9.59	3.18	9.19	2.77	8.86	2.45	8.62	2.21	8.39	1.94
45	9.66	3.31	9.24	2.90	8.90	2.56	8.64	2.30	8.39	2.02
46	9.76	3.49	9.33	3.05	8.96	2.70	8.69	2.43	8.40	2.13
47	9.86	3.66	9.41	3.21	9.02	2.82	8.75	2.55	8.43	2.24
48	9.97	3.84	9.47	3.35	9.06	2.94	8.79	2.67	8.47	2.34
49	10.06	4.00	9.54	3.50	9.12	3.06	8.83	2.78	8.50	2.45
50	10.14	4.16	9.61	3.63	9.16	3.18	8.87	2.89	8.52	2.54
51	10.29	4.37	9.73	3.82	9.26	3.34	8.95	3.04	8.59	2.68
52	10.43	4.58	9.84	4.00	9.34	3.50	9.02	3.19	8.65	2.81
53	10.57	4.80	9.95	4.17	9.42	3.65	9.10	3.32	8.70	2.94
54	10.69	4.99	10.04	4.35	9.50	3.80	9.16	3.46	8.76	3.06
55	10.81	5.18	10.14	4.51	9.57	3.95	9.22	3.59	8.81	3.18
56	11.07	5.51	10.35	4.79	9.74	4.19	9.38	3.82	8.93	3.37
57	11.32	5.83	10.56	5.07	9.91	4.43	9.53	4.04	9.05	3.56
58	11.56	6.15	10.75	5.33	10.07	4.66	9.68	4.26	9.17	3.75
59	11.79	6.45	10.94	5.59	10.22	4.88	9.81	4.47	9.28	3.93
60	12.01	6.73	11.12	5.83	10.37	5.09	9.94	4.67	9.37	4.10
61	12.41	7.17	11.46	6.21	10.67	5.42	10.21	4.98	9.60	4.36
62	12.80	7.59	11.80	6.57	10.96	5.74	10.48	5.26	9.83	4.62
63	13.17	7.99	12.11	6.92	11.22	6.05	10.73	5.55	10.04	4.86
64	13.52	8.38	12.41	7.26	11.49	6.35	10.97	5.82	10.24	5.10
65	13.87	8.75	12.71	7.59	11.74	6.63	11.20	6.08	10.43	5.33
66	14.67	9.63	13.39	8.35	12.34	7.31	11.74	6.70	10.90	5.86
67	15.44	10.47	14.06	9.09	12.91	7.95	12.27	7.30	11.35	6.38
68	16.19	11.29	14.69	9.79	13.47	8.57	12.76	7.87	11.77	6.88
69	16.90	12.08	15.31	10.48	14.00	9.18	13.25	8.42	12.19	7.36
70	17.59	12.84	15.89	11.14	14.50	9.76	13.71	8.95	12.58	7.83
71	18.83	14.14	16.95	12.27	15.44	10.76	14.57	9.88	13.32	8.64
72	20.01	15.40	17.98	13.36	16.33	11.72	15.38	10.77	14.03	9.42
73	21.15	16.61	18.96	14.42	17.19	12.64	16.17	11.62	14.71	10.17
74	22.24	17.77	19.90	15.42	18.01	13.53	16.92	12.45	15.37	10.89
75	23.29	18.88	20.80	16.39	18.79	14.39	17.64	13.24	15.99	11.58
76	25.12	20.79	22.38	18.05	20.17	15.84	18.91	14.58	17.08	12.75
77	26.88	22.62	23.90	19.64	21.49	17.23	20.12	15.86	18.13	13.87
78	28.56	24.37	25.34	21.16	22.75	18.57	21.27	17.09	19.13	14.95
79	30.16	26.05	26.73	22.62	23.96	19.85	22.37	18.27	20.08	15.98
80	31.68	27.65	28.04	24.01	25.10	21.07	23.42	19.39	20.99	16.96
81	34.28	30.25	30.29	26.26	27.07	23.04	25.24	21.20	22.58	18.55
82	36.87	32.84	32.54	28.51	29.05	25.02	27.05	23.02	24.17	20.14
83	39.46	35.43	34.79	30.76	31.03	27.00	28.88	24.84	25.76	21.73
84	42.05	38.02	37.04	33.01	33.00	28.97	30.69	26.66	27.35	23.32
85	N/A	40.61	N/A	35.26	N/A	30.94	N/A	28.48	N/A	24.91
86	N/A	43.21	N/A	37.51	N/A	32.92	N/A	30.29	N/A	26.50
87	N/A	45.80	N/A	39.76	N/A	34.89	N/A	32.11	N/A	28.09
88	N/A	48.39	N/A	42.01	N/A	36.87	N/A	33.93	N/A	29.68
89	N/A	50.98	N/A	44.26	N/A	38.84	N/A	35.75	N/A	31.27
90	N/A	53.58	N/A	46.52	N/A	40.82	N/A	37.56	N/A	32.86
91	N/A	54.62	N/A	47.41	N/A	41.61	N/A	38.29	N/A	33.50
92	N/A	55.65	N/A	48.32	N/A	42.40	N/A	39.02	N/A	34.13
93	N/A	56.69	N/A	49.21	N/A	43.19	N/A	39.74	N/A	34.77
94	N/A	57.72	N/A	50.12	N/A	43.98	N/A	40.47	N/A	35.41
95	N/A	58.76	N/A	51.01	N/A	44.77	N/A	41.20	N/A	36.04
96	N/A	59.11	N/A	51.31	N/A	45.03	N/A	41.44	N/A	36.25
97	N/A	59.46	N/A	51.61	N/A	45.29	N/A	41.68	N/A	36.47
98	N/A	59.80	N/A	51.92	N/A	45.56	N/A	41.93	N/A	36.68
99	N/A	60.14	N/A	52.22	N/A	45.82	N/A	42.17	N/A	36.89
100	N/A	60.49	N/A	52.52	N/A	46.08	N/A	42.41	N/A	37.10

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	10.33	3.86	9.82	3.36	9.44	2.98	9.21	2.74	8.86	2.40
46	10.47	4.08	9.93	3.54	9.53	3.14	9.28	2.89	8.92	2.53
47	10.61	4.29	10.04	3.72	9.60	3.29	9.34	3.03	8.96	2.65
48	10.74	4.51	10.14	3.89	9.69	3.44	9.42	3.17	9.01	2.77
49	10.87	4.71	10.24	4.07	9.75	3.59	9.47	3.30	9.05	2.89
50	10.99	4.90	10.33	4.23	9.82	3.73	9.52	3.43	9.09	3.00
51	11.19	5.17	10.48	4.45	9.93	3.91	9.62	3.60	9.17	3.15
52	11.38	5.43	10.62	4.66	10.05	4.10	9.72	3.78	9.25	3.30
53	11.56	5.69	10.76	4.88	10.16	4.29	9.81	3.93	9.31	3.43
54	11.75	5.94	10.89	5.08	10.26	4.46	9.90	4.10	9.38	3.57
55	11.92	6.18	11.01	5.28	10.35	4.63	9.98	4.25	9.43	3.70
56	12.26	6.60	11.31	5.64	10.60	4.94	10.19	4.54	9.61	3.95
57	12.60	7.01	11.60	6.00	10.83	5.25	10.41	4.83	9.77	4.19
58	12.94	7.42	11.88	6.36	11.06	5.54	10.62	5.10	9.95	4.43
59	13.27	7.82	12.16	6.71	11.28	5.84	10.82	5.37	10.11	4.66
60	13.59	8.20	12.43	7.05	11.50	6.13	11.01	5.64	10.25	4.88
61	14.13	8.78	12.89	7.55	11.90	6.56	11.37	6.03	10.55	5.21
62	14.67	9.34	13.35	8.04	12.29	6.98	11.72	6.41	10.85	5.54
63	15.18	9.90	13.80	8.53	12.66	7.39	12.06	6.79	11.13	5.86
64	15.69	10.45	14.23	8.99	13.03	7.79	12.39	7.15	11.40	6.17
65	16.19	10.98	14.65	9.45	13.39	8.18	12.71	7.51	11.66	6.46
66	17.35	12.22	15.65	10.52	14.24	9.12	13.49	8.35	12.32	7.20
67	18.52	13.46	16.65	11.59	15.09	10.03	14.26	9.20	12.98	7.93
68	19.66	14.67	17.62	12.63	15.93	10.95	15.02	10.03	13.63	8.64
69	20.79	15.87	18.59	13.67	16.75	11.84	15.77	10.86	14.27	9.36
70	21.89	17.05	19.54	14.69	17.56	12.72	16.50	11.66	14.89	10.06
71	23.76	18.98	21.13	16.35	18.92	14.16	17.75	12.97	15.95	11.19
72	25.58	20.88	22.70	18.00	20.27	15.57	18.96	14.26	17.00	12.30
73	27.38	22.75	24.24	19.61	21.59	16.96	20.16	15.53	18.02	13.39
74	29.15	24.59	25.75	21.19	22.89	18.32	21.34	16.78	19.03	14.47
75	30.88	26.39	27.23	22.74	24.16	19.66	22.49	18.00	20.01	15.53
76	33.47	29.05	29.46	25.04	26.07	21.65	24.24	19.82	21.51	17.10
77	35.94	31.61	31.58	27.25	27.90	23.55	25.90	21.57	22.94	18.60
78	38.32	34.06	33.62	29.36	29.65	25.38	27.50	23.24	24.30	20.04
79	40.58	36.40	35.57	31.38	31.32	27.13	29.02	24.84	25.61	21.42
80	42.75	38.64	37.42	33.31	32.91	28.79	30.47	26.36	26.85	22.74
81	46.37	42.26	40.54	36.43	35.61	31.50	32.95	28.84	28.98	24.87
82	49.99	45.88	43.66	39.55	38.31	34.19	35.42	31.31	31.11	27.00
83	53.62	49.51	46.79	42.68	41.01	36.89	37.89	33.78	33.24	29.13
84	57.24	53.13	49.90	45.80	43.70	39.59	40.36	36.25	35.37	31.27
85	N/A	56.75	N/A	48.92	N/A	42.29	N/A	38.72	N/A	33.39
86	N/A	60.37	N/A	52.04	N/A	44.99	N/A	41.20	N/A	35.52
87	N/A	64.00	N/A	55.16	N/A	47.69	N/A	43.67	N/A	37.66
88	N/A	67.62	N/A	58.29	N/A	50.39	N/A	46.14	N/A	39.79
89	N/A	71.24	N/A	61.41	N/A	53.09	N/A	48.61	N/A	41.92
90	N/A	74.86	N/A	64.53	N/A	55.79	N/A	51.08	N/A	44.05
91	N/A	76.31	N/A	65.78	N/A	56.87	N/A	52.07	N/A	44.90
92	N/A	77.76	N/A	67.03	N/A	57.95	N/A	53.06	N/A	45.75
93	N/A	79.21	N/A	68.28	N/A	59.03	N/A	54.05	N/A	46.61
94	N/A	80.66	N/A	69.53	N/A	60.11	N/A	55.04	N/A	47.46
95	N/A	82.11	N/A	70.78	N/A	61.19	N/A	56.03	N/A	48.31
96	N/A	82.59	N/A	71.19	N/A	61.55	N/A	56.36	N/A	48.59
97	N/A	83.07	N/A	71.61	N/A	61.91	N/A	56.68	N/A	48.88
98	N/A	83.56	N/A	72.03	N/A	62.27	N/A	57.01	N/A	49.17
99	N/A	84.04	N/A	72.44	N/A	62.63	N/A	57.34	N/A	49.45
100	N/A	84.52	N/A	72.86	N/A	62.99	N/A	57.67	N/A	49.73

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R953

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-39	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00
40-49	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00
50-54	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00
55-59	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00
60-64	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00
65-69	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00
70-74	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00
75-79	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00
80+	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R954
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R960
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P131 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18	8.77	0.63	8.69	0.54	8.61	0.47	8.57	0.43	8.51	0.37
26	8.82	0.68	8.73	0.61	8.66	0.52	8.61	0.47	8.55	0.41
27	8.88	0.74	8.79	0.65	8.70	0.57	8.65	0.51	8.58	0.44
28	8.93	0.80	8.83	0.70	8.73	0.61	8.69	0.56	8.62	0.48
29	8.99	0.86	8.89	0.75	8.78	0.65	8.72	0.59	8.66	0.52
30	9.04	0.91	8.93	0.80	8.82	0.69	8.77	0.64	8.69	0.56
31	9.12	0.99	9.00	0.87	8.88	0.75	8.82	0.69	8.73	0.61
32	9.20	1.07	9.06	0.94	8.94	0.81	8.88	0.75	8.79	0.65
33	9.28	1.14	9.14	1.01	9.00	0.87	8.93	0.80	8.83	0.70
34	9.36	1.22	9.21	1.08	9.06	0.94	8.99	0.86	8.89	0.75
35	9.45	1.30	9.27	1.14	9.12	0.99	9.04	0.91	8.93	0.79
36	9.55	1.40	9.36	1.23	9.20	1.07	9.12	0.98	9.00	0.86
37	9.65	1.51	9.46	1.32	9.27	1.14	9.19	1.06	9.05	0.92
38	9.76	1.61	9.56	1.42	9.36	1.22	9.26	1.12	9.12	0.98
39	9.86	1.73	9.65	1.51	9.45	1.30	9.33	1.20	9.17	1.05
40	9.96	1.83	9.74	1.60	9.53	1.38	9.41	1.27	9.24	1.11
41	10.09	1.96	9.85	1.72	9.63	1.47	9.50	1.35	9.32	1.19
42	10.22	2.09	9.96	1.83	9.72	1.57	9.59	1.44	9.39	1.27
43	10.34	2.21	10.08	1.95	9.81	1.68	9.68	1.54	9.49	1.34
44	10.47	2.34	10.19	2.06	9.91	1.78	9.77	1.63	9.57	1.42
45	10.62	2.48	10.30	2.17	10.01	1.88	9.86	1.73	9.65	1.50
46	10.78	2.64	10.44	2.31	10.13	2.00	9.97	1.84	9.75	1.60
47	10.93	2.81	10.59	2.44	10.25	2.12	10.08	1.95	9.85	1.71
48	11.10	2.97	10.73	2.59	10.38	2.24	10.20	2.07	9.93	1.80
49	11.25	3.12	10.87	2.72	10.51	2.37	10.31	2.18	10.03	1.90
50	11.42	3.29	11.01	2.87	10.64	2.49	10.42	2.29	10.13	2.00
51	11.64	3.50	11.20	3.06	10.79	2.65	10.58	2.44	10.26	2.13
52	11.86	3.72	11.39	3.25	10.96	2.82	10.74	2.59	10.40	2.27
53	12.08	3.94	11.57	3.43	11.11	2.98	10.88	2.74	10.53	2.39
54	12.29	4.16	11.77	3.62	11.28	3.14	11.03	2.89	10.67	2.52
55	12.51	4.37	11.96	3.81	11.43	3.30	11.19	3.05	10.80	2.65
56	12.86	4.71	12.24	4.10	11.69	3.55	11.42	3.28	11.00	2.86
57	13.20	5.06	12.53	4.39	11.96	3.81	11.65	3.51	11.20	3.06
58	13.54	5.40	12.83	4.68	12.21	4.08	11.88	3.73	11.41	3.26
59	13.89	5.74	13.11	4.96	12.47	4.33	12.11	3.97	11.61	3.45
60	14.23	6.08	13.40	5.26	12.73	4.59	12.34	4.20	11.81	3.65
61	14.78	6.58	13.89	5.68	13.17	4.95	12.74	4.53	12.17	3.95
62	15.35	7.07	14.37	6.09	13.59	5.32	13.15	4.86	12.51	4.24
63	15.91	7.57	14.85	6.51	14.03	5.68	13.54	5.21	12.87	4.52
64	16.47	8.06	15.33	6.93	14.44	6.04	13.95	5.54	13.21	4.81
65	17.02	8.56	15.82	7.36	14.87	6.41	14.34	5.87	13.56	5.10
66	18.04	9.57	16.70	8.23	15.64	7.17	15.05	6.58	14.17	5.70
67	19.05	10.58	17.58	9.10	16.41	7.93	15.74	7.28	14.77	6.30
68	20.08	11.59	18.46	9.98	17.16	8.70	16.46	7.96	15.38	6.90
69	21.09	12.61	19.33	10.85	17.93	9.46	17.15	8.67	15.98	7.50
70	22.11	13.62	20.21	11.73	18.70	10.22	17.85	9.36	16.59	8.10
71	23.78	15.29	21.67	13.17	19.97	11.47	19.02	10.52	17.58	9.09
72	25.47	16.96	23.11	14.61	21.23	12.73	20.19	11.68	18.58	10.07
73	27.15	18.63	24.56	16.04	22.51	14.00	21.34	12.84	19.57	11.06
74	28.83	20.31	26.00	17.49	23.77	15.26	22.51	13.99	20.57	12.03
75	30.50	21.98	27.47	18.93	25.05	16.51	23.67	15.15	21.55	13.02
76	33.14	24.61	29.73	21.20	27.02	18.49	25.50	16.96	23.12	14.59
77	35.78	27.26	32.01	23.47	29.01	20.47	27.31	18.78	24.67	16.15
78	38.42	29.89	34.28	25.74	30.99	22.45	29.13	20.60	26.25	17.71
79	41.06	32.53	36.55	28.02	32.98	24.44	30.94	22.41	27.80	19.26
80	43.69	35.17	38.82	30.28	34.95	26.42	32.76	24.23	29.36	20.83
81	46.99	38.47	41.67	33.13	37.43	28.90	35.04	26.50	31.32	22.79
82	50.28	41.76	44.50	35.96	39.91	31.37	37.31	28.78	33.28	24.74
83	53.58	45.06	47.34	38.81	42.37	33.84	39.58	31.04	35.22	26.69
84	56.87	48.35	50.17	41.64	44.85	36.32	41.86	33.32	37.17	28.64
85	N/A	51.63	N/A	44.48	N/A	38.80	N/A	35.59	N/A	30.60
86	N/A	54.93	N/A	47.33	N/A	41.27	N/A	37.85	N/A	32.55
87	N/A	58.23	N/A	50.16	N/A	43.75	N/A	40.13	N/A	34.51
88	N/A	61.52	N/A	53.01	N/A	46.23	N/A	42.39	N/A	36.45
89	N/A	64.82	N/A	55.84	N/A	48.71	N/A	44.67	N/A	38.41
90	N/A	68.12	N/A	58.69	N/A	51.18	N/A	46.94	N/A	40.36
91	N/A	69.45	N/A	59.82	N/A	52.17	N/A	47.85	N/A	41.14
92	N/A	70.76	N/A	60.96	N/A	53.16	N/A	48.76	N/A	41.93
93	N/A	72.08	N/A	62.10	N/A	54.15	N/A	49.67	N/A	42.70
94	N/A	73.39	N/A	63.24	N/A	55.14	N/A	50.58	N/A	43.49
95	N/A	74.71	N/A	64.37	N/A	56.13	N/A	51.48	N/A	44.28
96	N/A	75.16	N/A	64.75	N/A	56.46	N/A	51.79	N/A	44.53
97	N/A	75.59	N/A	65.13	N/A	56.79	N/A	52.10	N/A	44.79
98	N/A	76.03	N/A	65.51	N/A	57.11	N/A	52.39	N/A	45.06
99	N/A	76.47	N/A	65.88	N/A	57.45	N/A	52.70	N/A	45.32
100	N/A	76.91	N/A	66.26	N/A	57.78	N/A	53.01	N/A	45.57

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.09	0.88	8.98	0.76	8.89	0.67	8.82	0.61	8.76	0.54
26	9.16	0.96	9.04	0.83	8.94	0.73	8.88	0.66	8.80	0.58
27	9.24	1.03	9.11	0.90	9.01	0.78	8.93	0.72	8.86	0.63
28	9.33	1.11	9.17	0.97	9.06	0.86	8.99	0.76	8.90	0.68
29	9.41	1.19	9.24	1.03	9.13	0.91	9.04	0.81	8.95	0.73
30	9.48	1.27	9.32	1.10	9.19	0.97	9.10	0.88	9.00	0.77
31	9.59	1.38	9.42	1.19	9.27	1.06	9.17	0.96	9.06	0.85
32	9.70	1.50	9.50	1.29	9.36	1.13	9.26	1.03	9.13	0.91
33	9.80	1.60	9.60	1.38	9.44	1.22	9.33	1.10	9.20	0.98
34	9.92	1.71	9.69	1.49	9.53	1.30	9.41	1.18	9.27	1.05
35	10.03	1.82	9.79	1.57	9.60	1.39	9.48	1.25	9.34	1.11
36	10.18	1.97	9.92	1.69	9.71	1.51	9.58	1.35	9.43	1.20
37	10.31	2.10	10.04	1.82	9.82	1.61	9.68	1.46	9.52	1.29
38	10.46	2.24	10.15	1.94	9.93	1.72	9.77	1.55	9.59	1.36
39	10.59	2.38	10.27	2.07	10.03	1.82	9.88	1.65	9.68	1.46
40	10.74	2.53	10.41	2.19	10.14	1.93	9.98	1.75	9.77	1.55
41	10.91	2.71	10.56	2.34	10.27	2.07	10.10	1.87	9.89	1.66
42	11.10	2.87	10.71	2.49	10.42	2.20	10.22	2.00	9.99	1.77
43	11.26	3.05	10.86	2.65	10.56	2.33	10.34	2.12	10.10	1.87
44	11.44	3.22	11.02	2.79	10.69	2.46	10.47	2.24	10.20	1.99
45	11.63	3.40	11.18	2.95	10.82	2.61	10.59	2.37	10.31	2.10
46	11.84	3.62	11.36	3.15	11.00	2.77	10.75	2.53	10.45	2.23
47	12.07	3.84	11.56	3.33	11.17	2.94	10.89	2.68	10.58	2.37
48	12.28	4.06	11.75	3.52	11.32	3.11	11.06	2.83	10.71	2.49
49	12.50	4.28	11.94	3.72	11.48	3.28	11.20	2.98	10.85	2.63
50	12.72	4.50	12.13	3.91	11.66	3.44	11.35	3.15	10.99	2.76
51	13.00	4.80	12.39	4.16	11.88	3.67	11.56	3.34	11.17	2.94
52	13.31	5.08	12.65	4.42	12.11	3.89	11.77	3.54	11.34	3.12
53	13.60	5.39	12.89	4.66	12.32	4.10	11.97	3.76	11.52	3.29
54	13.90	5.68	13.15	4.93	12.54	4.33	12.19	3.96	11.69	3.47
55	14.19	5.97	13.41	5.18	12.77	4.55	12.39	4.16	11.87	3.65
56	14.64	6.41	13.81	5.58	13.10	4.90	12.71	4.48	12.14	3.92
57	15.09	6.86	14.18	5.96	13.44	5.23	13.01	4.80	12.42	4.19
58	15.53	7.30	14.58	6.35	13.79	5.57	13.33	5.09	12.69	4.47
59	15.97	7.76	14.96	6.73	14.12	5.91	13.64	5.41	12.97	4.74
60	16.42	8.21	15.35	7.13	14.47	6.24	13.96	5.72	13.24	5.02
61	17.15	8.86	15.97	7.69	15.03	6.73	14.48	6.17	13.70	5.41
62	17.85	9.50	16.61	8.26	15.58	7.23	14.99	6.63	14.16	5.81
63	18.57	10.14	17.24	8.82	16.14	7.72	15.51	7.08	14.63	6.20
64	19.27	10.79	17.86	9.39	16.69	8.22	16.03	7.54	15.09	6.61
65	20.00	11.44	18.49	9.96	17.25	8.71	16.53	7.99	15.55	7.00
66	21.35	12.79	19.67	11.13	18.28	9.72	17.48	8.93	16.38	7.83
67	22.70	14.15	20.85	12.30	19.31	10.76	18.43	9.88	17.23	8.66
68	24.06	15.50	22.03	13.48	20.34	11.78	19.38	10.80	18.05	9.50
69	25.41	16.85	23.21	14.64	21.37	12.82	20.32	11.75	18.90	10.33
70	26.77	18.19	24.39	15.82	22.41	13.84	21.26	12.69	19.72	11.17
71	29.00	20.42	26.32	17.75	24.10	15.52	22.81	14.22	21.11	12.53
72	31.23	22.63	28.26	19.67	25.80	17.20	24.35	15.77	22.48	13.90
73	33.45	24.85	30.20	21.60	27.48	18.89	25.92	17.31	23.87	15.27
74	35.68	27.06	32.13	23.52	29.17	20.57	27.47	18.87	25.25	16.64
75	37.91	29.28	34.07	25.44	30.87	22.25	29.02	20.39	26.62	18.01
76	41.42	32.79	37.11	28.50	33.54	24.92	31.46	22.85	28.79	20.17
77	44.92	36.31	40.17	31.55	36.21	27.59	33.90	25.29	30.94	22.33
78	48.44	39.83	43.23	34.62	38.87	30.26	36.37	27.74	33.11	24.50
79	51.96	43.34	46.29	37.66	41.55	32.93	38.81	30.20	35.27	26.65
80	55.47	46.86	49.34	40.72	44.22	35.60	41.26	32.64	37.43	28.81
81	59.87	51.25	53.15	44.53	47.55	38.93	44.32	35.71	40.14	31.52
82	64.26	55.64	56.97	48.35	50.90	42.27	47.37	38.75	42.83	34.22
83	68.65	60.04	60.79	52.17	54.23	45.61	50.44	41.82	45.53	36.92
84	73.04	64.43	64.60	55.99	57.57	48.95	53.48	44.87	48.24	39.62
85	N/A	68.83	N/A	59.81	N/A	52.28	N/A	47.93	N/A	42.32
86	N/A	73.22	N/A	63.61	N/A	55.62	N/A	51.00	N/A	45.02
87	N/A	77.61	N/A	67.43	N/A	58.96	N/A	54.05	N/A	47.73
88	N/A	81.99	N/A	71.26	N/A	62.29	N/A	57.11	N/A	50.42
89	N/A	86.39	N/A	75.08	N/A	65.64	N/A	60.17	N/A	53.13
90	N/A	90.78	N/A	78.89	N/A	68.97	N/A	63.24	N/A	55.84
91	N/A	92.54	N/A	80.41	N/A	70.30	N/A	64.46	N/A	56.90
92	N/A	94.29	N/A	81.94	N/A	71.64	N/A	65.68	N/A	57.98
93	N/A	96.05	N/A	83.47	N/A	72.97	N/A	66.90	N/A	59.07
94	N/A	97.80	N/A	85.00	N/A	74.31	N/A	68.12	N/A	60.15
95	N/A	99.56	N/A	86.52	N/A	75.65	N/A	69.36	N/A	61.23
96	N/A	100.16	N/A	87.02	N/A	76.10	N/A	69.75	N/A	61.59
97	N/A	100.74	N/A	87.54	N/A	76.54	N/A	70.17	N/A	61.94
98	N/A	101.33	N/A	88.04	N/A	76.98	N/A	70.58	N/A	62.32
99	N/A	101.92	N/A	88.56	N/A	77.43	N/A	70.99	N/A	62.68
100	N/A	102.50	N/A	89.07	N/A	77.88	N/A	71.39	N/A	63.03

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.32	1.01	9.17	0.88	9.08	0.78	9.01	0.70	8.93	0.62
26	9.41	1.10	9.26	0.97	9.14	0.85	9.08	0.77	8.99	0.67
27	9.49	1.19	9.34	1.05	9.21	0.91	9.13	0.83	9.03	0.73
28	9.58	1.29	9.42	1.12	9.30	0.99	9.20	0.89	9.09	0.77
29	9.68	1.39	9.49	1.20	9.36	1.06	9.26	0.96	9.13	0.83
30	9.77	1.47	9.57	1.28	9.43	1.12	9.33	1.02	9.19	0.88
31	9.89	1.60	9.69	1.40	9.52	1.22	9.42	1.11	9.27	0.97
32	10.02	1.73	9.80	1.50	9.61	1.31	9.50	1.20	9.35	1.05
33	10.15	1.85	9.90	1.61	9.71	1.42	9.58	1.28	9.42	1.11
34	10.27	1.97	10.02	1.72	9.81	1.51	9.68	1.38	9.49	1.19
35	10.41	2.10	10.13	1.83	9.90	1.61	9.77	1.46	9.57	1.27
36	10.57	2.27	10.27	1.97	10.03	1.74	9.88	1.57	9.68	1.38
37	10.73	2.42	10.42	2.11	10.15	1.86	9.99	1.68	9.78	1.47
38	10.90	2.60	10.56	2.26	10.29	1.98	10.12	1.82	9.87	1.56
39	11.06	2.75	10.69	2.39	10.42	2.11	10.23	1.93	9.97	1.66
40	11.23	2.93	10.85	2.54	10.54	2.23	10.34	2.04	10.08	1.77
41	11.43	3.12	11.02	2.72	10.69	2.39	10.49	2.19	10.20	1.89
42	11.65	3.34	11.20	2.90	10.86	2.55	10.64	2.33	10.32	2.01
43	11.85	3.54	11.37	3.07	11.00	2.70	10.78	2.49	10.45	2.16
44	12.07	3.76	11.55	3.26	11.17	2.86	10.92	2.63	10.57	2.28
45	12.27	3.97	11.73	3.43	11.32	3.01	11.07	2.77	10.69	2.40
46	12.53	4.22	11.96	3.65	11.51	3.20	11.25	2.96	10.86	2.56
47	12.79	4.49	12.17	3.87	11.70	3.40	11.43	3.14	11.01	2.71
48	13.05	4.74	12.40	4.09	11.90	3.61	11.62	3.31	11.17	2.87
49	13.30	4.99	12.61	4.31	12.09	3.80	11.79	3.49	11.32	3.01
50	13.56	5.26	12.84	4.53	12.29	3.99	11.98	3.67	11.47	3.17
51	13.90	5.60	13.13	4.83	12.54	4.25	12.21	3.91	11.68	3.39
52	14.25	5.95	13.43	5.13	12.80	4.51	12.45	4.15	11.90	3.60
53	14.60	6.29	13.73	5.42	13.07	4.76	12.69	4.40	12.10	3.81
54	14.94	6.64	14.03	5.72	13.32	5.02	12.93	4.63	12.32	4.02
55	15.27	6.97	14.32	6.02	13.59	5.28	13.17	4.87	12.52	4.22
56	15.80	7.50	14.77	6.47	13.98	5.68	13.53	5.24	12.84	4.54
57	16.32	8.02	15.22	6.92	14.38	6.07	13.89	5.60	13.17	4.86
58	16.85	8.56	15.69	7.38	14.76	6.46	14.27	5.96	13.49	5.18
59	17.38	9.08	16.14	7.83	15.16	6.85	14.63	6.33	13.82	5.50
60	17.90	9.59	16.59	8.28	15.55	7.25	14.99	6.69	14.12	5.81
61	18.73	10.35	17.31	8.94	16.19	7.82	15.58	7.22	14.66	6.28
62	19.56	11.11	18.03	9.59	16.83	8.39	16.18	7.73	15.18	6.74
63	20.37	11.87	18.76	10.24	17.47	8.97	16.76	8.27	15.72	7.21
64	21.20	12.63	19.47	10.90	18.11	9.54	17.37	8.79	16.24	7.67
65	22.02	13.39	20.19	11.56	18.74	10.11	17.96	9.33	16.76	8.14
66	23.60	14.97	21.55	12.91	19.93	11.30	19.05	10.43	17.73	9.10
67	25.18	16.54	22.92	14.28	21.12	12.49	20.15	11.51	18.70	10.07
68	26.75	18.11	24.28	15.63	22.32	13.66	21.25	12.61	19.66	11.01
69	28.33	19.68	25.65	17.00	23.51	14.85	22.35	13.70	20.63	11.98
70	29.90	21.25	27.02	18.36	24.70	16.04	23.45	14.80	21.58	12.94
71	32.48	23.83	29.24	20.57	26.65	17.99	25.26	16.59	23.17	14.51
72	35.06	26.39	31.47	22.79	28.61	19.93	27.05	18.38	24.75	16.08
73	37.64	28.96	33.70	25.03	30.56	21.87	28.84	20.15	26.33	17.66
74	40.21	31.52	35.94	27.25	32.52	23.82	30.64	21.95	27.91	19.22
75	42.79	34.09	38.17	29.47	34.46	25.75	32.44	23.74	29.49	20.79
76	46.88	38.18	41.70	33.00	37.55	28.84	35.28	26.58	31.99	23.29
77	50.97	42.27	45.24	36.54	40.66	31.94	38.14	29.44	34.47	25.77
78	55.07	46.37	48.79	40.08	43.74	35.02	40.99	32.27	36.98	28.28
79	59.16	50.46	52.33	43.63	46.83	38.12	43.84	35.13	39.48	30.77
80	63.24	54.54	55.86	47.16	49.92	41.21	46.68	37.98	41.97	33.26
81	68.35	59.65	60.28	51.58	53.78	45.07	50.24	41.54	45.08	36.38
82	73.48	64.78	64.69	55.99	57.65	48.94	53.79	45.09	48.20	39.50
83	78.58	69.88	69.11	60.41	61.51	52.80	57.37	48.66	51.33	42.63
84	83.71	75.01	73.54	64.83	65.37	56.66	60.92	52.22	54.44	45.74
85	N/A	80.11	N/A	69.25	N/A	60.52	N/A	55.78	N/A	48.85
86	N/A	85.23	N/A	73.67	N/A	64.38	N/A	59.33	N/A	51.98
87	N/A	90.34	N/A	78.09	N/A	68.26	N/A	62.91	N/A	55.10
88	N/A	95.46	N/A	82.51	N/A	72.11	N/A	66.46	N/A	58.21
89	N/A	100.57	N/A	86.93	N/A	75.97	N/A	70.03	N/A	61.34
90	N/A	105.69	N/A	91.36	N/A	79.83	N/A	73.59	N/A	64.46
91	N/A	107.73	N/A	93.13	N/A	81.37	N/A	75.02	N/A	65.70
92	N/A	109.78	N/A	94.89	N/A	82.93	N/A	76.43	N/A	66.95
93	N/A	111.83	N/A	96.66	N/A	84.47	N/A	77.86	N/A	68.20
94	N/A	113.87	N/A	98.43	N/A	86.02	N/A	79.28	N/A	69.44
95	N/A	115.92	N/A	100.19	N/A	87.56	N/A	80.71	N/A	70.69
96	N/A	116.60	N/A	100.78	N/A	88.08	N/A	81.18	N/A	71.10
97	N/A	117.28	N/A	101.37	N/A	88.59	N/A	81.65	N/A	71.52
98	N/A	117.96	N/A	101.97	N/A	89.11	N/A	82.13	N/A	71.93
99	N/A	118.65	N/A	102.56	N/A	89.62	N/A	82.61	N/A	72.36
100	N/A	119.33	N/A	103.15	N/A	90.15	N/A	83.08	N/A	72.78

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.59	1.13	9.45	0.99	9.32	0.87	9.24	0.78	9.15	0.69
26	9.69	1.23	9.54	1.09	9.41	0.95	9.31	0.86	9.21	0.75
27	9.79	1.34	9.63	1.17	9.48	1.02	9.38	0.92	9.27	0.83
28	9.89	1.43	9.71	1.25	9.55	1.10	9.45	0.99	9.33	0.88
29	9.99	1.54	9.79	1.34	9.64	1.18	9.52	1.07	9.41	0.95
30	10.10	1.64	9.89	1.43	9.71	1.25	9.59	1.13	9.46	1.00
31	10.23	1.78	10.01	1.56	9.83	1.36	9.69	1.22	9.55	1.09
32	10.37	1.91	10.14	1.67	9.93	1.47	9.78	1.33	9.64	1.18
33	10.53	2.06	10.25	1.80	10.05	1.58	9.89	1.42	9.72	1.25
34	10.66	2.20	10.38	1.91	10.15	1.69	9.98	1.53	9.80	1.35
35	10.80	2.33	10.52	2.05	10.26	1.80	10.09	1.62	9.90	1.43
36	10.99	2.52	10.67	2.21	10.41	1.94	10.21	1.75	10.01	1.55
37	11.17	2.71	10.84	2.37	10.56	2.09	10.34	1.87	10.12	1.66
38	11.35	2.89	10.99	2.53	10.69	2.23	10.46	2.01	10.23	1.77
39	11.54	3.07	11.14	2.70	10.85	2.38	10.59	2.13	10.34	1.88
40	11.73	3.26	11.31	2.85	10.99	2.52	10.71	2.27	10.45	2.00
41	11.96	3.49	11.52	3.06	11.15	2.71	10.88	2.43	10.59	2.13
42	12.19	3.72	11.73	3.26	11.34	2.87	11.04	2.59	10.75	2.28
43	12.43	3.96	11.92	3.47	11.52	3.06	11.22	2.75	10.88	2.43
44	12.66	4.19	12.13	3.66	11.70	3.23	11.37	2.92	11.03	2.56
45	12.89	4.42	12.33	3.87	11.87	3.42	11.54	3.07	11.17	2.71
46	13.18	4.71	12.60	4.13	12.09	3.64	11.74	3.28	11.34	2.87
47	13.46	5.01	12.85	4.38	12.31	3.85	11.95	3.48	11.52	3.06
48	13.77	5.30	13.09	4.63	12.52	4.07	12.14	3.69	11.70	3.23
49	14.06	5.59	13.34	4.88	12.74	4.28	12.34	3.88	11.87	3.42
50	14.34	5.87	13.60	5.14	12.96	4.49	12.54	4.09	12.05	3.60
51	14.73	6.26	13.93	5.47	13.24	4.79	12.80	4.36	12.29	3.84
52	15.10	6.64	14.26	5.80	13.54	5.07	13.08	4.62	12.53	4.07
53	15.50	7.03	14.59	6.13	13.82	5.36	13.34	4.87	12.76	4.31
54	15.88	7.41	14.92	6.46	14.10	5.64	13.61	5.14	13.00	4.54
55	16.26	7.80	15.25	6.78	14.39	5.94	13.87	5.40	13.24	4.79
56	16.86	8.39	15.76	7.30	14.84	6.39	14.29	5.82	13.61	5.14
57	17.47	9.00	16.29	7.82	15.29	6.84	14.71	6.24	13.96	5.50
58	18.07	9.61	16.81	8.33	15.74	7.28	15.14	6.67	14.33	5.86
59	18.68	10.21	17.33	8.84	16.19	7.72	15.54	7.08	14.70	6.23
60	19.27	10.81	17.84	9.37	16.64	8.17	15.96	7.49	15.05	6.59
61	20.20	11.67	18.66	10.11	17.36	8.82	16.62	8.10	15.63	7.11
62	21.11	12.52	19.46	10.85	18.07	9.47	17.29	8.69	16.21	7.62
63	22.03	13.37	20.26	11.58	18.78	10.13	17.95	9.28	16.80	8.13
64	22.95	14.22	21.07	12.32	19.49	10.78	18.62	9.88	17.38	8.65
65	23.87	15.07	21.88	13.07	20.22	11.42	19.27	10.47	17.96	9.17
66	25.63	16.83	23.40	14.59	21.55	12.76	20.52	11.70	19.03	10.24
67	27.39	18.57	24.93	16.12	22.89	14.10	21.75	12.94	20.12	11.32
68	29.14	20.33	26.46	17.62	24.24	15.43	22.97	14.16	21.20	12.39
69	30.90	22.08	27.97	19.15	25.59	16.78	24.21	15.40	22.28	13.45
70	32.65	23.83	29.50	20.68	26.93	18.11	25.44	16.62	23.35	14.53
71	35.51	26.66	31.97	23.14	29.11	20.28	27.47	18.63	25.12	16.29
72	38.35	29.51	34.45	25.61	31.28	22.45	29.48	20.64	26.88	18.04
73	41.20	32.34	36.93	28.08	33.47	24.63	31.49	22.64	28.66	19.81
74	44.04	35.18	39.41	30.54	35.65	26.80	33.51	24.65	30.43	21.56
75	46.89	38.03	41.88	33.01	37.84	28.96	35.53	26.65	32.19	23.32
76	51.46	42.58	45.84	36.97	41.32	32.44	38.73	29.85	34.98	26.11
77	56.02	47.15	49.81	40.93	44.79	35.93	41.93	33.06	37.79	28.91
78	60.58	51.71	53.77	44.89	48.27	39.40	45.12	36.26	40.59	31.71
79	65.14	56.28	57.73	48.86	51.74	42.88	48.32	39.46	43.38	34.51
80	69.71	60.83	61.69	52.82	55.22	46.35	51.52	42.66	46.18	37.31
81	75.41	66.54	66.65	57.77	59.57	50.69	55.52	46.65	49.68	40.81
82	81.11	72.25	71.59	62.72	63.91	55.03	59.52	50.64	53.17	44.31
83	86.81	77.94	76.54	67.67	68.27	59.39	63.53	54.66	56.67	47.81
84	92.52	83.64	81.49	72.61	72.60	63.73	67.52	58.65	60.18	51.30
85	N/A	89.35	N/A	77.57	N/A	68.08	N/A	62.65	N/A	54.80
86	N/A	95.06	N/A	82.52	N/A	72.42	N/A	66.65	N/A	58.30
87	N/A	100.76	N/A	87.48	N/A	76.76	N/A	70.64	N/A	61.81
88	N/A	106.46	N/A	92.42	N/A	81.11	N/A	74.65	N/A	65.30
89	N/A	112.17	N/A	97.38	N/A	85.46	N/A	78.64	N/A	68.79
90	N/A	117.87	N/A	102.33	N/A	89.80	N/A	82.64	N/A	72.29
91	N/A	120.15	N/A	104.31	N/A	91.53	N/A	84.24	N/A	73.69
92	N/A	122.43	N/A	106.29	N/A	93.28	N/A	85.84	N/A	75.09
93	N/A	124.72	N/A	108.27	N/A	95.01	N/A	87.44	N/A	76.49
94	N/A	127.00	N/A	110.25	N/A	96.76	N/A	89.03	N/A	77.89
95	N/A	129.28	N/A	112.23	N/A	98.48	N/A	90.63	N/A	79.29
96	N/A	130.04	N/A	112.89	N/A	99.07	N/A	91.17	N/A	79.75
97	N/A	130.80	N/A	113.55	N/A	99.64	N/A	91.70	N/A	80.22
98	N/A	131.56	N/A	114.21	N/A	100.23	N/A	92.24	N/A	80.69
99	N/A	132.32	N/A	114.87	N/A	100.80	N/A	92.77	N/A	81.16
100	N/A	133.08	N/A	115.53	N/A	101.39	N/A	93.30	N/A	81.62

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P131 - Proposed Rates

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	13.78	5.16	13.11	4.49	12.61	3.98	12.29	3.66	11.83	3.20
46	14.14	5.51	13.41	4.77	12.87	4.24	12.52	3.89	12.05	3.41
47	14.49	5.86	13.72	5.08	13.11	4.50	12.76	4.15	12.24	3.61
48	14.84	6.23	14.00	5.38	13.39	4.75	13.00	4.38	12.44	3.83
49	15.19	6.58	14.31	5.69	13.63	5.02	13.23	4.61	12.65	4.04
50	15.54	6.93	14.61	5.98	13.89	5.27	13.46	4.85	12.85	4.24
51	16.02	7.40	14.99	6.37	14.22	5.60	13.77	5.16	13.12	4.51
52	16.49	7.87	15.38	6.75	14.56	5.94	14.09	5.48	13.40	4.77
53	16.96	8.35	15.79	7.16	14.91	6.28	14.39	5.76	13.65	5.04
54	17.45	8.81	16.17	7.55	15.25	6.62	14.70	6.08	13.93	5.31
55	17.93	9.30	16.56	7.93	15.58	6.95	15.00	6.39	14.18	5.57
56	18.68	10.05	17.22	8.59	16.15	7.52	15.52	6.91	14.63	6.02
57	19.45	10.81	17.89	9.26	16.71	8.10	16.07	7.45	15.08	6.46
58	20.23	11.59	18.57	9.94	17.29	8.67	16.60	7.96	15.54	6.92
59	21.02	12.39	19.26	10.63	17.86	9.25	17.14	8.51	16.01	7.38
60	21.81	13.17	19.95	11.32	18.47	9.85	17.68	9.05	16.46	7.83
61	23.00	14.29	20.98	12.29	19.36	10.67	18.50	9.81	17.17	8.47
62	24.20	15.42	22.02	13.27	20.28	11.53	19.34	10.58	17.90	9.13
63	25.40	16.58	23.09	14.27	21.19	12.36	20.19	11.36	18.62	9.80
64	26.63	17.73	24.16	15.26	22.12	13.22	21.03	12.13	19.35	10.46
65	27.87	18.90	25.22	16.27	23.05	14.09	21.88	12.93	20.08	11.12
66	30.32	21.35	27.35	18.38	24.88	15.93	23.56	14.60	21.53	12.57
67	32.84	23.86	29.52	20.55	26.75	17.79	25.28	16.31	23.02	14.06
68	35.39	26.41	31.72	22.74	28.68	19.70	27.04	18.05	24.53	15.57
69	37.99	29.00	33.98	24.99	30.61	21.64	28.82	19.84	26.08	17.11
70	40.65	31.65	36.27	27.27	32.59	23.61	30.64	21.65	27.64	18.67
71	44.79	35.79	39.84	30.83	35.68	26.70	33.46	24.45	30.09	21.09
72	49.03	40.01	43.49	34.49	38.84	29.83	36.33	27.31	32.57	23.56
73	53.32	44.30	47.21	38.18	42.05	33.02	39.27	30.25	35.10	26.08
74	57.71	48.69	50.97	41.94	45.32	36.28	42.25	33.23	37.68	28.64
75	62.17	53.13	54.84	45.79	48.64	39.59	45.29	36.26	40.30	31.26
76	68.55	59.51	60.34	51.29	53.41	44.35	49.64	40.61	44.06	35.01
77	74.92	65.88	65.84	56.79	58.15	49.09	53.99	44.95	47.81	38.78
78	81.29	72.26	71.32	62.28	62.90	53.85	58.34	49.30	51.56	42.52
79	87.66	78.63	76.82	67.78	67.64	58.59	62.69	53.65	55.31	46.27
80	94.04	85.01	82.32	73.28	72.40	63.35	67.05	58.00	59.06	50.03
81	102.01	92.97	89.19	80.16	78.34	69.29	72.48	63.44	63.75	54.70
82	109.98	100.94	96.05	87.02	84.27	75.22	77.91	68.88	68.44	59.40
83	117.96	108.92	102.93	93.89	90.22	81.17	83.36	74.32	73.13	64.09
84	125.93	116.89	109.79	100.75	96.15	87.10	88.79	79.75	77.83	68.78
85	N/A	124.86	N/A	107.62	N/A	93.04	N/A	85.20	N/A	73.47
86	N/A	132.83	N/A	114.50	N/A	98.99	N/A	90.63	N/A	78.16
87	N/A	140.79	N/A	121.36	N/A	104.92	N/A	96.06	N/A	82.85
88	N/A	148.76	N/A	128.24	N/A	110.86	N/A	101.51	N/A	87.54
89	N/A	156.73	N/A	135.09	N/A	116.80	N/A	106.94	N/A	92.24
90	N/A	164.70	N/A	141.97	N/A	122.74	N/A	112.38	N/A	96.91
91	N/A	167.88	N/A	144.72	N/A	125.11	N/A	114.55	N/A	98.79
92	N/A	171.07	N/A	147.47	N/A	127.49	N/A	116.73	N/A	100.66
93	N/A	174.26	N/A	150.21	N/A	129.87	N/A	118.90	N/A	102.54
94	N/A	177.45	N/A	152.97	N/A	132.25	N/A	121.08	N/A	104.41
95	N/A	180.64	N/A	155.71	N/A	134.63	N/A	123.26	N/A	106.28
96	N/A	181.71	N/A	156.62	N/A	135.41	N/A	123.98	N/A	106.91
97	N/A	182.77	N/A	157.54	N/A	136.20	N/A	124.71	N/A	107.54
98	N/A	183.83	N/A	158.46	N/A	137.01	N/A	125.43	N/A	108.16
99	N/A	184.90	N/A	159.38	N/A	137.79	N/A	126.15	N/A	108.79
100	N/A	185.96	N/A	160.29	N/A	138.58	N/A	126.89	N/A	109.42

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18	4.53	0.32	4.49	0.29	4.46	0.24	4.43	0.22	4.40	0.20
26	4.57	0.35	4.51	0.31	4.48	0.28	4.46	0.24	4.42	0.21
27	4.59	0.37	4.54	0.33	4.50	0.30	4.47	0.26	4.43	0.23
28	4.62	0.42	4.57	0.36	4.51	0.31	4.49	0.29	4.46	0.25
29	4.64	0.44	4.60	0.39	4.54	0.33	4.51	0.31	4.48	0.28
30	4.68	0.47	4.62	0.42	4.57	0.35	4.53	0.33	4.49	0.29
31	4.72	0.51	4.65	0.45	4.59	0.39	4.57	0.35	4.51	0.31
32	4.75	0.55	4.69	0.48	4.62	0.42	4.59	0.39	4.54	0.33
33	4.81	0.59	4.73	0.53	4.65	0.45	4.62	0.42	4.57	0.36
34	4.84	0.63	4.76	0.56	4.69	0.48	4.64	0.44	4.60	0.39
35	4.88	0.67	4.80	0.59	4.72	0.51	4.68	0.47	4.62	0.41
36	4.94	0.73	4.84	0.64	4.75	0.55	4.72	0.51	4.65	0.44
37	4.98	0.78	4.88	0.68	4.80	0.59	4.75	0.55	4.69	0.47
38	5.05	0.84	4.94	0.74	4.84	0.63	4.80	0.58	4.72	0.51
39	5.09	0.89	4.98	0.78	4.88	0.67	4.83	0.62	4.74	0.54
40	5.15	0.95	5.03	0.83	4.93	0.72	4.86	0.66	4.77	0.57
41	5.21	1.01	5.09	0.88	4.97	0.76	4.92	0.70	4.82	0.62
42	5.28	1.08	5.15	0.95	5.03	0.81	4.96	0.75	4.86	0.66
43	5.35	1.14	5.21	1.00	5.07	0.87	5.01	0.80	4.91	0.69
44	5.41	1.21	5.27	1.07	5.13	0.92	5.05	0.85	4.95	0.74
45	5.49	1.28	5.32	1.12	5.18	0.97	5.09	0.89	4.98	0.78
46	5.58	1.36	5.40	1.20	5.24	1.03	5.15	0.95	5.04	0.83
47	5.65	1.45	5.48	1.27	5.30	1.10	5.21	1.00	5.09	0.88
48	5.74	1.53	5.54	1.34	5.37	1.16	5.27	1.07	5.14	0.94
49	5.82	1.62	5.62	1.41	5.43	1.22	5.34	1.12	5.19	0.98
50	5.91	1.71	5.70	1.49	5.50	1.29	5.39	1.19	5.24	1.03
51	6.02	1.82	5.79	1.58	5.58	1.38	5.47	1.27	5.31	1.10
52	6.13	1.93	5.89	1.67	5.67	1.45	5.54	1.34	5.38	1.18
53	6.25	2.04	5.98	1.77	5.74	1.54	5.62	1.42	5.45	1.23
54	6.36	2.15	6.08	1.87	5.83	1.62	5.71	1.50	5.51	1.31
55	6.47	2.26	6.18	1.97	5.91	1.71	5.79	1.57	5.59	1.38
56	6.64	2.43	6.33	2.12	6.04	1.84	5.91	1.69	5.69	1.47
57	6.82	2.61	6.48	2.27	6.17	1.97	6.02	1.82	5.79	1.58
58	7.00	2.79	6.62	2.42	6.30	2.10	6.14	1.93	5.90	1.68
59	7.16	2.96	6.77	2.56	6.44	2.23	6.25	2.05	5.98	1.78
60	7.32	3.12	6.89	2.71	6.55	2.35	6.35	2.16	6.07	1.88
61	7.57	3.37	7.11	2.90	6.73	2.53	6.52	2.32	6.23	2.01
62	7.79	3.60	7.29	3.10	6.90	2.71	6.68	2.48	6.35	2.15
63	8.00	3.81	7.46	3.27	7.04	2.85	6.81	2.62	6.47	2.28
64	8.15	3.99	7.59	3.43	7.15	2.99	6.91	2.75	6.55	2.39
65	8.29	4.17	7.71	3.59	7.25	3.12	7.00	2.87	6.61	2.49
66	8.62	4.58	7.99	3.94	7.48	3.43	7.19	3.15	6.78	2.73
67	8.90	4.94	8.21	4.25	7.67	3.71	7.35	3.40	6.90	2.94
68	9.14	5.28	8.40	4.54	7.81	3.96	7.49	3.63	7.00	3.15
69	9.31	5.57	8.54	4.79	7.92	4.18	7.58	3.83	7.06	3.31
70	9.42	5.80	8.61	4.99	7.96	4.36	7.60	3.99	7.06	3.45
71	9.76	6.27	8.88	5.40	8.18	4.71	7.80	4.31	7.21	3.73
72	10.00	6.66	9.06	5.73	8.34	4.99	7.92	4.59	7.29	3.95
73	10.19	6.99	9.21	6.02	8.44	5.25	8.01	4.81	7.34	4.15
74	10.32	7.26	9.31	6.26	8.50	5.46	8.05	5.01	7.36	4.30
75	10.53	7.58	9.47	6.53	8.64	5.70	8.17	5.23	7.44	4.49
76	10.68	7.93	9.58	6.83	8.70	5.96	8.22	5.47	7.45	4.70
77	10.88	8.28	9.72	7.14	8.81	6.23	8.31	5.71	7.50	4.91
78	11.00	8.56	9.81	7.37	8.88	6.44	8.34	5.90	7.51	5.07
79	11.01	8.72	9.80	7.51	8.84	6.56	8.29	6.01	7.46	5.17
80	10.92	8.79	9.70	7.57	8.73	6.60	8.20	6.06	7.34	5.20
81	11.75	9.61	10.42	8.28	9.36	7.23	8.76	6.62	7.83	5.70
82	12.57	10.44	11.12	8.99	9.98	7.84	9.33	7.19	8.32	6.18
83	13.40	11.26	11.84	9.70	10.59	8.46	9.89	7.76	8.80	6.68
84	14.22	12.09	12.54	10.41	11.21	9.08	10.46	8.33	9.30	7.16
85	N/A	12.91	N/A	11.12	N/A	9.70	N/A	8.90	N/A	7.65
86	N/A	13.74	N/A	11.84	N/A	10.32	N/A	9.46	N/A	8.14
87	N/A	14.56	N/A	12.54	N/A	10.93	N/A	10.03	N/A	8.62
88	N/A	15.38	N/A	13.26	N/A	11.56	N/A	10.60	N/A	9.11
89	N/A	16.20	N/A	13.96	N/A	12.18	N/A	11.17	N/A	9.60
90	N/A	17.03	N/A	14.67	N/A	12.79	N/A	11.74	N/A	10.09
91	N/A	17.36	N/A	14.95	N/A	13.05	N/A	11.97	N/A	10.29
92	N/A	17.69	N/A	15.24	N/A	13.29	N/A	12.19	N/A	10.48
93	N/A	18.02	N/A	15.52	N/A	13.54	N/A	12.42	N/A	10.68
94	N/A	18.35	N/A	15.81	N/A	13.78	N/A	12.64	N/A	10.88
95	N/A	18.68	N/A	16.09	N/A	14.04	N/A	12.87	N/A	11.07
96	N/A	18.79	N/A	16.19	N/A	14.11	N/A	12.95	N/A	11.13
97	N/A	18.90	N/A	16.28	N/A	14.20	N/A	13.02	N/A	11.20
98	N/A	19.01	N/A	16.38	N/A	14.28	N/A	13.10	N/A	11.26
99	N/A	19.12	N/A	16.47	N/A	14.37	N/A	13.18	N/A	11.33
100	N/A	19.23	N/A	16.57	N/A	14.44	N/A	13.26	N/A	11.40

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.70	0.45	4.64	0.40	4.60	0.35	4.57	0.31	4.52	0.28
26	4.74	0.50	4.68	0.43	4.62	0.37	4.59	0.34	4.54	0.30
27	4.79	0.54	4.71	0.46	4.66	0.41	4.62	0.37	4.58	0.33
28	4.82	0.57	4.74	0.50	4.69	0.44	4.64	0.40	4.60	0.35
29	4.86	0.62	4.79	0.54	4.72	0.47	4.68	0.43	4.63	0.37
30	4.91	0.66	4.82	0.57	4.75	0.50	4.71	0.45	4.65	0.40
31	4.96	0.72	4.86	0.62	4.80	0.55	4.74	0.50	4.69	0.44
32	5.02	0.77	4.92	0.67	4.84	0.58	4.79	0.54	4.72	0.47
33	5.07	0.83	4.96	0.72	4.88	0.63	4.82	0.57	4.75	0.51
34	5.13	0.88	5.02	0.77	4.93	0.67	4.86	0.61	4.80	0.54
35	5.19	0.94	5.06	0.81	4.96	0.72	4.91	0.65	4.83	0.57
36	5.26	1.01	5.13	0.88	5.03	0.78	4.95	0.70	4.87	0.62
37	5.34	1.09	5.19	0.94	5.07	0.83	5.01	0.76	4.92	0.67
38	5.41	1.16	5.25	1.00	5.14	0.89	5.05	0.80	4.96	0.70
39	5.48	1.23	5.31	1.07	5.19	0.94	5.10	0.86	5.01	0.76
40	5.56	1.31	5.38	1.13	5.25	1.00	5.16	0.90	5.05	0.80
41	5.64	1.40	5.46	1.21	5.31	1.07	5.23	0.97	5.12	0.86
42	5.74	1.49	5.54	1.29	5.38	1.13	5.28	1.03	5.16	0.91
43	5.83	1.57	5.62	1.36	5.46	1.21	5.35	1.10	5.23	0.97
44	5.92	1.66	5.70	1.44	5.53	1.28	5.41	1.16	5.27	1.02
45	6.01	1.76	5.78	1.53	5.60	1.34	5.48	1.22	5.34	1.09
46	6.12	1.87	5.87	1.63	5.69	1.43	5.56	1.31	5.40	1.16
47	6.24	1.98	5.97	1.73	5.78	1.52	5.63	1.39	5.47	1.22
48	6.35	2.10	6.07	1.83	5.85	1.61	5.71	1.46	5.54	1.29
49	6.47	2.21	6.17	1.93	5.94	1.69	5.79	1.54	5.61	1.35
50	6.58	2.32	6.27	2.02	6.03	1.78	5.87	1.63	5.68	1.43
51	6.72	2.48	6.40	2.16	6.15	1.89	5.97	1.73	5.78	1.52
52	6.89	2.63	6.53	2.29	6.26	2.01	6.08	1.84	5.86	1.62
53	7.03	2.78	6.67	2.41	6.37	2.12	6.19	1.95	5.95	1.71
54	7.18	2.94	6.80	2.55	6.49	2.24	6.30	2.05	6.05	1.79
55	7.34	3.09	6.93	2.68	6.60	2.35	6.40	2.16	6.14	1.88
56	7.57	3.32	7.13	2.88	6.78	2.53	6.57	2.31	6.27	2.02
57	7.80	3.55	7.33	3.08	6.94	2.71	6.72	2.48	6.41	2.17
58	8.02	3.77	7.52	3.28	7.12	2.87	6.89	2.63	6.56	2.31
59	8.24	3.99	7.71	3.48	7.28	3.05	7.04	2.79	6.69	2.44
60	8.44	4.21	7.89	3.66	7.44	3.20	7.17	2.94	6.81	2.57
61	8.77	4.53	8.17	3.93	7.69	3.44	7.40	3.16	7.01	2.77
62	9.06	4.83	8.44	4.19	7.91	3.67	7.61	3.37	7.19	2.95
63	9.33	5.09	8.66	4.43	8.11	3.88	7.79	3.55	7.35	3.11
64	9.55	5.35	8.84	4.65	8.26	4.07	7.93	3.73	7.47	3.28
65	9.75	5.58	9.02	4.85	8.40	4.25	8.06	3.89	7.58	3.41
66	10.21	6.12	9.41	5.32	8.75	4.65	8.36	4.27	7.83	3.74
67	10.60	6.61	9.74	5.74	9.02	5.03	8.60	4.61	8.04	4.05
68	10.96	7.05	10.03	6.14	9.26	5.37	8.82	4.92	8.22	4.32
69	11.22	7.44	10.25	6.47	9.44	5.65	8.98	5.19	8.34	4.57
70	11.41	7.76	10.38	6.74	9.55	5.90	9.05	5.40	8.40	4.75
71	11.89	8.37	10.79	7.28	9.88	6.36	9.35	5.83	8.66	5.14
72	12.25	8.88	11.09	7.72	10.12	6.75	9.56	6.19	8.82	5.46
73	12.54	9.32	11.32	8.10	10.31	7.08	9.72	6.49	8.95	5.73
74	12.76	9.68	11.50	8.42	10.44	7.36	9.82	6.74	9.03	5.95
75	13.08	10.10	11.75	8.78	10.65	7.68	10.01	7.04	9.19	6.22
76	13.34	10.57	11.96	9.19	10.80	8.03	10.14	7.36	9.27	6.50
77	13.65	11.03	12.21	9.59	11.00	8.38	10.31	7.69	9.41	6.79
78	13.87	11.41	12.39	9.91	11.13	8.67	10.42	7.94	9.48	7.02
79	13.94	11.62	12.41	10.10	11.14	8.83	10.41	8.10	9.46	7.15
80	13.87	11.72	12.33	10.18	11.06	8.90	10.32	8.16	9.36	7.21
81	14.97	12.82	13.29	11.13	11.89	9.74	11.08	8.92	10.03	7.88
82	16.06	13.92	14.25	12.09	12.73	10.57	11.85	9.69	10.71	8.56
83	17.16	15.02	15.20	13.05	13.55	11.41	12.61	10.45	11.39	9.23
84	18.26	16.10	16.15	13.99	14.39	12.24	13.38	11.22	12.06	9.90
85	N/A	17.20	N/A	14.95	N/A	13.07	N/A	11.98	N/A	10.58
86	N/A	18.30	N/A	15.91	N/A	13.90	N/A	12.75	N/A	11.25
87	N/A	19.40	N/A	16.86	N/A	14.74	N/A	13.52	N/A	11.94
88	N/A	20.50	N/A	17.82	N/A	15.58	N/A	14.28	N/A	12.61
89	N/A	21.60	N/A	18.77	N/A	16.41	N/A	15.05	N/A	13.28
90	N/A	22.69	N/A	19.72	N/A	17.24	N/A	15.81	N/A	13.96
91	N/A	23.13	N/A	20.11	N/A	17.58	N/A	16.12	N/A	14.22
92	N/A	23.57	N/A	20.48	N/A	17.91	N/A	16.42	N/A	14.50
93	N/A	24.01	N/A	20.87	N/A	18.25	N/A	16.73	N/A	14.77
94	N/A	24.45	N/A	21.25	N/A	18.58	N/A	17.03	N/A	15.04
95	N/A	24.89	N/A	21.63	N/A	18.91	N/A	17.34	N/A	15.31
96	N/A	25.04	N/A	21.76	N/A	19.02	N/A	17.44	N/A	15.40
97	N/A	25.18	N/A	21.89	N/A	19.14	N/A	17.55	N/A	15.49
98	N/A	25.33	N/A	22.01	N/A	19.25	N/A	17.64	N/A	15.58
99	N/A	25.48	N/A	22.14	N/A	19.36	N/A	17.74	N/A	15.66
100	N/A	25.62	N/A	22.26	N/A	19.47	N/A	17.85	N/A	15.76

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.82	0.52	4.74	0.46	4.70	0.41	4.65	0.36	4.62	0.32
26	4.86	0.57	4.79	0.50	4.73	0.44	4.70	0.40	4.64	0.34
27	4.91	0.62	4.83	0.54	4.76	0.47	4.72	0.43	4.66	0.37
28	4.96	0.67	4.87	0.58	4.81	0.51	4.75	0.46	4.70	0.40
29	5.01	0.72	4.91	0.62	4.84	0.55	4.79	0.50	4.72	0.43
30	5.05	0.76	4.95	0.66	4.87	0.58	4.82	0.53	4.75	0.46
31	5.12	0.83	5.01	0.73	4.92	0.64	4.87	0.57	4.80	0.50
32	5.18	0.89	5.07	0.77	4.97	0.68	4.92	0.62	4.83	0.54
33	5.25	0.96	5.12	0.84	5.02	0.74	4.96	0.66	4.87	0.57
34	5.31	1.02	5.18	0.88	5.07	0.78	5.01	0.70	4.91	0.62
35	5.38	1.09	5.24	0.95	5.12	0.84	5.05	0.76	4.95	0.66
36	5.47	1.18	5.31	1.02	5.18	0.89	5.10	0.81	5.01	0.70
37	5.54	1.25	5.38	1.09	5.25	0.96	5.17	0.87	5.06	0.76
38	5.63	1.34	5.46	1.17	5.32	1.02	5.24	0.94	5.10	0.80
39	5.72	1.42	5.53	1.23	5.38	1.09	5.29	1.00	5.16	0.86
40	5.81	1.51	5.61	1.31	5.45	1.16	5.35	1.06	5.20	0.91
41	5.91	1.62	5.70	1.41	5.53	1.23	5.42	1.13	5.27	0.98
42	6.02	1.73	5.79	1.50	5.61	1.32	5.50	1.21	5.34	1.05
43	6.13	1.84	5.89	1.58	5.69	1.40	5.57	1.29	5.40	1.11
44	6.24	1.95	5.97	1.68	5.78	1.47	5.64	1.36	5.47	1.18
45	6.35	2.05	6.06	1.77	5.85	1.56	5.72	1.43	5.53	1.24
46	6.48	2.19	6.18	1.88	5.95	1.66	5.82	1.53	5.61	1.32
47	6.61	2.32	6.29	2.00	6.05	1.76	5.91	1.63	5.70	1.40
48	6.74	2.45	6.41	2.11	6.15	1.86	6.01	1.72	5.78	1.49
49	6.88	2.59	6.52	2.23	6.25	1.96	6.09	1.80	5.85	1.56
50	7.01	2.72	6.63	2.34	6.35	2.06	6.19	1.90	5.93	1.64
51	7.18	2.89	6.79	2.50	6.49	2.20	6.31	2.02	6.04	1.75
52	7.36	3.08	6.94	2.65	6.62	2.33	6.44	2.15	6.15	1.86
53	7.55	3.26	7.10	2.81	6.75	2.46	6.56	2.28	6.26	1.97
54	7.72	3.43	7.25	2.96	6.89	2.60	6.69	2.40	6.37	2.08
55	7.90	3.61	7.40	3.11	7.03	2.73	6.81	2.52	6.47	2.19
56	8.16	3.87	7.63	3.34	7.23	2.94	7.00	2.71	6.63	2.34
57	8.44	4.15	7.87	3.58	7.43	3.14	7.17	2.89	6.80	2.51
58	8.70	4.42	8.10	3.81	7.62	3.33	7.37	3.08	6.96	2.67
59	8.97	4.68	8.32	4.04	7.82	3.53	7.55	3.26	7.12	2.84
60	9.20	4.93	8.53	4.26	8.00	3.73	7.70	3.43	7.26	2.99
61	9.58	5.30	8.86	4.58	8.28	4.00	7.98	3.70	7.50	3.21
62	9.93	5.64	9.15	4.87	8.55	4.27	8.22	3.93	7.71	3.42
63	10.23	5.96	9.42	5.15	8.78	4.50	8.43	4.16	7.90	3.62
64	10.49	6.26	9.64	5.40	8.97	4.72	8.60	4.36	8.04	3.80
65	10.74	6.53	9.85	5.63	9.14	4.93	8.76	4.54	8.17	3.97
66	11.29	7.16	10.31	6.18	9.53	5.40	9.12	4.98	8.48	4.36
67	11.76	7.72	10.70	6.67	9.87	5.83	9.42	5.38	8.73	4.70
68	12.18	8.24	11.06	7.12	10.16	6.23	9.68	5.74	8.95	5.02
69	12.51	8.69	11.33	7.50	10.38	6.56	9.87	6.05	9.11	5.29
70	12.74	9.05	11.51	7.82	10.52	6.83	9.99	6.30	9.20	5.51
71	13.32	9.77	11.99	8.44	10.92	7.37	10.35	6.80	9.50	5.95
72	13.76	10.35	12.35	8.94	11.23	7.82	10.62	7.22	9.71	6.31
73	14.11	10.86	12.64	9.38	11.46	8.20	10.81	7.56	9.88	6.62
74	14.39	11.28	12.86	9.75	11.63	8.51	10.96	7.85	9.98	6.88
75	14.76	11.76	13.17	10.16	11.89	8.89	11.19	8.18	10.18	7.17
76	15.10	12.30	13.44	10.64	12.10	9.30	11.36	8.57	10.31	7.50
77	15.49	12.85	13.75	11.11	12.35	9.70	11.59	8.94	10.48	7.83
78	15.77	13.28	13.97	11.48	12.53	10.03	11.74	9.24	10.59	8.10
79	15.86	13.53	14.03	11.69	12.55	10.22	11.75	9.42	10.58	8.25
80	15.81	13.64	13.96	11.79	12.49	10.31	11.67	9.49	10.49	8.32
81	17.08	14.92	15.07	12.89	13.44	11.26	12.56	10.38	11.28	9.10
82	18.37	16.19	16.17	14.00	14.41	12.23	13.45	11.28	12.05	9.88
83	19.65	17.47	17.28	15.10	15.38	13.20	14.34	12.17	12.83	10.66
84	20.92	18.76	18.38	16.20	16.35	14.17	15.24	13.06	13.61	11.44
85	N/A	20.03	N/A	17.31	N/A	15.14	N/A	13.95	N/A	12.21
86	N/A	21.31	N/A	18.41	N/A	16.09	N/A	14.84	N/A	12.99
87	N/A	22.58	N/A	19.53	N/A	17.06	N/A	15.73	N/A	13.77
88	N/A	23.86	N/A	20.63	N/A	18.03	N/A	16.61	N/A	14.55
89	N/A	25.15	N/A	21.74	N/A	19.00	N/A	17.51	N/A	15.33
90	N/A	26.42	N/A	22.84	N/A	19.95	N/A	18.39	N/A	16.12
91	N/A	26.94	N/A	23.28	N/A	20.34	N/A	18.76	N/A	16.42
92	N/A	27.45	N/A	23.73	N/A	20.74	N/A	19.11	N/A	16.74
93	N/A	27.96	N/A	24.17	N/A	21.12	N/A	19.47	N/A	17.05
94	N/A	28.47	N/A	24.61	N/A	21.51	N/A	19.82	N/A	17.36
95	N/A	28.97	N/A	25.05	N/A	21.89	N/A	20.17	N/A	17.68
96	N/A	29.15	N/A	25.19	N/A	22.02	N/A	20.30	N/A	17.78
97	N/A	29.32	N/A	25.34	N/A	22.14	N/A	20.42	N/A	17.89
98	N/A	29.49	N/A	25.50	N/A	22.28	N/A	20.54	N/A	17.99
99	N/A	29.67	N/A	25.64	N/A	22.41	N/A	20.65	N/A	18.08
100	N/A	29.83	N/A	25.78	N/A	22.54	N/A	20.77	N/A	18.19

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.96	0.58	4.88	0.52	4.82	0.45	4.77	0.41	4.73	0.36
26	5.02	0.64	4.93	0.56	4.86	0.50	4.82	0.44	4.76	0.39
27	5.06	0.69	4.97	0.61	4.91	0.53	4.85	0.47	4.80	0.43
28	5.12	0.74	5.03	0.65	4.94	0.57	4.88	0.52	4.83	0.45
29	5.17	0.79	5.06	0.69	4.98	0.61	4.92	0.55	4.86	0.50
30	5.23	0.85	5.12	0.74	5.03	0.65	4.96	0.58	4.90	0.52
31	5.29	0.92	5.18	0.80	5.08	0.70	5.02	0.64	4.94	0.56
32	5.37	0.99	5.25	0.87	5.14	0.76	5.06	0.68	4.98	0.61
33	5.45	1.07	5.30	0.94	5.19	0.81	5.12	0.74	5.03	0.65
34	5.51	1.13	5.37	0.99	5.25	0.88	5.16	0.79	5.07	0.70
35	5.59	1.21	5.43	1.06	5.31	0.94	5.21	0.84	5.12	0.74
36	5.68	1.30	5.52	1.14	5.38	1.00	5.28	0.90	5.18	0.80
37	5.78	1.40	5.60	1.22	5.46	1.08	5.35	0.97	5.24	0.86
38	5.87	1.50	5.68	1.31	5.53	1.16	5.41	1.03	5.29	0.91
39	5.96	1.58	5.76	1.39	5.61	1.23	5.48	1.10	5.35	0.97
40	6.06	1.68	5.85	1.47	5.68	1.30	5.54	1.17	5.40	1.03
41	6.18	1.80	5.95	1.58	5.76	1.40	5.62	1.25	5.48	1.10
42	6.30	1.93	6.06	1.68	5.86	1.49	5.71	1.34	5.56	1.18
43	6.42	2.05	6.16	1.79	5.95	1.58	5.80	1.42	5.62	1.25
44	6.55	2.17	6.27	1.89	6.05	1.67	5.89	1.51	5.70	1.33
45	6.67	2.29	6.38	2.00	6.14	1.77	5.96	1.58	5.78	1.40
46	6.81	2.44	6.51	2.13	6.25	1.88	6.07	1.69	5.86	1.49
47	6.96	2.59	6.64	2.27	6.37	1.99	6.17	1.79	5.95	1.58
48	7.12	2.74	6.77	2.40	6.48	2.10	6.28	1.90	6.05	1.67
49	7.27	2.89	6.90	2.53	6.59	2.21	6.38	2.00	6.14	1.77
50	7.41	3.04	7.03	2.66	6.70	2.32	6.49	2.11	6.23	1.86
51	7.61	3.23	7.21	2.83	6.85	2.48	6.62	2.26	6.36	1.98
52	7.81	3.43	7.37	3.00	7.00	2.62	6.77	2.39	6.48	2.10
53	8.02	3.64	7.55	3.17	7.14	2.77	6.90	2.52	6.60	2.23
54	8.22	3.84	7.71	3.33	7.29	2.92	7.04	2.66	6.72	2.34
55	8.40	4.03	7.89	3.51	7.44	3.07	7.17	2.79	6.85	2.48
56	8.71	4.35	8.15	3.77	7.67	3.30	7.38	3.01	7.03	2.66
57	9.02	4.65	8.42	4.04	7.90	3.53	7.60	3.22	7.22	2.84
58	9.34	4.96	8.68	4.30	8.13	3.76	7.81	3.44	7.40	3.03
59	9.63	5.27	8.93	4.57	8.35	3.98	8.02	3.65	7.58	3.21
60	9.91	5.56	9.17	4.82	8.56	4.20	8.21	3.85	7.73	3.39
61	10.34	5.97	9.55	5.17	8.88	4.51	8.50	4.15	8.00	3.63
62	10.73	6.36	9.88	5.51	9.17	4.81	8.78	4.41	8.24	3.87
63	11.07	6.71	10.18	5.82	9.44	5.09	9.02	4.66	8.44	4.08
64	11.36	7.04	10.43	6.11	9.66	5.34	9.22	4.90	8.61	4.28
65	11.64	7.35	10.67	6.37	9.86	5.57	9.41	5.10	8.76	4.48
66	12.25	8.05	11.19	6.97	10.31	6.11	9.81	5.60	9.11	4.90
67	12.79	8.68	11.64	7.52	10.69	6.59	10.15	6.04	9.39	5.29
68	13.27	9.25	12.05	8.02	11.03	7.03	10.46	6.45	9.65	5.63
69	13.64	9.75	12.35	8.46	11.30	7.40	10.69	6.80	9.83	5.94
70	13.90	10.15	12.56	8.81	11.46	7.71	10.84	7.08	9.94	6.19
71	14.55	10.93	13.11	9.49	11.94	8.32	11.26	7.63	10.30	6.68
72	15.05	11.58	13.52	10.05	12.28	8.81	11.57	8.10	10.55	7.08
73	15.44	12.12	13.85	10.53	12.55	9.23	11.81	8.49	10.75	7.43
74	15.75	12.58	14.10	10.92	12.75	9.58	11.99	8.82	10.88	7.71
75	16.18	13.12	14.45	11.39	13.06	10.00	12.25	9.20	11.11	8.04
76	16.58	13.72	14.77	11.91	13.31	10.45	12.47	9.63	11.28	8.42
77	17.03	14.33	15.14	12.44	13.62	10.91	12.74	10.04	11.48	8.79
78	17.35	14.81	15.40	12.86	13.83	11.29	12.93	10.38	11.63	9.09
79	17.47	15.09	15.48	13.10	13.87	11.50	12.96	10.58	11.63	9.25
80	17.42	15.21	15.42	13.20	13.81	11.58	12.88	10.66	11.54	9.33
81	18.85	16.63	16.67	14.44	14.89	12.67	13.88	11.66	12.42	10.20
82	20.28	18.06	17.90	15.68	15.97	13.76	14.88	12.66	13.30	11.08
83	21.70	19.48	19.14	16.92	17.06	14.85	15.88	13.66	14.17	11.95
84	23.13	20.91	20.37	18.15	18.15	15.93	16.89	14.66	15.05	12.83
85	N/A	22.34	N/A	19.39	N/A	17.02	N/A	15.66	N/A	13.71
86	N/A	23.76	N/A	20.64	N/A	18.11	N/A	16.67	N/A	14.58
87	N/A	25.19	N/A	21.87	N/A	19.20	N/A	17.66	N/A	15.46
88	N/A	26.61	N/A	23.11	N/A	20.28	N/A	18.67	N/A	16.32
89	N/A	28.04	N/A	24.34	N/A	21.36	N/A	19.66	N/A	17.19
90	N/A	29.47	N/A	25.59	N/A	22.45	N/A	20.66	N/A	18.07
91	N/A	30.04	N/A	26.08	N/A	22.88	N/A	21.05	N/A	18.43
92	N/A	30.61	N/A	26.58	N/A	23.32	N/A	21.46	N/A	18.78
93	N/A	31.17	N/A	27.07	N/A	23.75	N/A	21.86	N/A	19.13
94	N/A	31.75	N/A	27.57	N/A	24.19	N/A	22.26	N/A	19.47
95	N/A	32.32	N/A	28.06	N/A	24.62	N/A	22.66	N/A	19.82
96	N/A	32.51	N/A	28.23	N/A	24.76	N/A	22.79	N/A	19.94
97	N/A	32.70	N/A	28.39	N/A	24.92	N/A	22.92	N/A	20.05
98	N/A	32.89	N/A	28.56	N/A	25.06	N/A	23.06	N/A	20.17
99	N/A	33.08	N/A	28.72	N/A	25.20	N/A	23.19	N/A	20.30
100	N/A	33.28	N/A	28.89	N/A	25.34	N/A	23.32	N/A	20.41

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R494 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	7.13	2.66	6.78	2.32	6.52	2.06	6.36	1.89	6.12	1.65
46	7.30	2.85	6.93	2.48	6.66	2.19	6.48	2.01	6.23	1.76
47	7.49	3.04	7.10	2.63	6.78	2.32	6.60	2.15	6.33	1.87
48	7.68	3.22	7.24	2.78	6.92	2.46	6.72	2.27	6.44	1.98
49	7.85	3.40	7.40	2.94	7.05	2.60	6.84	2.39	6.55	2.09
50	8.04	3.59	7.56	3.09	7.18	2.73	6.96	2.51	6.64	2.19
51	8.28	3.83	7.76	3.29	7.35	2.89	7.12	2.66	6.79	2.33
52	8.53	4.07	7.95	3.50	7.52	3.07	7.28	2.83	6.93	2.48
53	8.77	4.31	8.16	3.70	7.70	3.25	7.44	2.98	7.06	2.61
54	9.02	4.55	8.36	3.91	7.88	3.42	7.60	3.15	7.21	2.75
55	9.27	4.81	8.56	4.10	8.05	3.60	7.76	3.30	7.34	2.88
56	9.66	5.19	8.90	4.44	8.35	3.88	8.02	3.58	7.56	3.11
57	10.04	5.59	9.24	4.79	8.64	4.18	8.31	3.85	7.79	3.34
58	10.45	5.98	9.59	5.14	8.93	4.48	8.57	4.11	8.03	3.58
59	10.84	6.38	9.93	5.48	9.22	4.77	8.83	4.39	8.25	3.81
60	11.21	6.77	10.25	5.82	9.49	5.06	9.09	4.65	8.46	4.03
61	11.77	7.32	10.74	6.29	9.91	5.47	9.47	5.03	8.79	4.33
62	12.29	7.83	11.19	6.73	10.30	5.85	9.82	5.37	9.09	4.64
63	12.76	8.33	11.61	7.16	10.65	6.20	10.14	5.71	9.35	4.93
64	13.19	8.79	11.96	7.56	10.96	6.55	10.42	6.01	9.58	5.18
65	13.59	9.22	12.30	7.93	11.24	6.88	10.67	6.30	9.79	5.42
66	14.50	10.21	13.08	8.79	11.90	7.61	11.26	6.99	10.30	6.02
67	15.33	11.14	13.78	9.60	12.50	8.31	11.80	7.62	10.75	6.57
68	16.12	12.02	14.44	10.35	13.06	8.97	12.31	8.22	11.17	7.08
69	16.78	12.80	15.00	11.03	13.52	9.55	12.73	8.77	11.52	7.55
70	17.31	13.48	15.44	11.62	13.88	10.05	13.05	9.22	11.78	7.95
71	18.37	14.67	16.34	12.64	14.63	10.95	13.72	10.03	12.33	8.65
72	19.24	15.70	17.07	13.53	15.25	11.72	14.26	10.73	12.78	9.25
73	20.00	16.61	17.70	14.32	15.77	12.39	14.73	11.34	13.17	9.78
74	20.65	17.41	18.24	15.00	16.21	12.98	15.11	11.89	13.48	10.25
75	21.45	18.33	18.92	15.80	16.79	13.66	15.62	12.51	13.90	10.78
76	22.09	19.17	19.44	16.53	17.20	14.29	15.99	13.08	14.19	11.29
77	22.77	20.02	20.01	17.26	17.67	14.92	16.41	13.66	14.53	11.78
78	23.29	20.69	20.43	17.84	18.02	15.42	16.71	14.12	14.76	12.18
79	23.51	21.08	20.60	18.17	18.14	15.71	16.81	14.39	14.83	12.41
80	23.51	21.25	20.58	18.32	18.10	15.84	16.76	14.50	14.76	12.51
81	25.50	23.24	22.30	20.04	19.58	17.33	18.12	15.86	15.94	13.67
82	27.50	25.23	24.01	21.76	21.07	18.81	19.48	17.22	17.12	14.85
83	29.49	27.23	25.73	23.47	22.55	20.30	20.83	18.58	18.28	16.03
84	31.48	29.23	27.45	25.19	24.04	21.78	22.20	19.94	19.46	17.19
85	N/A	31.22	N/A	26.91	N/A	23.27	N/A	21.30	N/A	18.37
86	N/A	33.21	N/A	28.62	N/A	24.75	N/A	22.66	N/A	19.54
87	N/A	35.20	N/A	30.34	N/A	26.22	N/A	24.01	N/A	20.71
88	N/A	37.19	N/A	32.05	N/A	27.72	N/A	25.38	N/A	21.88
89	N/A	39.18	N/A	33.77	N/A	29.19	N/A	26.74	N/A	23.06
90	N/A	41.17	N/A	35.50	N/A	30.68	N/A	28.09	N/A	24.23
91	N/A	41.98	N/A	36.18	N/A	31.28	N/A	28.64	N/A	24.70
92	N/A	42.77	N/A	36.87	N/A	31.88	N/A	29.18	N/A	25.17
93	N/A	43.57	N/A	37.55	N/A	32.47	N/A	29.72	N/A	25.63
94	N/A	44.36	N/A	38.24	N/A	33.07	N/A	30.27	N/A	26.10
95	N/A	45.17	N/A	38.93	N/A	33.66	N/A	30.81	N/A	26.58
96	N/A	45.43	N/A	39.16	N/A	33.86	N/A	31.00	N/A	26.73
97	N/A	45.69	N/A	39.38	N/A	34.06	N/A	31.17	N/A	26.88
98	N/A	45.96	N/A	39.61	N/A	34.25	N/A	31.36	N/A	27.04
99	N/A	46.22	N/A	39.84	N/A	34.45	N/A	31.54	N/A	27.20
100	N/A	46.49	N/A	40.07	N/A	34.65	N/A	31.72	N/A	27.36

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18	0.40	0.03	0.40	0.02	0.39	0.02	0.39	0.02	0.39	0.02
26	0.40	0.03	0.40	0.02	0.39	0.02	0.39	0.02	0.39	0.02
27	0.40	0.03	0.40	0.03	0.40	0.02	0.39	0.02	0.39	0.02
28	0.41	0.03	0.40	0.03	0.40	0.02	0.40	0.02	0.39	0.02
29	0.41	0.03	0.40	0.03	0.40	0.03	0.40	0.02	0.39	0.02
30	0.41	0.04	0.41	0.03	0.40	0.03	0.40	0.03	0.40	0.02
31	0.41	0.04	0.41	0.04	0.40	0.03	0.40	0.03	0.40	0.02
32	0.42	0.04	0.41	0.04	0.41	0.03	0.40	0.03	0.40	0.03
33	0.42	0.06	0.41	0.04	0.41	0.04	0.41	0.03	0.40	0.03
34	0.42	0.06	0.42	0.04	0.41	0.04	0.41	0.03	0.40	0.03
35	0.43	0.06	0.42	0.06	0.41	0.04	0.41	0.04	0.41	0.03
36	0.43	0.07	0.42	0.06	0.42	0.04	0.41	0.04	0.41	0.03
37	0.43	0.07	0.43	0.06	0.42	0.06	0.42	0.04	0.41	0.04
38	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06	0.41	0.04
39	0.44	0.08	0.43	0.07	0.43	0.06	0.42	0.06	0.42	0.04
40	0.45	0.08	0.44	0.08	0.43	0.07	0.42	0.06	0.42	0.06
41	0.45	0.09	0.44	0.08	0.43	0.07	0.43	0.07	0.42	0.06
42	0.46	0.10	0.45	0.08	0.44	0.07	0.43	0.07	0.42	0.06
43	0.46	0.10	0.45	0.09	0.44	0.08	0.44	0.07	0.43	0.06
44	0.47	0.11	0.46	0.09	0.45	0.08	0.44	0.08	0.43	0.07
45	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08	0.43	0.07
46	0.48	0.12	0.47	0.10	0.45	0.09	0.45	0.08	0.44	0.08
47	0.50	0.12	0.47	0.11	0.46	0.10	0.45	0.09	0.44	0.08
48	0.50	0.13	0.48	0.12	0.46	0.10	0.46	0.09	0.45	0.08
49	0.51	0.14	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09
50	0.52	0.14	0.50	0.13	0.47	0.11	0.47	0.10	0.45	0.09
51	0.53	0.15	0.51	0.13	0.48	0.12	0.47	0.11	0.46	0.10
52	0.53	0.17	0.52	0.14	0.50	0.12	0.48	0.12	0.47	0.10
53	0.54	0.18	0.52	0.15	0.50	0.13	0.48	0.12	0.47	0.11
54	0.55	0.19	0.53	0.17	0.51	0.14	0.50	0.13	0.48	0.11
55	0.56	0.20	0.54	0.18	0.52	0.14	0.51	0.13	0.48	0.12
56	0.58	0.21	0.55	0.19	0.53	0.17	0.52	0.14	0.50	0.13
57	0.59	0.23	0.56	0.20	0.54	0.18	0.53	0.15	0.51	0.13
58	0.61	0.24	0.57	0.21	0.55	0.19	0.54	0.17	0.52	0.14
59	0.63	0.25	0.59	0.22	0.56	0.20	0.55	0.18	0.52	0.15
60	0.64	0.28	0.61	0.23	0.57	0.21	0.55	0.19	0.53	0.17
61	0.66	0.30	0.63	0.25	0.59	0.22	0.57	0.21	0.55	0.18
62	0.69	0.32	0.65	0.28	0.62	0.24	0.59	0.22	0.56	0.19
63	0.72	0.34	0.67	0.30	0.63	0.25	0.61	0.23	0.58	0.20
64	0.74	0.36	0.69	0.31	0.65	0.28	0.63	0.25	0.59	0.22
65	0.77	0.39	0.72	0.33	0.67	0.29	0.65	0.26	0.61	0.23
66	0.81	0.43	0.75	0.37	0.70	0.32	0.68	0.30	0.64	0.25
67	0.86	0.47	0.79	0.41	0.74	0.35	0.70	0.33	0.66	0.29
68	0.90	0.52	0.83	0.45	0.77	0.40	0.74	0.36	0.69	0.31
69	0.95	0.57	0.87	0.48	0.80	0.43	0.77	0.39	0.72	0.34
70	0.99	0.62	0.91	0.53	0.84	0.46	0.80	0.42	0.75	0.36
71	1.07	0.69	0.98	0.59	0.90	0.52	0.86	0.47	0.79	0.41
72	1.14	0.76	1.05	0.66	0.96	0.57	0.91	0.53	0.84	0.45
73	1.22	0.84	1.10	0.73	1.01	0.63	0.96	0.57	0.88	0.50
74	1.30	0.91	1.17	0.79	1.07	0.68	1.01	0.63	0.92	0.54
75	1.38	0.99	1.23	0.85	1.12	0.75	1.07	0.68	0.97	0.58
76	1.50	1.11	1.34	0.96	1.22	0.84	1.14	0.76	1.05	0.66
77	1.61	1.22	1.44	1.06	1.31	0.92	1.23	0.85	1.11	0.73
78	1.73	1.34	1.54	1.16	1.40	1.01	1.31	0.92	1.18	0.79
79	1.85	1.46	1.65	1.27	1.49	1.10	1.40	1.01	1.25	0.87
80	1.97	1.58	1.75	1.36	1.57	1.19	1.47	1.09	1.32	0.94
81	2.11	1.73	1.87	1.50	1.68	1.30	1.57	1.19	1.41	1.02
82	2.27	1.88	2.00	1.62	1.79	1.41	1.68	1.30	1.50	1.11
83	2.41	2.02	2.13	1.75	1.90	1.52	1.78	1.40	1.58	1.20
84	2.56	2.18	2.26	1.87	2.01	1.64	1.88	1.50	1.67	1.29
85	N/A	2.32	N/A	2.00	N/A	1.75	N/A	1.61	N/A	1.38
86	N/A	2.48	N/A	2.13	N/A	1.86	N/A	1.71	N/A	1.46
87	N/A	2.62	N/A	2.26	N/A	1.97	N/A	1.80	N/A	1.55
88	N/A	2.77	N/A	2.39	N/A	2.08	N/A	1.90	N/A	1.64
89	N/A	2.92	N/A	2.51	N/A	2.19	N/A	2.01	N/A	1.73
90	N/A	3.07	N/A	2.64	N/A	2.30	N/A	2.11	N/A	1.82
91	N/A	3.12	N/A	2.70	N/A	2.34	N/A	2.16	N/A	1.85
92	N/A	3.18	N/A	2.74	N/A	2.39	N/A	2.19	N/A	1.89
93	N/A	3.25	N/A	2.79	N/A	2.44	N/A	2.23	N/A	1.93
94	N/A	3.30	N/A	2.85	N/A	2.49	N/A	2.28	N/A	1.96
95	N/A	3.37	N/A	2.89	N/A	2.53	N/A	2.32	N/A	1.99
96	N/A	3.38	N/A	2.92	N/A	2.54	N/A	2.33	N/A	2.00
97	N/A	3.40	N/A	2.93	N/A	2.55	N/A	2.34	N/A	2.01
98	N/A	3.42	N/A	2.95	N/A	2.57	N/A	2.35	N/A	2.02
99	N/A	3.44	N/A	2.97	N/A	2.59	N/A	2.38	N/A	2.04
100	N/A	3.47	N/A	2.98	N/A	2.60	N/A	2.39	N/A	2.05

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.41	0.04	0.41	0.03	0.40	0.03	0.40	0.02	0.40	0.02
26	0.42	0.04	0.41	0.03	0.41	0.03	0.40	0.03	0.40	0.02
27	0.42	0.04	0.41	0.04	0.41	0.03	0.41	0.03	0.40	0.03
28	0.42	0.06	0.42	0.04	0.41	0.03	0.41	0.03	0.40	0.03
29	0.42	0.06	0.42	0.04	0.41	0.04	0.41	0.03	0.41	0.03
30	0.43	0.06	0.42	0.04	0.42	0.04	0.41	0.04	0.41	0.03
31	0.43	0.07	0.43	0.06	0.42	0.04	0.42	0.04	0.41	0.03
32	0.44	0.07	0.43	0.06	0.42	0.06	0.42	0.04	0.41	0.04
33	0.44	0.08	0.43	0.07	0.43	0.06	0.42	0.04	0.42	0.04
34	0.45	0.08	0.44	0.07	0.43	0.06	0.42	0.06	0.42	0.04
35	0.45	0.08	0.44	0.07	0.43	0.07	0.43	0.06	0.42	0.06
36	0.46	0.09	0.45	0.08	0.44	0.07	0.43	0.07	0.43	0.06
37	0.46	0.10	0.45	0.08	0.44	0.08	0.44	0.07	0.43	0.06
38	0.47	0.10	0.46	0.09	0.45	0.08	0.44	0.07	0.43	0.07
39	0.47	0.11	0.46	0.09	0.45	0.08	0.44	0.08	0.44	0.07
40	0.48	0.11	0.47	0.10	0.45	0.09	0.45	0.08	0.44	0.07
41	0.50	0.12	0.47	0.11	0.46	0.09	0.45	0.09	0.44	0.08
42	0.50	0.13	0.48	0.11	0.47	0.10	0.46	0.09	0.45	0.08
43	0.51	0.13	0.48	0.12	0.47	0.11	0.46	0.10	0.45	0.09
44	0.52	0.14	0.50	0.12	0.48	0.11	0.47	0.10	0.46	0.09
45	0.53	0.15	0.51	0.13	0.48	0.12	0.47	0.11	0.46	0.10
46	0.53	0.17	0.51	0.14	0.50	0.12	0.48	0.11	0.47	0.10
47	0.54	0.18	0.52	0.15	0.51	0.13	0.50	0.12	0.47	0.11
48	0.55	0.19	0.53	0.15	0.51	0.14	0.50	0.13	0.48	0.11
49	0.56	0.19	0.54	0.17	0.52	0.14	0.51	0.13	0.48	0.12
50	0.57	0.20	0.55	0.18	0.53	0.15	0.51	0.14	0.50	0.12
51	0.58	0.22	0.56	0.19	0.54	0.17	0.52	0.15	0.51	0.13
52	0.59	0.23	0.57	0.20	0.55	0.18	0.53	0.17	0.51	0.14
53	0.62	0.24	0.58	0.21	0.55	0.19	0.54	0.17	0.52	0.14
54	0.63	0.25	0.59	0.22	0.56	0.20	0.55	0.18	0.53	0.15
55	0.64	0.26	0.61	0.23	0.57	0.21	0.56	0.19	0.54	0.17
56	0.66	0.29	0.62	0.25	0.59	0.22	0.57	0.20	0.55	0.18
57	0.68	0.31	0.64	0.26	0.61	0.23	0.58	0.22	0.56	0.19
58	0.70	0.33	0.66	0.29	0.62	0.25	0.61	0.23	0.57	0.20
59	0.72	0.35	0.67	0.31	0.64	0.26	0.62	0.24	0.58	0.21
60	0.74	0.37	0.69	0.32	0.65	0.29	0.63	0.25	0.59	0.23
61	0.77	0.40	0.72	0.34	0.67	0.31	0.65	0.28	0.62	0.24
62	0.80	0.43	0.75	0.37	0.70	0.33	0.67	0.30	0.64	0.26
63	0.84	0.45	0.78	0.40	0.73	0.35	0.69	0.32	0.66	0.28
64	0.87	0.48	0.80	0.42	0.75	0.37	0.73	0.34	0.68	0.30
65	0.90	0.52	0.84	0.45	0.78	0.40	0.75	0.36	0.70	0.32
66	0.96	0.57	0.88	0.51	0.83	0.44	0.79	0.41	0.74	0.35
67	1.02	0.64	0.94	0.55	0.87	0.48	0.83	0.44	0.77	0.39
68	1.08	0.69	0.99	0.61	0.91	0.53	0.87	0.48	0.81	0.43
69	1.14	0.76	1.05	0.66	0.96	0.57	0.91	0.53	0.85	0.46
70	1.21	0.81	1.10	0.72	1.01	0.63	0.96	0.57	0.89	0.51
71	1.31	0.92	1.19	0.80	1.09	0.69	1.02	0.64	0.95	0.56
72	1.41	1.02	1.28	0.88	1.17	0.77	1.10	0.72	1.01	0.63
73	1.51	1.12	1.36	0.97	1.23	0.85	1.17	0.78	1.08	0.68
74	1.61	1.22	1.44	1.06	1.31	0.92	1.23	0.85	1.13	0.75
75	1.71	1.32	1.53	1.14	1.39	1.00	1.31	0.91	1.20	0.81
76	1.86	1.47	1.67	1.29	1.51	1.12	1.42	1.02	1.30	0.91
77	2.02	1.64	1.80	1.42	1.63	1.24	1.53	1.13	1.40	1.00
78	2.18	1.79	1.95	1.56	1.75	1.36	1.64	1.25	1.49	1.10
79	2.34	1.95	2.08	1.69	1.87	1.49	1.75	1.36	1.58	1.20
80	2.50	2.11	2.22	1.84	1.99	1.61	1.86	1.47	1.68	1.30
81	2.70	2.31	2.39	2.00	2.15	1.75	1.99	1.61	1.80	1.42
82	2.89	2.51	2.56	2.18	2.29	1.90	2.13	1.75	1.93	1.54
83	3.09	2.71	2.74	2.34	2.44	2.06	2.27	1.88	2.05	1.66
84	3.29	2.90	2.90	2.52	2.60	2.20	2.41	2.02	2.17	1.78
85	N/A	3.10	N/A	2.70	N/A	2.35	N/A	2.16	N/A	1.90
86	N/A	3.29	N/A	2.86	N/A	2.51	N/A	2.30	N/A	2.02
87	N/A	3.49	N/A	3.04	N/A	2.65	N/A	2.43	N/A	2.15
88	N/A	3.69	N/A	3.21	N/A	2.81	N/A	2.57	N/A	2.27
89	N/A	3.88	N/A	3.38	N/A	2.96	N/A	2.71	N/A	2.39
90	N/A	4.08	N/A	3.55	N/A	3.10	N/A	2.85	N/A	2.51
91	N/A	4.17	N/A	3.62	N/A	3.17	N/A	2.90	N/A	2.56
92	N/A	4.25	N/A	3.69	N/A	3.22	N/A	2.96	N/A	2.61
93	N/A	4.32	N/A	3.75	N/A	3.29	N/A	3.01	N/A	2.66
94	N/A	4.40	N/A	3.83	N/A	3.34	N/A	3.07	N/A	2.71
95	N/A	4.48	N/A	3.89	N/A	3.40	N/A	3.12	N/A	2.75
96	N/A	4.51	N/A	3.92	N/A	3.42	N/A	3.14	N/A	2.77
97	N/A	4.53	N/A	3.94	N/A	3.44	N/A	3.16	N/A	2.78
98	N/A	4.57	N/A	3.96	N/A	3.47	N/A	3.18	N/A	2.81
99	N/A	4.59	N/A	3.98	N/A	3.49	N/A	3.19	N/A	2.82
100	N/A	4.61	N/A	4.00	N/A	3.51	N/A	3.21	N/A	2.84

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.42	0.04	0.42	0.04	0.41	0.03	0.41	0.03	0.41	0.03
26	0.42	0.04	0.42	0.04	0.41	0.03	0.41	0.03	0.41	0.03
27	0.43	0.06	0.42	0.04	0.42	0.04	0.41	0.03	0.41	0.03
28	0.43	0.06	0.43	0.06	0.42	0.04	0.42	0.04	0.41	0.03
29	0.44	0.07	0.43	0.06	0.42	0.04	0.42	0.04	0.41	0.03
30	0.44	0.07	0.43	0.06	0.43	0.06	0.42	0.04	0.42	0.04
31	0.44	0.08	0.44	0.07	0.43	0.06	0.43	0.06	0.42	0.04
32	0.45	0.08	0.44	0.07	0.43	0.06	0.43	0.06	0.42	0.04
33	0.46	0.09	0.45	0.08	0.44	0.07	0.43	0.06	0.43	0.06
34	0.46	0.09	0.45	0.08	0.44	0.07	0.44	0.07	0.43	0.06
35	0.47	0.10	0.45	0.08	0.45	0.08	0.44	0.07	0.43	0.06
36	0.47	0.10	0.46	0.09	0.45	0.08	0.44	0.07	0.44	0.07
37	0.48	0.11	0.47	0.10	0.46	0.09	0.45	0.08	0.44	0.07
38	0.50	0.12	0.47	0.10	0.46	0.09	0.45	0.08	0.44	0.07
39	0.50	0.12	0.48	0.11	0.47	0.10	0.46	0.09	0.45	0.08
40	0.51	0.13	0.48	0.11	0.47	0.10	0.46	0.09	0.45	0.08
41	0.52	0.14	0.50	0.12	0.48	0.11	0.47	0.10	0.46	0.09
42	0.53	0.15	0.51	0.13	0.48	0.11	0.48	0.11	0.46	0.09
43	0.53	0.17	0.52	0.14	0.50	0.12	0.48	0.11	0.47	0.10
44	0.54	0.17	0.52	0.14	0.51	0.13	0.50	0.12	0.47	0.10
45	0.55	0.18	0.53	0.15	0.51	0.13	0.50	0.12	0.48	0.11
46	0.56	0.19	0.54	0.17	0.52	0.14	0.51	0.13	0.48	0.11
47	0.57	0.20	0.55	0.18	0.53	0.15	0.52	0.14	0.50	0.12
48	0.58	0.21	0.56	0.19	0.54	0.17	0.53	0.15	0.51	0.13
49	0.59	0.22	0.57	0.20	0.54	0.18	0.53	0.15	0.51	0.13
50	0.61	0.24	0.58	0.21	0.55	0.18	0.54	0.17	0.52	0.14
51	0.63	0.25	0.59	0.22	0.56	0.19	0.55	0.18	0.53	0.15
52	0.64	0.26	0.61	0.23	0.57	0.20	0.56	0.19	0.54	0.17
53	0.66	0.29	0.62	0.24	0.58	0.21	0.57	0.20	0.55	0.18
54	0.67	0.30	0.63	0.25	0.61	0.23	0.58	0.21	0.55	0.18
55	0.68	0.32	0.65	0.28	0.62	0.24	0.59	0.22	0.56	0.19
56	0.72	0.34	0.66	0.29	0.63	0.25	0.61	0.23	0.58	0.21
57	0.74	0.36	0.68	0.31	0.65	0.28	0.63	0.25	0.59	0.22
58	0.76	0.39	0.70	0.33	0.66	0.29	0.64	0.26	0.61	0.23
59	0.78	0.41	0.73	0.35	0.68	0.31	0.66	0.29	0.63	0.24
60	0.80	0.43	0.75	0.37	0.70	0.33	0.67	0.30	0.64	0.26
61	0.85	0.46	0.78	0.41	0.73	0.35	0.70	0.33	0.66	0.29
62	0.88	0.50	0.81	0.43	0.76	0.37	0.73	0.35	0.68	0.31
63	0.91	0.54	0.85	0.46	0.78	0.41	0.76	0.37	0.70	0.32
64	0.96	0.57	0.88	0.50	0.81	0.43	0.78	0.40	0.73	0.34
65	0.99	0.61	0.91	0.52	0.85	0.45	0.80	0.42	0.76	0.36
66	1.07	0.67	0.97	0.58	0.90	0.51	0.86	0.47	0.80	0.41
67	1.13	0.75	1.03	0.64	0.95	0.56	0.90	0.52	0.84	0.45
68	1.20	0.81	1.09	0.70	1.00	0.62	0.96	0.57	0.88	0.50
69	1.28	0.89	1.16	0.77	1.06	0.67	1.00	0.62	0.92	0.54
70	1.34	0.96	1.21	0.83	1.11	0.73	1.06	0.67	0.97	0.58
71	1.46	1.07	1.32	0.92	1.20	0.81	1.13	0.75	1.05	0.65
72	1.57	1.19	1.42	1.02	1.29	0.90	1.22	0.83	1.11	0.73
73	1.69	1.30	1.52	1.12	1.38	0.98	1.30	0.90	1.19	0.79
74	1.80	1.42	1.62	1.22	1.46	1.07	1.38	0.99	1.25	0.87
75	1.93	1.53	1.72	1.33	1.55	1.16	1.46	1.07	1.33	0.94
76	2.11	1.72	1.88	1.49	1.69	1.30	1.58	1.20	1.44	1.05
77	2.30	1.90	2.04	1.64	1.83	1.44	1.72	1.32	1.55	1.16
78	2.48	2.09	2.20	1.80	1.97	1.57	1.85	1.45	1.66	1.28
79	2.66	2.27	2.35	1.96	2.11	1.72	1.97	1.58	1.77	1.39
80	2.85	2.45	2.52	2.12	2.24	1.86	2.10	1.71	1.89	1.50
81	3.08	2.68	2.72	2.32	2.42	2.02	2.27	1.87	2.02	1.64
82	3.31	2.92	2.92	2.52	2.60	2.20	2.42	2.02	2.17	1.78
83	3.53	3.15	3.11	2.72	2.77	2.38	2.59	2.19	2.31	1.91
84	3.76	3.38	3.31	2.92	2.94	2.55	2.74	2.35	2.45	2.06
85	N/A	3.61	N/A	3.11	N/A	2.73	N/A	2.51	N/A	2.20
86	N/A	3.84	N/A	3.31	N/A	2.89	N/A	2.67	N/A	2.34
87	N/A	4.07	N/A	3.51	N/A	3.07	N/A	2.83	N/A	2.48
88	N/A	4.29	N/A	3.72	N/A	3.25	N/A	2.99	N/A	2.62
89	N/A	4.52	N/A	3.92	N/A	3.42	N/A	3.15	N/A	2.76
90	N/A	4.75	N/A	4.11	N/A	3.60	N/A	3.31	N/A	2.90
91	N/A	4.85	N/A	4.19	N/A	3.66	N/A	3.38	N/A	2.96
92	N/A	4.94	N/A	4.27	N/A	3.73	N/A	3.44	N/A	3.01
93	N/A	5.03	N/A	4.35	N/A	3.81	N/A	3.51	N/A	3.07
94	N/A	5.13	N/A	4.43	N/A	3.87	N/A	3.56	N/A	3.12
95	N/A	5.21	N/A	4.51	N/A	3.94	N/A	3.63	N/A	3.18
96	N/A	5.25	N/A	4.53	N/A	3.96	N/A	3.65	N/A	3.20
97	N/A	5.28	N/A	4.57	N/A	3.98	N/A	3.67	N/A	3.22
98	N/A	5.31	N/A	4.59	N/A	4.02	N/A	3.70	N/A	3.23
99	N/A	5.34	N/A	4.62	N/A	4.04	N/A	3.72	N/A	3.26
100	N/A	5.37	N/A	4.64	N/A	4.06	N/A	3.74	N/A	3.28

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.43	0.06	0.43	0.04	0.42	0.04	0.42	0.03	0.41	0.03
26	0.44	0.06	0.43	0.04	0.42	0.04	0.42	0.03	0.42	0.03
27	0.44	0.06	0.43	0.06	0.43	0.04	0.42	0.04	0.42	0.03
28	0.44	0.07	0.44	0.06	0.43	0.04	0.43	0.04	0.42	0.04
29	0.45	0.07	0.44	0.06	0.43	0.06	0.43	0.04	0.42	0.04
30	0.45	0.08	0.44	0.07	0.44	0.06	0.43	0.06	0.43	0.04
31	0.46	0.08	0.45	0.07	0.44	0.07	0.44	0.06	0.43	0.04
32	0.46	0.09	0.45	0.08	0.45	0.07	0.44	0.06	0.43	0.06
33	0.47	0.09	0.46	0.08	0.45	0.07	0.44	0.07	0.44	0.06
34	0.48	0.10	0.46	0.09	0.46	0.08	0.45	0.07	0.44	0.07
35	0.48	0.11	0.47	0.09	0.46	0.08	0.45	0.08	0.44	0.07
36	0.50	0.11	0.48	0.10	0.47	0.09	0.46	0.08	0.45	0.07
37	0.51	0.12	0.48	0.11	0.47	0.10	0.46	0.09	0.45	0.08
38	0.51	0.13	0.50	0.11	0.48	0.10	0.47	0.09	0.46	0.08
39	0.52	0.14	0.51	0.12	0.48	0.11	0.47	0.10	0.46	0.09
40	0.53	0.14	0.51	0.13	0.50	0.11	0.48	0.10	0.47	0.09
41	0.54	0.15	0.52	0.14	0.51	0.12	0.50	0.11	0.47	0.10
42	0.55	0.17	0.53	0.14	0.51	0.13	0.50	0.12	0.48	0.10
43	0.56	0.18	0.54	0.15	0.52	0.14	0.51	0.12	0.50	0.11
44	0.57	0.19	0.55	0.17	0.53	0.14	0.52	0.13	0.50	0.11
45	0.58	0.20	0.55	0.18	0.54	0.15	0.52	0.14	0.51	0.12
46	0.59	0.21	0.57	0.19	0.54	0.17	0.53	0.14	0.51	0.13
47	0.61	0.22	0.58	0.20	0.55	0.18	0.54	0.15	0.52	0.14
48	0.62	0.24	0.59	0.21	0.56	0.19	0.55	0.17	0.53	0.14
49	0.64	0.25	0.61	0.22	0.57	0.19	0.56	0.18	0.54	0.15
50	0.65	0.26	0.62	0.23	0.58	0.20	0.56	0.19	0.54	0.17
51	0.66	0.29	0.63	0.24	0.59	0.22	0.57	0.20	0.55	0.18
52	0.68	0.30	0.64	0.26	0.61	0.23	0.58	0.21	0.56	0.19
53	0.69	0.32	0.66	0.28	0.63	0.24	0.61	0.22	0.57	0.20
54	0.72	0.33	0.67	0.29	0.64	0.25	0.62	0.23	0.58	0.21
55	0.74	0.35	0.68	0.31	0.65	0.26	0.63	0.24	0.59	0.22
56	0.76	0.37	0.70	0.33	0.67	0.29	0.64	0.26	0.62	0.23
57	0.78	0.41	0.74	0.35	0.69	0.31	0.66	0.29	0.63	0.24
58	0.81	0.43	0.76	0.37	0.70	0.33	0.68	0.30	0.65	0.26
59	0.84	0.46	0.78	0.40	0.73	0.35	0.70	0.32	0.66	0.28
60	0.87	0.48	0.80	0.42	0.75	0.36	0.72	0.34	0.68	0.30
61	0.91	0.53	0.84	0.45	0.78	0.40	0.75	0.36	0.70	0.32
62	0.95	0.56	0.88	0.48	0.81	0.43	0.78	0.40	0.73	0.34
63	0.99	0.61	0.91	0.52	0.85	0.45	0.80	0.42	0.76	0.36
64	1.03	0.64	0.95	0.55	0.88	0.48	0.84	0.44	0.78	0.39
65	1.08	0.68	0.98	0.58	0.91	0.52	0.87	0.47	0.80	0.42
66	1.16	0.76	1.06	0.66	0.97	0.57	0.92	0.53	0.86	0.46
67	1.23	0.84	1.12	0.73	1.03	0.64	0.98	0.58	0.90	0.51
68	1.31	0.91	1.19	0.79	1.09	0.69	1.03	0.64	0.96	0.56
69	1.39	0.99	1.25	0.86	1.16	0.76	1.09	0.69	1.00	0.61
70	1.47	1.07	1.33	0.94	1.21	0.81	1.14	0.75	1.06	0.65
71	1.60	1.20	1.44	1.05	1.31	0.91	1.23	0.84	1.13	0.74
72	1.73	1.33	1.55	1.16	1.41	1.01	1.33	0.92	1.21	0.81
73	1.86	1.45	1.66	1.27	1.51	1.11	1.42	1.02	1.29	0.89
74	1.98	1.58	1.77	1.38	1.61	1.21	1.51	1.11	1.36	0.97
75	2.11	1.72	1.88	1.49	1.71	1.31	1.60	1.20	1.45	1.05
76	2.31	1.91	2.07	1.66	1.86	1.46	1.74	1.34	1.57	1.18
77	2.52	2.12	2.24	1.84	2.01	1.62	1.89	1.49	1.71	1.30
78	2.73	2.33	2.42	2.02	2.17	1.77	2.04	1.63	1.83	1.43
79	2.93	2.53	2.60	2.20	2.33	1.93	2.18	1.77	1.95	1.55
80	3.14	2.74	2.77	2.38	2.49	2.09	2.32	1.91	2.08	1.68
81	3.39	2.99	3.00	2.60	2.68	2.28	2.50	2.10	2.23	1.84
82	3.65	3.26	3.22	2.83	2.87	2.48	2.67	2.28	2.40	1.99
83	3.91	3.51	3.44	3.05	3.07	2.67	2.86	2.46	2.55	2.16
84	4.16	3.76	3.66	3.27	3.27	2.87	3.04	2.64	2.71	2.31
85	N/A	4.03	N/A	3.49	N/A	3.06	N/A	2.82	N/A	2.46
86	N/A	4.28	N/A	3.72	N/A	3.26	N/A	3.00	N/A	2.63
87	N/A	4.53	N/A	3.94	N/A	3.45	N/A	3.18	N/A	2.78
88	N/A	4.80	N/A	4.16	N/A	3.65	N/A	3.36	N/A	2.94
89	N/A	5.05	N/A	4.38	N/A	3.85	N/A	3.54	N/A	3.09
90	N/A	5.30	N/A	4.61	N/A	4.04	N/A	3.72	N/A	3.26
91	N/A	5.41	N/A	4.70	N/A	4.11	N/A	3.80	N/A	3.31
92	N/A	5.51	N/A	4.79	N/A	4.20	N/A	3.86	N/A	3.38
93	N/A	5.61	N/A	4.87	N/A	4.28	N/A	3.94	N/A	3.44
94	N/A	5.72	N/A	4.96	N/A	4.36	N/A	4.00	N/A	3.51
95	N/A	5.82	N/A	5.05	N/A	4.43	N/A	4.08	N/A	3.56
96	N/A	5.85	N/A	5.08	N/A	4.46	N/A	4.10	N/A	3.59
97	N/A	5.89	N/A	5.12	N/A	4.49	N/A	4.13	N/A	3.61
98	N/A	5.92	N/A	5.14	N/A	4.51	N/A	4.15	N/A	3.63
99	N/A	5.95	N/A	5.17	N/A	4.53	N/A	4.18	N/A	3.65
100	N/A	5.98	N/A	5.20	N/A	4.57	N/A	4.20	N/A	3.67

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R497 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.62	0.23	0.59	0.20	0.57	0.18	0.55	0.17	0.53	0.14
46	0.64	0.25	0.61	0.22	0.58	0.19	0.56	0.18	0.54	0.15
47	0.65	0.26	0.62	0.23	0.59	0.20	0.57	0.19	0.55	0.17
48	0.67	0.28	0.63	0.24	0.61	0.21	0.58	0.20	0.56	0.18
49	0.68	0.30	0.65	0.25	0.62	0.23	0.59	0.21	0.57	0.19
50	0.70	0.31	0.66	0.26	0.63	0.24	0.61	0.22	0.58	0.19
51	0.73	0.33	0.67	0.29	0.64	0.25	0.62	0.23	0.59	0.20
52	0.74	0.35	0.69	0.31	0.66	0.26	0.64	0.24	0.61	0.22
53	0.76	0.37	0.72	0.32	0.67	0.29	0.65	0.26	0.62	0.23
54	0.78	0.40	0.73	0.34	0.68	0.30	0.66	0.28	0.63	0.24
55	0.80	0.42	0.75	0.35	0.70	0.31	0.67	0.29	0.64	0.25
56	0.84	0.45	0.77	0.39	0.73	0.34	0.70	0.31	0.66	0.28
57	0.88	0.48	0.80	0.42	0.75	0.36	0.73	0.33	0.68	0.29
58	0.91	0.52	0.84	0.45	0.78	0.39	0.75	0.36	0.70	0.31
59	0.95	0.56	0.87	0.47	0.80	0.42	0.77	0.39	0.72	0.33
60	0.98	0.59	0.90	0.51	0.84	0.44	0.79	0.41	0.74	0.35
61	1.03	0.64	0.95	0.55	0.87	0.48	0.84	0.44	0.77	0.39
62	1.09	0.69	0.99	0.59	0.91	0.52	0.87	0.47	0.80	0.41
63	1.14	0.75	1.03	0.64	0.96	0.56	0.91	0.51	0.84	0.44
64	1.20	0.80	1.09	0.68	0.99	0.59	0.95	0.55	0.87	0.47
65	1.25	0.85	1.13	0.74	1.03	0.64	0.99	0.58	0.90	0.51
66	1.36	0.96	1.23	0.83	1.12	0.72	1.06	0.66	0.97	0.56
67	1.47	1.08	1.33	0.92	1.20	0.80	1.13	0.74	1.03	0.63
68	1.60	1.19	1.43	1.02	1.29	0.89	1.22	0.81	1.10	0.70
69	1.71	1.31	1.53	1.12	1.38	0.97	1.30	0.89	1.18	0.77
70	1.83	1.42	1.63	1.23	1.46	1.07	1.38	0.98	1.24	0.84
71	2.01	1.61	1.79	1.39	1.61	1.20	1.51	1.10	1.35	0.95
72	2.21	1.80	1.96	1.55	1.75	1.34	1.64	1.23	1.46	1.06
73	2.40	1.99	2.12	1.72	1.89	1.49	1.77	1.36	1.58	1.18
74	2.60	2.19	2.30	1.89	2.04	1.63	1.90	1.50	1.69	1.29
75	2.79	2.39	2.46	2.06	2.19	1.78	2.04	1.63	1.82	1.41
76	3.08	2.67	2.72	2.31	2.40	1.99	2.23	1.83	1.98	1.57
77	3.37	2.96	2.96	2.55	2.62	2.21	2.43	2.02	2.16	1.75
78	3.66	3.26	3.21	2.81	2.83	2.42	2.63	2.22	2.32	1.91
79	3.95	3.54	3.45	3.05	3.05	2.64	2.82	2.41	2.49	2.08
80	4.24	3.83	3.71	3.30	3.26	2.85	3.01	2.61	2.66	2.26
81	4.59	4.18	4.02	3.61	3.52	3.11	3.27	2.86	2.87	2.46
82	4.95	4.54	4.32	3.92	3.80	3.39	3.51	3.10	3.08	2.67
83	5.31	4.91	4.63	4.22	4.06	3.65	3.75	3.34	3.29	2.88
84	5.67	5.26	4.94	4.53	4.32	3.92	3.99	3.59	3.50	3.09
85	N/A	5.62	N/A	4.84	N/A	4.19	N/A	3.84	N/A	3.31
86	N/A	5.97	N/A	5.15	N/A	4.46	N/A	4.08	N/A	3.52
87	N/A	6.34	N/A	5.46	N/A	4.72	N/A	4.32	N/A	3.73
88	N/A	6.70	N/A	5.78	N/A	4.99	N/A	4.57	N/A	3.94
89	N/A	7.05	N/A	6.08	N/A	5.26	N/A	4.81	N/A	4.15
90	N/A	7.41	N/A	6.39	N/A	5.52	N/A	5.06	N/A	4.36
91	N/A	7.56	N/A	6.51	N/A	5.63	N/A	5.16	N/A	4.44
92	N/A	7.70	N/A	6.63	N/A	5.74	N/A	5.26	N/A	4.53
93	N/A	7.84	N/A	6.75	N/A	5.84	N/A	5.35	N/A	4.61
94	N/A	7.99	N/A	6.89	N/A	5.95	N/A	5.45	N/A	4.70
95	N/A	8.13	N/A	7.01	N/A	6.06	N/A	5.54	N/A	4.79
96	N/A	8.17	N/A	7.05	N/A	6.09	N/A	5.58	N/A	4.81
97	N/A	8.23	N/A	7.08	N/A	6.13	N/A	5.61	N/A	4.84
98	N/A	8.27	N/A	7.13	N/A	6.16	N/A	5.64	N/A	4.86
99	N/A	8.32	N/A	7.17	N/A	6.20	N/A	5.68	N/A	4.90
100	N/A	8.37	N/A	7.22	N/A	6.24	N/A	5.71	N/A	4.93

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18	8.84	0.63	8.77	0.55	8.69	0.48	8.65	0.44	8.59	0.39
26	8.84	0.68	8.77	0.61	8.69	0.52	8.65	0.47	8.59	0.41
27	8.84	0.73	8.77	0.64	8.69	0.56	8.65	0.51	8.59	0.44
28	8.84	0.78	8.77	0.68	8.69	0.59	8.65	0.55	8.59	0.48
29	8.84	0.84	8.77	0.73	8.69	0.63	8.65	0.57	8.59	0.51
30	8.84	0.88	8.77	0.77	8.69	0.66	8.65	0.61	8.59	0.54
31	8.84	0.95	8.77	0.83	8.69	0.72	8.65	0.66	8.59	0.57
32	8.84	1.01	8.77	0.88	8.69	0.77	8.65	0.70	8.59	0.61
33	8.84	1.07	8.77	0.95	8.69	0.81	8.65	0.75	8.59	0.66
34	8.84	1.13	8.77	1.00	8.69	0.87	8.65	0.79	8.59	0.69
35	8.84	1.19	8.77	1.05	8.69	0.90	8.65	0.84	8.59	0.73
36	8.84	1.27	8.77	1.12	8.69	0.97	8.65	0.89	8.59	0.78
37	8.84	1.35	8.77	1.19	8.69	1.02	8.65	0.95	8.59	0.83
38	8.84	1.43	8.77	1.27	8.69	1.09	8.65	1.00	8.59	0.87
39	8.84	1.52	8.77	1.33	8.69	1.14	8.65	1.06	8.59	0.92
40	8.84	1.58	8.77	1.40	8.69	1.20	8.65	1.10	8.59	0.97
41	8.84	1.68	8.77	1.47	8.69	1.28	8.65	1.17	8.59	1.02
42	8.84	1.78	8.77	1.55	8.69	1.34	8.65	1.23	8.59	1.08
43	8.84	1.86	8.77	1.64	8.69	1.42	8.65	1.30	8.59	1.13
44	8.84	1.96	8.77	1.72	8.69	1.49	8.65	1.36	8.59	1.19
45	8.84	2.05	8.77	1.78	8.69	1.55	8.65	1.42	8.59	1.23
46	8.84	2.16	8.77	1.88	8.69	1.63	8.65	1.50	8.59	1.31
47	8.84	2.26	8.77	1.97	8.69	1.71	8.65	1.56	8.59	1.36
48	8.84	2.37	8.77	2.06	8.69	1.78	8.65	1.65	8.59	1.43
49	8.86	2.45	8.77	2.15	8.69	1.86	8.65	1.72	8.59	1.50
50	8.89	2.56	8.77	2.23	8.69	1.94	8.65	1.78	8.59	1.55
51	8.94	2.70	8.77	2.34	8.69	2.05	8.65	1.88	8.59	1.64
52	9.00	2.83	8.77	2.46	8.69	2.13	8.65	1.97	8.59	1.72
53	9.05	2.95	8.77	2.57	8.69	2.23	8.65	2.06	8.59	1.79
54	9.10	3.08	8.77	2.68	8.69	2.32	8.65	2.15	8.59	1.87
55	9.15	3.19	8.77	2.78	8.69	2.41	8.65	2.22	8.59	1.95
56	9.28	3.40	8.84	2.96	8.69	2.56	8.65	2.37	8.59	2.06
57	9.41	3.61	8.93	3.12	8.69	2.72	8.65	2.51	8.59	2.18
58	9.53	3.80	9.02	3.29	8.69	2.87	8.65	2.63	8.59	2.29
59	9.65	3.99	9.11	3.45	8.69	3.01	8.65	2.75	8.59	2.40
60	9.75	4.17	9.19	3.60	8.72	3.15	8.65	2.88	8.59	2.51
61	10.00	4.44	9.38	3.84	8.90	3.34	8.65	3.07	8.59	2.66
62	10.23	4.72	9.58	4.07	9.05	3.55	8.77	3.25	8.59	2.83
63	10.46	4.97	9.77	4.28	9.22	3.73	8.90	3.42	8.59	2.97
64	10.67	5.23	9.93	4.49	9.36	3.92	9.04	3.60	8.59	3.11
65	10.88	5.47	10.11	4.70	9.50	4.09	9.16	3.75	8.67	3.26
66	11.36	6.03	10.52	5.18	9.85	4.52	9.47	4.14	8.92	3.59
67	11.83	6.56	10.90	5.64	10.18	4.92	9.77	4.51	9.16	3.91
68	12.27	7.08	11.28	6.09	10.49	5.31	10.05	4.87	9.39	4.21
69	12.69	7.59	11.64	6.52	10.79	5.69	10.33	5.21	9.63	4.51
70	13.10	8.07	11.98	6.94	11.08	6.06	10.58	5.56	9.83	4.80
71	13.87	8.92	12.64	7.68	11.65	6.70	11.10	6.14	10.25	5.30
72	14.62	9.74	13.27	8.38	12.19	7.30	11.59	6.70	10.66	5.78
73	15.33	10.53	13.87	9.06	12.72	7.91	12.06	7.25	11.06	6.25
74	16.02	11.29	14.45	9.71	13.21	8.47	12.51	7.77	11.43	6.69
75	16.67	12.00	15.00	10.34	13.68	9.02	12.94	8.27	11.77	7.12
76	17.80	13.21	15.96	11.39	14.51	9.93	13.70	9.11	12.42	7.83
77	18.89	14.39	16.90	12.39	15.31	10.80	14.41	9.91	13.02	8.53
78	19.92	15.50	17.78	13.34	16.07	11.64	15.10	10.68	13.61	9.19
79	20.91	16.57	18.61	14.27	16.80	12.45	15.75	11.41	14.16	9.81
80	21.85	17.58	19.40	15.15	17.48	13.21	16.38	12.11	14.69	10.42
81	23.50	19.23	20.83	16.57	18.71	14.45	17.51	13.24	15.66	11.40
82	25.15	20.88	22.25	17.99	19.95	15.69	18.66	14.39	16.63	12.38
83	26.80	22.53	23.67	19.40	21.19	16.92	19.79	15.52	17.61	13.34
84	28.44	24.17	25.09	20.82	22.43	18.16	20.92	16.65	18.59	14.32
85	N/A	25.82	N/A	22.24	N/A	19.39	N/A	17.80	N/A	15.30
86	N/A	27.47	N/A	23.66	N/A	20.64	N/A	18.93	N/A	16.28
87	N/A	29.12	N/A	25.08	N/A	21.88	N/A	20.06	N/A	17.26
88	N/A	30.77	N/A	26.50	N/A	23.11	N/A	21.20	N/A	18.23
89	N/A	32.42	N/A	27.92	N/A	24.35	N/A	22.34	N/A	19.21
90	N/A	34.07	N/A	29.34	N/A	25.60	N/A	23.47	N/A	20.19
91	N/A	34.73	N/A	29.91	N/A	26.08	N/A	23.93	N/A	20.57
92	N/A	35.38	N/A	30.48	N/A	26.58	N/A	24.38	N/A	20.97
93	N/A	36.04	N/A	31.04	N/A	27.07	N/A	24.83	N/A	21.35
94	N/A	36.70	N/A	31.61	N/A	27.57	N/A	25.29	N/A	21.75
95	N/A	37.36	N/A	32.19	N/A	28.06	N/A	25.74	N/A	22.13
96	N/A	37.58	N/A	32.37	N/A	28.23	N/A	25.89	N/A	22.26
97	N/A	37.80	N/A	32.56	N/A	28.40	N/A	26.05	N/A	22.40
98	N/A	38.02	N/A	32.75	N/A	28.56	N/A	26.20	N/A	22.53
99	N/A	38.24	N/A	32.95	N/A	28.72	N/A	26.36	N/A	22.66
100	N/A	38.46	N/A	33.13	N/A	28.90	N/A	26.50	N/A	22.79

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.17	0.88	9.06	0.77	8.97	0.68	8.90	0.62	8.83	0.54
26	9.17	0.96	9.06	0.83	8.97	0.73	8.90	0.66	8.83	0.58
27	9.17	1.02	9.06	0.89	8.97	0.78	8.90	0.72	8.83	0.63
28	9.17	1.09	9.06	0.95	8.97	0.84	8.90	0.75	8.83	0.67
29	9.17	1.16	9.06	1.00	8.97	0.88	8.90	0.79	8.83	0.70
30	9.17	1.22	9.06	1.06	8.97	0.92	8.90	0.85	8.83	0.75
31	9.17	1.32	9.06	1.13	8.97	1.00	8.90	0.91	8.83	0.80
32	9.17	1.41	9.06	1.22	8.97	1.07	8.90	0.98	8.83	0.86
33	9.17	1.49	9.06	1.29	8.97	1.14	8.90	1.02	8.83	0.91
34	9.19	1.58	9.06	1.38	8.97	1.21	8.90	1.09	8.83	0.97
35	9.20	1.66	9.06	1.44	8.97	1.28	8.90	1.16	8.83	1.02
36	9.23	1.78	9.06	1.54	8.97	1.36	8.90	1.23	8.83	1.09
37	9.26	1.88	9.06	1.63	8.97	1.44	8.90	1.31	8.83	1.16
38	9.30	1.99	9.06	1.73	8.97	1.53	8.90	1.38	8.83	1.22
39	9.32	2.09	9.06	1.82	8.97	1.60	8.90	1.45	8.83	1.29
40	9.35	2.20	9.06	1.90	8.97	1.68	8.90	1.52	8.83	1.35
41	9.41	2.33	9.10	2.02	8.97	1.78	8.90	1.62	8.83	1.43
42	9.45	2.44	9.13	2.12	8.97	1.87	8.90	1.71	8.83	1.51
43	9.49	2.57	9.15	2.23	8.97	1.97	8.90	1.78	8.83	1.58
44	9.54	2.68	9.19	2.33	8.97	2.06	8.90	1.87	8.83	1.65
45	9.58	2.81	9.21	2.43	8.97	2.15	8.90	1.95	8.83	1.73
46	9.65	2.95	9.26	2.56	8.97	2.26	8.90	2.06	8.83	1.82
47	9.71	3.09	9.31	2.68	9.00	2.37	8.90	2.16	8.83	1.90
48	9.78	3.23	9.35	2.81	9.02	2.48	8.90	2.26	8.83	1.98
49	9.83	3.37	9.39	2.93	9.04	2.57	8.90	2.35	8.83	2.07
50	9.89	3.50	9.44	3.04	9.06	2.68	8.90	2.44	8.83	2.15
51	10.00	3.69	9.52	3.20	9.13	2.82	8.90	2.57	8.83	2.26
52	10.10	3.86	9.60	3.36	9.20	2.96	8.93	2.70	8.83	2.37
53	10.20	4.04	9.67	3.50	9.24	3.08	8.98	2.82	8.83	2.46
54	10.30	4.20	9.75	3.65	9.30	3.21	9.03	2.94	8.83	2.56
55	10.38	4.37	9.81	3.80	9.34	3.33	9.06	3.05	8.83	2.66
56	10.57	4.63	9.97	4.03	9.46	3.53	9.17	3.23	8.83	2.83
57	10.76	4.90	10.11	4.25	9.58	3.73	9.28	3.42	8.86	2.99
58	10.92	5.14	10.25	4.47	9.70	3.92	9.38	3.59	8.93	3.15
59	11.10	5.38	10.38	4.68	9.81	4.10	9.47	3.75	9.01	3.30
60	11.25	5.62	10.52	4.88	9.91	4.28	9.56	3.92	9.08	3.43
61	11.58	5.98	10.80	5.19	10.15	4.55	9.78	4.17	9.26	3.65
62	11.90	6.34	11.07	5.50	10.38	4.82	9.99	4.42	9.44	3.87
63	12.21	6.67	11.33	5.80	10.60	5.07	10.20	4.65	9.61	4.08
64	12.50	7.00	11.57	6.08	10.81	5.32	10.38	4.88	9.78	4.28
65	12.77	7.32	11.81	6.36	11.02	5.57	10.57	5.10	9.93	4.48
66	13.44	8.05	12.39	7.01	11.51	6.13	11.01	5.62	10.32	4.93
67	14.09	8.78	12.94	7.63	11.98	6.68	11.43	6.13	10.68	5.38
68	14.70	9.47	13.46	8.24	12.43	7.21	11.84	6.60	11.03	5.81
69	15.29	10.14	13.97	8.81	12.86	7.71	12.23	7.07	11.37	6.22
70	15.86	10.78	14.45	9.37	13.28	8.20	12.60	7.52	11.69	6.61
71	16.91	11.91	15.36	10.35	14.06	9.05	13.31	8.29	12.31	7.32
72	17.93	12.99	16.23	11.29	14.81	9.88	13.98	9.05	12.90	7.99
73	18.89	14.04	17.05	12.20	15.52	10.67	14.64	9.78	13.48	8.62
74	19.82	15.04	17.85	13.07	16.20	11.43	15.26	10.48	14.03	9.24
75	20.70	15.99	18.61	13.90	16.86	12.16	15.85	11.14	14.54	9.83
76	22.24	17.61	19.93	15.30	18.01	13.39	16.90	12.27	15.47	10.84
77	23.71	19.16	21.20	16.65	19.11	14.56	17.90	13.34	16.34	11.78
78	25.12	20.66	22.42	17.95	20.16	15.69	18.85	14.39	17.17	12.71
79	26.47	22.08	23.57	19.18	21.16	16.78	19.77	15.38	17.96	13.57
80	27.73	23.43	24.66	20.36	22.11	17.80	20.63	16.32	18.71	14.41
81	29.93	25.63	26.58	22.26	23.77	19.47	22.17	17.85	20.06	15.76
82	32.13	27.82	28.48	24.18	25.44	21.14	23.68	19.38	21.42	17.12
83	34.33	30.02	30.39	26.09	27.12	22.80	25.21	20.91	22.77	18.46
84	36.52	32.21	32.31	28.00	28.79	24.48	26.74	22.43	24.11	19.81
85	N/A	34.41	N/A	29.90	N/A	26.15	N/A	23.97	N/A	21.16
86	N/A	36.61	N/A	31.81	N/A	27.81	N/A	25.50	N/A	22.52
87	N/A	38.81	N/A	33.72	N/A	29.48	N/A	27.03	N/A	23.87
88	N/A	41.00	N/A	35.63	N/A	31.15	N/A	28.56	N/A	25.21
89	N/A	43.20	N/A	37.53	N/A	32.82	N/A	30.09	N/A	26.57
90	N/A	45.39	N/A	39.45	N/A	34.49	N/A	31.61	N/A	27.92
91	N/A	46.27	N/A	40.21	N/A	35.16	N/A	32.23	N/A	28.46
92	N/A	47.15	N/A	40.98	N/A	35.82	N/A	32.85	N/A	29.00
93	N/A	48.03	N/A	41.73	N/A	36.49	N/A	33.45	N/A	29.54
94	N/A	48.91	N/A	42.49	N/A	37.16	N/A	34.07	N/A	30.07
95	N/A	49.79	N/A	43.26	N/A	37.82	N/A	34.67	N/A	30.61
96	N/A	50.07	N/A	43.52	N/A	38.05	N/A	34.88	N/A	30.79
97	N/A	50.37	N/A	43.77	N/A	38.27	N/A	35.09	N/A	30.98
98	N/A	50.67	N/A	44.02	N/A	38.49	N/A	35.29	N/A	31.16
99	N/A	50.95	N/A	44.28	N/A	38.72	N/A	35.50	N/A	31.34
100	N/A	51.25	N/A	44.53	N/A	38.94	N/A	35.70	N/A	31.52

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.39	1.02	9.26	0.89	9.16	0.79	9.09	0.70	9.01	0.62
26	9.41	1.10	9.26	0.97	9.16	0.85	9.09	0.77	9.01	0.67
27	9.41	1.18	9.26	1.03	9.16	0.91	9.09	0.81	9.01	0.72
28	9.41	1.27	9.26	1.10	9.16	0.97	9.09	0.88	9.01	0.76
29	9.41	1.34	9.26	1.17	9.16	1.02	9.09	0.92	9.01	0.80
30	9.41	1.42	9.26	1.23	9.16	1.08	9.09	0.98	9.01	0.85
31	9.44	1.53	9.26	1.33	9.16	1.17	9.09	1.06	9.01	0.91
32	9.46	1.63	9.26	1.41	9.16	1.24	9.09	1.13	9.01	0.98
33	9.49	1.73	9.26	1.51	9.16	1.32	9.09	1.20	9.01	1.03
34	9.52	1.83	9.27	1.58	9.16	1.40	9.09	1.27	9.01	1.10
35	9.54	1.93	9.28	1.67	9.16	1.47	9.09	1.34	9.01	1.17
36	9.59	2.06	9.33	1.79	9.16	1.57	9.09	1.43	9.01	1.24
37	9.64	2.18	9.35	1.89	9.16	1.67	9.09	1.52	9.01	1.32
38	9.69	2.31	9.38	2.00	9.16	1.76	9.09	1.61	9.01	1.39
39	9.72	2.42	9.41	2.10	9.16	1.86	9.09	1.69	9.01	1.46
40	9.77	2.54	9.44	2.21	9.17	1.95	9.09	1.77	9.01	1.54
41	9.85	2.70	9.49	2.34	9.21	2.06	9.09	1.88	9.01	1.63
42	9.92	2.85	9.54	2.48	9.25	2.17	9.09	1.99	9.01	1.72
43	9.99	2.99	9.58	2.59	9.27	2.28	9.09	2.09	9.01	1.82
44	10.05	3.14	9.63	2.71	9.30	2.38	9.10	2.19	9.01	1.90
45	10.11	3.27	9.67	2.83	9.33	2.49	9.12	2.29	9.01	1.98
46	10.21	3.44	9.74	2.97	9.38	2.62	9.16	2.41	9.01	2.09
47	10.31	3.62	9.80	3.12	9.43	2.74	9.21	2.53	9.01	2.18
48	10.38	3.77	9.87	3.26	9.47	2.87	9.25	2.63	9.01	2.29
49	10.47	3.93	9.92	3.40	9.52	2.99	9.28	2.75	9.01	2.38
50	10.55	4.09	9.99	3.52	9.55	3.10	9.32	2.86	9.01	2.46
51	10.68	4.30	10.09	3.71	9.64	3.27	9.38	3.00	9.01	2.61
52	10.81	4.52	10.20	3.88	9.72	3.42	9.45	3.15	9.03	2.73
53	10.95	4.72	10.30	4.07	9.80	3.56	9.52	3.30	9.08	2.86
54	11.07	4.92	10.40	4.24	9.87	3.72	9.58	3.43	9.12	2.97
55	11.18	5.10	10.47	4.40	9.93	3.86	9.63	3.56	9.16	3.09
56	11.41	5.41	10.67	4.68	10.10	4.10	9.77	3.78	9.27	3.28
57	11.64	5.72	10.86	4.94	10.25	4.33	9.90	3.99	9.38	3.47
58	11.86	6.02	11.03	5.19	10.38	4.54	10.04	4.19	9.49	3.64
59	12.07	6.30	11.21	5.43	10.53	4.76	10.15	4.39	9.59	3.82
60	12.27	6.58	11.36	5.68	10.66	4.97	10.27	4.58	9.68	3.98
61	12.66	7.00	11.70	6.04	10.95	5.28	10.53	4.87	9.91	4.25
62	13.04	7.41	12.01	6.40	11.22	5.60	10.79	5.16	10.12	4.50
63	13.39	7.81	12.33	6.73	11.48	5.90	11.02	5.43	10.33	4.74
64	13.74	8.18	12.62	7.06	11.74	6.18	11.25	5.70	10.53	4.97
65	14.07	8.56	12.90	7.38	11.97	6.46	11.47	5.96	10.71	5.19
66	14.86	9.43	13.56	8.13	12.55	7.12	12.00	6.57	11.17	5.73
67	15.62	10.26	14.22	8.86	13.10	7.74	12.51	7.14	11.59	6.24
68	16.35	11.07	14.84	9.56	13.64	8.35	12.99	7.71	12.01	6.73
69	17.05	11.85	15.43	10.23	14.15	8.94	13.45	8.24	12.41	7.21
70	17.72	12.60	16.01	10.88	14.64	9.50	13.89	8.77	12.79	7.67
71	18.95	13.90	17.06	12.00	15.54	10.49	14.73	9.68	13.52	8.47
72	20.12	15.15	18.07	13.09	16.42	11.44	15.52	10.55	14.20	9.23
73	21.26	16.36	19.04	14.14	17.26	12.35	16.29	11.39	14.87	9.97
74	22.34	17.51	19.97	15.14	18.06	13.23	17.02	12.19	15.50	10.67
75	23.38	18.62	20.86	16.10	18.83	14.07	17.72	12.97	16.12	11.36
76	25.18	20.50	22.40	17.72	20.17	15.49	18.95	14.28	17.18	12.51
77	26.91	22.31	23.88	19.28	21.45	16.85	20.13	15.53	18.19	13.61
78	28.56	24.04	25.30	20.79	22.68	18.16	21.25	16.74	19.17	14.66
79	30.13	25.70	26.64	22.21	23.85	19.42	22.32	17.90	20.10	15.68
80	31.63	27.27	27.93	23.57	24.96	20.60	23.34	18.99	20.99	16.63
81	34.18	29.82	30.14	25.78	26.90	22.54	25.12	20.77	22.54	18.19
82	36.74	32.38	32.35	28.00	28.82	24.46	26.90	22.55	24.10	19.75
83	39.29	34.95	34.56	30.21	30.76	26.40	28.68	24.33	25.66	21.31
84	41.86	37.50	36.76	32.42	32.69	28.34	30.46	26.11	27.23	22.87
85	N/A	40.06	N/A	34.63	N/A	30.26	N/A	27.89	N/A	24.43
86	N/A	42.61	N/A	36.84	N/A	32.20	N/A	29.67	N/A	25.98
87	N/A	45.18	N/A	39.04	N/A	34.12	N/A	31.45	N/A	27.54
88	N/A	47.73	N/A	41.26	N/A	36.05	N/A	33.23	N/A	29.11
89	N/A	50.29	N/A	43.47	N/A	37.98	N/A	35.01	N/A	30.67
90	N/A	52.84	N/A	45.67	N/A	39.92	N/A	36.80	N/A	32.23
91	N/A	53.87	N/A	46.56	N/A	40.69	N/A	37.51	N/A	32.85
92	N/A	54.89	N/A	47.44	N/A	41.46	N/A	38.21	N/A	33.47
93	N/A	55.91	N/A	48.32	N/A	42.23	N/A	38.93	N/A	34.10
94	N/A	56.94	N/A	49.21	N/A	43.01	N/A	39.63	N/A	34.72
95	N/A	57.96	N/A	50.09	N/A	43.78	N/A	40.35	N/A	35.34
96	N/A	58.30	N/A	50.39	N/A	44.04	N/A	40.59	N/A	35.55
97	N/A	58.64	N/A	50.69	N/A	44.30	N/A	40.83	N/A	35.76
98	N/A	58.98	N/A	50.99	N/A	44.55	N/A	41.06	N/A	35.97
99	N/A	59.32	N/A	51.28	N/A	44.81	N/A	41.31	N/A	36.18
100	N/A	59.66	N/A	51.58	N/A	45.07	N/A	41.54	N/A	36.39

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.68	1.14	9.54	1.00	9.41	0.87	9.33	0.79	9.23	0.70
26	9.69	1.23	9.54	1.09	9.41	0.95	9.33	0.86	9.23	0.75
27	9.70	1.33	9.54	1.16	9.41	1.02	9.33	0.91	9.23	0.81
28	9.70	1.41	9.54	1.23	9.41	1.08	9.33	0.98	9.23	0.86
29	9.71	1.50	9.54	1.30	9.41	1.14	9.33	1.03	9.23	0.92
30	9.72	1.58	9.54	1.38	9.41	1.21	9.33	1.09	9.23	0.97
31	9.76	1.69	9.55	1.49	9.41	1.30	9.33	1.17	9.23	1.03
32	9.80	1.82	9.58	1.58	9.41	1.40	9.33	1.25	9.23	1.11
33	9.85	1.93	9.59	1.68	9.41	1.49	9.33	1.33	9.23	1.18
34	9.87	2.04	9.61	1.77	9.41	1.57	9.33	1.41	9.23	1.25
35	9.90	2.13	9.64	1.87	9.42	1.65	9.33	1.49	9.23	1.31
36	9.97	2.29	9.68	2.00	9.44	1.76	9.33	1.58	9.23	1.41
37	10.03	2.43	9.74	2.12	9.48	1.88	9.33	1.68	9.23	1.50
38	10.09	2.56	9.77	2.24	9.50	1.98	9.33	1.78	9.23	1.57
39	10.15	2.71	9.80	2.37	9.54	2.09	9.33	1.88	9.23	1.66
40	10.21	2.84	9.85	2.49	9.56	2.19	9.33	1.97	9.23	1.74
41	10.30	3.00	9.91	2.64	9.60	2.33	9.37	2.09	9.23	1.84
42	10.38	3.17	9.99	2.77	9.66	2.45	9.41	2.20	9.23	1.94
43	10.47	3.33	10.04	2.92	9.70	2.57	9.45	2.32	9.23	2.05
44	10.55	3.50	10.11	3.05	9.75	2.70	9.48	2.43	9.23	2.13
45	10.63	3.64	10.16	3.19	9.79	2.82	9.50	2.53	9.23	2.22
46	10.74	3.84	10.26	3.36	9.86	2.97	9.56	2.67	9.24	2.34
47	10.85	4.03	10.35	3.53	9.92	3.10	9.63	2.81	9.27	2.46
48	10.97	4.22	10.42	3.69	9.97	3.23	9.67	2.94	9.32	2.57
49	11.07	4.40	10.49	3.85	10.03	3.37	9.71	3.06	9.35	2.70
50	11.15	4.58	10.57	3.99	10.08	3.50	9.76	3.18	9.37	2.79
51	11.32	4.81	10.70	4.20	10.19	3.67	9.85	3.34	9.45	2.95
52	11.47	5.04	10.82	4.40	10.27	3.85	9.92	3.51	9.52	3.09
53	11.63	5.28	10.95	4.59	10.36	4.02	10.01	3.65	9.57	3.23
54	11.76	5.49	11.04	4.79	10.45	4.18	10.08	3.81	9.64	3.37
55	11.89	5.70	11.15	4.96	10.53	4.35	10.14	3.95	9.69	3.50
56	12.18	6.06	11.39	5.27	10.71	4.61	10.32	4.20	9.82	3.71
57	12.45	6.41	11.62	5.58	10.90	4.87	10.48	4.44	9.96	3.92
58	12.72	6.77	11.83	5.86	11.08	5.13	10.65	4.69	10.09	4.13
59	12.97	7.10	12.03	6.15	11.24	5.37	10.79	4.92	10.21	4.32
60	13.21	7.40	12.23	6.41	11.41	5.60	10.93	5.14	10.31	4.51
61	13.65	7.89	12.61	6.83	11.74	5.96	11.23	5.48	10.56	4.80
62	14.08	8.35	12.98	7.23	12.06	6.31	11.53	5.79	10.81	5.08
63	14.49	8.79	13.32	7.61	12.34	6.66	11.80	6.11	11.04	5.35
64	14.87	9.22	13.65	7.99	12.64	6.99	12.07	6.40	11.26	5.61
65	15.26	9.63	13.98	8.35	12.91	7.29	12.32	6.69	11.47	5.86
66	16.14	10.59	14.73	9.19	13.57	8.04	12.91	7.37	11.99	6.45
67	16.98	11.52	15.47	10.00	14.20	8.75	13.50	8.03	12.49	7.02
68	17.81	12.42	16.16	10.77	14.82	9.43	14.04	8.66	12.95	7.57
69	18.59	13.29	16.84	11.53	15.40	10.10	14.58	9.26	13.41	8.10
70	19.35	14.12	17.48	12.25	15.95	10.74	15.08	9.85	13.84	8.61
71	20.71	15.55	18.65	13.50	16.98	11.84	16.03	10.87	14.65	9.50
72	22.01	16.94	19.78	14.70	17.96	12.89	16.92	11.85	15.43	10.36
73	23.27	18.27	20.86	15.86	18.91	13.90	17.79	12.78	16.18	11.19
74	24.46	19.55	21.89	16.96	19.81	14.88	18.61	13.70	16.91	11.98
75	25.62	20.77	22.88	18.03	20.67	15.83	19.40	14.56	17.59	12.74
76	27.63	22.87	24.62	19.86	22.19	17.42	20.80	16.04	18.79	14.03
77	29.57	24.88	26.29	21.60	23.64	18.95	22.13	17.45	19.94	15.26
78	31.42	26.81	27.87	23.28	25.03	20.43	23.40	18.80	21.04	16.45
79	33.18	28.66	29.40	24.88	26.36	21.84	24.61	20.10	22.09	17.58
80	34.85	30.42	30.84	26.41	27.61	23.18	25.76	21.33	23.09	18.66
81	37.71	33.28	33.32	28.89	29.78	25.34	27.76	23.32	24.84	20.41
82	40.56	36.12	35.79	31.36	31.96	27.52	29.76	25.32	26.59	22.15
83	43.41	38.97	38.27	33.84	34.13	29.70	31.77	27.32	28.34	23.90
84	46.26	41.82	40.74	36.31	36.30	31.87	33.76	29.33	30.09	25.65
85	N/A	44.67	N/A	38.79	N/A	34.03	N/A	31.33	N/A	27.40
86	N/A	47.53	N/A	41.26	N/A	36.21	N/A	33.32	N/A	29.15
87	N/A	50.38	N/A	43.74	N/A	38.38	N/A	35.32	N/A	30.90
88	N/A	53.23	N/A	46.21	N/A	40.56	N/A	37.32	N/A	32.65
89	N/A	56.08	N/A	48.69	N/A	42.72	N/A	39.33	N/A	34.40
90	N/A	58.94	N/A	51.17	N/A	44.90	N/A	41.32	N/A	36.15
91	N/A	60.08	N/A	52.15	N/A	45.77	N/A	42.12	N/A	36.85
92	N/A	61.22	N/A	53.15	N/A	46.64	N/A	42.92	N/A	37.54
93	N/A	62.36	N/A	54.13	N/A	47.51	N/A	43.71	N/A	38.25
94	N/A	63.49	N/A	55.13	N/A	48.38	N/A	44.52	N/A	38.95
95	N/A	64.64	N/A	56.11	N/A	49.25	N/A	45.32	N/A	39.64
96	N/A	65.02	N/A	56.44	N/A	49.53	N/A	45.58	N/A	39.88
97	N/A	65.41	N/A	56.77	N/A	49.82	N/A	45.85	N/A	40.12
98	N/A	65.78	N/A	57.11	N/A	50.12	N/A	46.12	N/A	40.35
99	N/A	66.15	N/A	57.44	N/A	50.40	N/A	46.39	N/A	40.58
100	N/A	66.54	N/A	57.77	N/A	50.69	N/A	46.65	N/A	40.81

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R493 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	11.36	4.25	10.80	3.70	10.38	3.28	10.13	3.01	9.75	2.64
46	11.52	4.49	10.92	3.89	10.48	3.45	10.21	3.18	9.81	2.78
47	11.67	4.72	11.04	4.09	10.56	3.62	10.27	3.33	9.86	2.92
48	11.81	4.96	11.15	4.28	10.66	3.78	10.36	3.49	9.91	3.05
49	11.96	5.18	11.26	4.48	10.73	3.95	10.42	3.63	9.96	3.18
50	12.09	5.39	11.36	4.65	10.80	4.10	10.47	3.77	10.00	3.30
51	12.31	5.69	11.53	4.90	10.92	4.30	10.58	3.96	10.09	3.47
52	12.52	5.97	11.68	5.13	11.06	4.51	10.69	4.16	10.18	3.63
53	12.72	6.26	11.84	5.37	11.18	4.72	10.79	4.32	10.24	3.77
54	12.93	6.53	11.98	5.59	11.29	4.91	10.89	4.51	10.32	3.93
55	13.11	6.80	12.11	5.81	11.39	5.09	10.98	4.68	10.37	4.07
56	13.49	7.26	12.44	6.20	11.66	5.43	11.21	4.99	10.57	4.35
57	13.86	7.71	12.76	6.60	11.91	5.78	11.45	5.31	10.75	4.61
58	14.23	8.16	13.07	7.00	12.17	6.09	11.68	5.61	10.95	4.87
59	14.60	8.60	13.38	7.38	12.41	6.42	11.90	5.91	11.12	5.13
60	14.95	9.02	13.67	7.76	12.65	6.74	12.11	6.20	11.28	5.37
61	15.54	9.66	14.18	8.31	13.09	7.22	12.51	6.63	11.61	5.73
62	16.14	10.27	14.69	8.84	13.52	7.68	12.89	7.05	11.94	6.09
63	16.70	10.89	15.18	9.38	13.93	8.13	13.27	7.47	12.24	6.45
64	17.26	11.50	15.65	9.89	14.33	8.57	13.63	7.87	12.54	6.79
65	17.81	12.08	16.12	10.40	14.73	9.00	13.98	8.26	12.83	7.11
66	19.09	13.44	17.22	11.57	15.66	10.03	14.84	9.19	13.55	7.92
67	20.37	14.81	18.32	12.75	16.60	11.03	15.69	10.12	14.28	8.72
68	21.63	16.14	19.38	13.89	17.52	12.05	16.52	11.03	14.99	9.50
69	22.87	17.46	20.45	15.04	18.43	13.02	17.35	11.95	15.70	10.30
70	24.08	18.76	21.49	16.16	19.32	13.99	18.15	12.83	16.38	11.07
71	26.14	20.88	23.24	17.99	20.81	15.58	19.53	14.27	17.55	12.31
72	28.14	22.97	24.97	19.80	22.30	17.13	20.86	15.69	18.70	13.53
73	30.12	25.03	26.66	21.57	23.75	18.66	22.18	17.08	19.82	14.73
74	32.07	27.05	28.33	23.31	25.18	20.15	23.47	18.46	20.93	15.92
75	33.97	29.03	29.95	25.01	26.58	21.63	24.74	19.80	22.01	17.08
76	36.82	31.96	32.41	27.54	28.68	23.82	26.66	21.80	23.66	18.81
77	39.53	34.77	34.74	29.98	30.69	25.91	28.49	23.73	25.23	20.46
78	42.15	37.47	36.98	32.30	32.62	27.92	30.25	25.56	26.73	22.04
79	44.64	40.04	39.13	34.52	34.45	29.84	31.92	27.32	28.17	23.56
80	47.03	42.50	41.16	36.64	36.20	31.67	33.52	29.00	29.54	25.01
81	51.01	46.49	44.59	40.07	39.17	34.65	36.25	31.72	31.88	27.36
82	54.99	50.47	48.03	43.51	42.14	37.61	38.96	34.44	34.22	29.70
83	58.98	54.46	51.47	46.95	45.11	40.58	41.68	37.16	36.56	32.04
84	62.96	58.44	54.89	50.38	48.07	43.55	44.40	39.88	38.91	34.40
85	N/A	62.43	N/A	53.81	N/A	46.52	N/A	42.59	N/A	36.73
86	N/A	66.41	N/A	57.24	N/A	49.49	N/A	45.32	N/A	39.07
87	N/A	70.40	N/A	60.68	N/A	52.46	N/A	48.04	N/A	41.43
88	N/A	74.38	N/A	64.12	N/A	55.43	N/A	50.75	N/A	43.77
89	N/A	78.36	N/A	67.55	N/A	58.40	N/A	53.47	N/A	46.11
90	N/A	82.35	N/A	70.98	N/A	61.37	N/A	56.19	N/A	48.46
91	N/A	83.94	N/A	72.36	N/A	62.56	N/A	57.28	N/A	49.39
92	N/A	85.54	N/A	73.73	N/A	63.75	N/A	58.37	N/A	50.33
93	N/A	87.13	N/A	75.11	N/A	64.93	N/A	59.46	N/A	51.27
94	N/A	88.73	N/A	76.48	N/A	66.12	N/A	60.54	N/A	52.21
95	N/A	90.32	N/A	77.86	N/A	67.31	N/A	61.63	N/A	53.14
96	N/A	90.85	N/A	78.31	N/A	67.71	N/A	62.00	N/A	53.45
97	N/A	91.38	N/A	78.77	N/A	68.10	N/A	62.35	N/A	53.77
98	N/A	91.92	N/A	79.23	N/A	68.50	N/A	62.71	N/A	54.09
99	N/A	92.44	N/A	79.68	N/A	68.89	N/A	63.07	N/A	54.40
100	N/A	92.97	N/A	80.15	N/A	69.29	N/A	63.44	N/A	54.70

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R953 - Proposed Rates

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-39	1.10	0.00	1.10	0.00	1.10	0.00	1.10	0.00	1.10	0.00
40-49	1.73	0.00	1.73	0.00	1.73	0.00	1.73	0.00	1.73	0.00
50-54	2.19	0.00	2.19	0.00	2.19	0.00	2.19	0.00	2.19	0.00
55-59	2.74	0.00	2.74	0.00	2.74	0.00	2.74	0.00	2.74	0.00
60-64	3.52	0.00	3.52	0.00	3.52	0.00	3.52	0.00	3.52	0.00
65-69	4.95	0.00	4.95	0.00	4.95	0.00	4.95	0.00	4.95	0.00
70-74	7.33	0.00	7.33	0.00	7.33	0.00	7.33	0.00	7.33	0.00
75-79	10.96	0.00	10.96	0.00	10.96	0.00	10.96	0.00	10.96	0.00
80+	15.54	0.00	15.54	0.00	15.54	0.00	15.54	0.00	15.54	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R954
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R960
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

Physicians Mutual Insurance Company
Exhibit 4

Long Term Care Policy Form P103 - Proposed Rates

Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R962 (Inflation Protection Rider)	Yes
R963 (Optional Inflation Protection Rider)	No
R981 (Inflation Protection Rider)	No
R965 (Security Rider)	Yes
R967 (Surviving Spouse Waiver of Premium Rider)	Yes
R968 (Joint Spouse Waiver of Premium Rider)	Yes
75% Home Health Care Option	Yes
R969 (Spouse Discount)	Yes
10-Pay	No
Payment Mode	Monthly
Risk Class	Standard

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	89.48
5 Additional $300 Units @ 78.18 per unit	67.50
A Total Base Premium	156.98
R962 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	68.93
5 Additional $300 Units @ 8.51 per unit	42.55
B Total Rider Premium	111.48
R963 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.68 per unit	-
C Total Rider Premium	-
R981 Return of Premium Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 6.78 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.48 per Month	1.48
E Total Rider Premium	1.48
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	59.39
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G. Total Rider Premium = (A+B+C+D+E) x Rider Factor	269.94
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(13.50)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	585.77
Spouse Discount (20%)	(117.15)
Total Monthly Premium	468.62
Multiply by 10-Pay Factor of 1	468.62
Multiply by Standard Risk Class Adjustment of 1	468.62
Multiply by Monthly Modal Factor of 1	468.62

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	98.43
5 Additional $300 Units @ 86 per unit	74.25
A Total Base Premium	172.68
R962 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	75.82
5 Additional $300 Units @ 9.36 per unit	46.80
B Total Rider Premium	122.62
R963 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.75 per unit	-
C Total Rider Premium	-
R981 Return of Premium Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 7.46 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.63 per Month	1.63
E Total Rider Premium	1.63
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	65.32
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G. Total Rider Premium = (A+B+C+D+E) x Rider Factor	296.93
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(14.85)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	644.33
Spouse Discount (20%)	(128.87)
Total Monthly Premium	515.46
Multiply by 10-Pay Factor of 1	515.46
Multiply by Standard Risk Class Adjustment of 1	515.46
Multiply by Monthly Modal Factor of 1	515.46

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.10 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	21.13	3.77	19.03	3.40	17.25	3.10	15.07	2.72	13.79	2.48	12.75	2.25
41	21.92	3.92	19.65	3.52	17.69	3.18	15.61	2.81	14.22	2.56	13.04	2.30
42	22.19	3.96	19.86	3.55	17.84	3.20	15.79	2.85	14.35	2.58	13.14	2.32
43	22.46	4.01	20.07	3.59	17.98	3.23	15.97	2.88	14.50	2.61	13.23	2.33
44	22.72	4.06	20.28	3.62	18.12	3.26	16.15	2.91	14.64	2.64	13.32	2.35
45	22.98	4.11	20.49	3.66	18.27	3.29	16.33	2.94	14.78	2.67	13.43	2.37
46	23.26	4.16	20.70	3.70	18.42	3.31	16.51	2.97	14.92	2.69	13.52	2.38
47	23.52	4.20	20.91	3.74	18.55	3.34	16.68	3.00	15.07	2.71	13.62	2.40
48	23.78	4.25	21.12	3.78	18.70	3.36	16.86	3.03	15.20	2.74	13.71	2.42
49	24.06	4.29	21.33	3.81	18.85	3.39	17.04	3.08	15.35	2.76	13.82	2.44
50	24.32	4.35	21.54	3.85	18.99	3.41	17.22	3.11	15.49	2.79	13.91	2.46
51	24.80	4.43	21.97	3.93	19.37	3.49	17.57	3.17	15.80	2.85	14.19	2.50
52	25.80	4.61	22.85	4.08	20.15	3.62	18.27	3.30	16.43	2.96	14.76	2.60
53	26.58	4.75	23.53	4.21	20.75	3.73	18.82	3.39	16.93	3.05	15.20	2.68
54	27.37	4.89	24.23	4.34	21.38	3.84	19.38	3.50	17.43	3.14	15.66	2.76
55	29.01	5.19	25.69	4.59	22.66	4.07	20.55	3.71	18.31	3.30	16.44	2.90
56	30.17	5.39	26.72	4.78	23.56	4.23	21.37	3.85	19.04	3.43	16.94	2.99
57	33.44	5.97	29.18	5.22	25.50	4.59	22.07	3.98	19.64	3.54	17.39	3.07
58	35.61	6.36	31.06	5.55	27.15	4.88	23.49	4.23	20.90	3.76	18.51	3.27
59	38.30	6.85	33.41	5.97	29.21	5.25	25.27	4.56	22.48	4.05	19.92	3.52
60	40.46	7.22	35.29	6.31	30.85	5.54	26.69	4.81	23.75	4.27	21.03	3.71
61	44.24	7.91	38.59	6.90	33.74	6.06	29.19	5.26	25.97	4.67	23.00	4.05
62	50.93	9.09	44.08	7.89	38.52	6.93	34.45	6.21	30.30	5.46	26.81	4.73
63	53.78	9.61	46.56	8.33	40.70	7.32	36.38	6.55	32.00	5.76	28.31	5.00
64	57.79	10.32	50.02	8.95	43.72	7.86	39.09	7.05	34.39	6.20	30.42	5.37
65	61.23	10.94	52.99	9.47	46.32	8.33	41.41	7.47	36.44	6.56	32.22	5.69
66	66.37	11.85	57.45	10.27	50.22	9.03	44.90	8.10	39.50	7.11	34.94	6.16
67	72.85	13.01	62.08	11.10	54.26	9.75	48.98	8.83	42.60	7.68	37.15	6.55
68	80.87	14.45	68.92	12.33	60.25	10.83	54.38	9.80	47.30	8.52	41.24	7.28
69	90.06	16.09	76.74	13.72	67.08	12.05	60.55	10.91	52.67	9.48	45.93	8.11
70	100.38	17.93	85.54	15.30	74.77	13.44	67.49	12.16	58.71	10.57	51.19	9.03
71	113.00	20.18	96.30	17.22	84.18	15.13	75.98	13.69	66.09	11.91	57.62	10.16
72	126.26	22.55	107.72	19.26	93.33	16.78	84.50	15.23	72.67	13.08	63.26	11.16
73	142.33	25.42	121.43	21.71	105.22	18.91	95.26	17.17	81.92	14.75	71.32	12.58
74	158.97	28.39	135.63	24.26	117.52	21.13	106.40	19.17	91.50	16.47	79.65	14.05
75	177.91	31.78	151.79	27.14	131.52	23.65	119.07	21.46	102.40	18.44	89.15	15.73
76	198.00	35.36	168.92	30.21	146.37	26.31	132.52	23.89	113.96	20.53	99.20	17.50
77	215.24	38.45	182.25	32.58	157.91	28.38	141.56	25.52	120.33	21.67	104.58	18.45
78	236.65	42.27	200.38	35.83	173.62	31.21	155.64	28.05	132.30	23.82	114.99	20.29
79	259.19	46.29	219.46	39.24	190.16	34.18	170.46	30.72	144.90	26.09	125.94	22.22
80	281.73	50.33	238.55	42.65	206.69	37.15	185.28	33.39	157.50	28.36	136.89	24.15
81	308.22	55.05	260.97	46.66	226.12	40.65	202.70	36.53	172.31	31.03	149.75	26.42
82	343.20	61.31	290.60	51.96	251.79	45.26	229.82	41.42	195.36	35.19	169.80	29.96
83	378.04	67.53	320.09	57.24	277.35	49.85	253.16	45.62	215.20	38.76	187.03	33.00
84	419.73	74.97	355.39	63.55	307.93	55.36	281.06	50.65	238.93	43.03	207.65	36.63
85	NA	83.22	NA	70.54	NA	61.44	NA	56.23	NA	47.76	NA	40.67
86	NA	91.55	NA	77.58	NA	67.59	NA	61.86	NA	52.54	NA	44.73
87	NA	99.78	NA	84.57	NA	73.67	NA	67.42	NA	57.27	NA	48.76
88	NA	107.76	NA	91.34	NA	79.56	NA	72.81	NA	61.85	NA	52.66
89	NA	115.31	NA	97.73	NA	85.13	NA	77.91	NA	66.18	NA	56.34
90	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
91	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
92	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
93	NA	141.50	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
94	NA	148.56	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
95	NA	156.00	NA	132.22	NA	115.16	NA	105.40	NA	89.53	NA	76.23
96	NA	163.80	NA	138.82	NA	120.93	NA	110.67	NA	94.01	NA	80.03
97	NA	171.99	NA	145.77	NA	126.98	NA	116.20	NA	98.71	NA	84.04
98	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.65	NA	88.24
99	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65
100	NA	199.10	NA	168.75	NA	146.99	NA	134.52	NA	114.26	NA	97.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	25.65	4.37	22.76	3.92	20.74	3.60	18.96	3.34	17.38	3.06	16.14	2.81
41	27.43	4.66	24.22	4.17	21.93	3.81	19.60	3.45	17.85	3.14	16.49	2.88
42	28.01	4.77	24.71	4.25	22.33	3.89	19.82	3.49	18.01	3.17	16.60	2.90
43	28.60	4.86	25.20	4.34	22.73	3.95	20.03	3.53	18.15	3.20	16.72	2.92
44	29.19	4.97	25.68	4.42	23.13	4.02	20.25	3.56	18.31	3.22	16.83	2.94
45	29.79	5.07	26.17	4.50	23.53	4.08	20.46	3.60	18.47	3.26	16.95	2.95
46	30.38	5.17	26.66	4.59	23.93	4.16	20.69	3.64	18.63	3.28	17.06	2.97
47	30.96	5.27	27.14	4.67	24.33	4.22	20.91	3.68	18.78	3.31	17.17	2.99
48	31.56	5.37	27.63	4.75	24.73	4.29	21.12	3.72	18.94	3.34	17.28	3.01
49	32.15	5.47	28.11	4.83	25.12	4.37	21.34	3.75	19.10	3.36	17.40	3.03
50	32.74	5.58	28.60	4.91	25.52	4.43	21.55	3.79	19.26	3.39	17.51	3.06
51	33.40	5.68	29.17	5.02	26.03	4.53	21.98	3.86	19.64	3.45	17.87	3.12
52	34.73	5.91	30.33	5.22	27.07	4.70	22.86	4.02	20.42	3.60	18.59	3.24
53	35.77	6.09	31.25	5.38	27.88	4.84	23.54	4.15	21.03	3.71	19.14	3.34
54	36.84	6.27	32.18	5.53	28.72	4.99	24.24	4.26	21.66	3.81	19.71	3.43
55	39.06	6.65	34.11	5.87	30.44	5.29	25.70	4.53	22.96	4.04	20.90	3.64
56	40.62	6.91	35.48	6.10	31.66	5.50	26.73	4.70	23.89	4.21	21.74	3.79
57	44.59	7.58	38.68	6.66	34.21	5.94	29.09	5.11	25.70	4.53	23.07	4.02
58	47.47	8.07	41.17	7.08	36.41	6.32	30.96	5.45	27.36	4.82	24.56	4.28
59	51.06	8.68	44.29	7.61	39.18	6.80	33.31	5.86	29.43	5.19	26.42	4.61
60	53.94	9.18	46.79	8.04	41.38	7.19	35.19	6.20	31.09	5.47	27.91	4.87
61	58.97	10.04	51.16	8.80	45.24	7.86	38.47	6.77	33.99	5.99	30.51	5.32
62	64.91	11.05	56.36	9.69	49.41	8.58	42.02	7.39	37.13	6.54	32.91	5.74
63	68.55	11.67	59.54	10.24	52.19	9.06	44.37	7.81	39.21	6.91	34.76	6.06
64	73.67	12.54	63.97	11.00	56.07	9.74	47.68	8.39	42.13	7.42	37.35	6.51
65	78.05	13.28	67.77	11.66	59.40	10.32	50.52	8.89	44.64	7.86	39.56	6.90
66	84.61	14.40	73.47	12.63	64.40	11.18	54.77	9.64	48.38	8.53	42.89	7.48
67	94.90	16.15	81.76	14.06	71.67	12.45	60.87	10.71	53.78	9.47	47.67	8.32
68	105.36	17.92	90.77	15.61	79.57	13.83	67.58	11.90	59.71	10.52	52.93	9.23
69	117.31	19.96	101.07	17.39	88.60	15.39	75.25	13.24	66.49	11.71	58.94	10.28
70	130.76	22.25	112.67	19.37	98.76	17.16	83.87	14.76	74.11	13.05	65.69	11.46
71	147.20	25.04	126.83	21.81	111.17	19.31	94.42	16.61	83.43	14.69	73.95	12.89
72	165.18	28.10	141.23	24.29	123.80	21.50	105.58	18.57	93.29	16.43	82.69	14.43
73	186.21	31.68	159.20	27.38	139.55	24.24	119.02	20.95	105.16	18.52	93.21	16.25
74	207.97	35.39	177.82	30.59	155.87	27.08	132.93	23.39	117.46	20.69	104.11	18.17
75	232.75	39.60	199.00	34.22	174.44	30.30	148.77	26.18	131.45	23.15	116.52	20.33
76	259.04	44.07	221.47	38.08	194.13	33.73	165.56	29.14	146.30	25.77	129.68	22.62
77	285.45	48.56	244.34	42.02	212.30	36.88	180.45	31.75	159.44	28.08	141.33	24.65
78	313.85	53.39	268.64	46.20	233.42	40.55	198.41	34.91	175.31	30.87	155.39	27.10
79	343.74	58.49	294.22	50.60	255.64	44.42	217.30	38.24	192.00	33.81	170.18	29.68
80	373.62	63.57	319.81	55.00	277.87	48.27	236.20	41.56	208.70	36.75	184.99	32.27
81	408.74	69.54	349.87	60.18	304.00	52.82	258.41	45.47	228.32	40.20	202.38	35.30
82	450.44	76.64	385.56	66.31	335.00	58.20	286.03	50.33	252.74	44.51	224.02	39.07
83	496.16	84.41	424.69	73.04	369.00	64.10	315.06	55.44	278.39	49.02	246.75	43.04
84	550.87	93.72	471.52	81.09	409.70	71.17	349.81	61.55	309.09	54.43	273.97	47.79
85	NA	104.03	NA	90.02	NA	79.00	NA	68.32	NA	60.42	NA	53.05
86	NA	114.44	NA	99.02	NA	86.91	NA	75.16	NA	66.47	NA	58.35
87	NA	124.73	NA	107.93	NA	94.72	NA	81.92	NA	72.44	NA	63.60
88	NA	134.72	NA	116.56	NA	102.30	NA	88.47	NA	78.24	NA	68.69
89	NA	144.14	NA	124.72	NA	109.46	NA	94.67	NA	83.72	NA	73.50
90	NA	152.79	NA	132.21	NA	116.04	NA	100.35	NA	88.74	NA	77.91
91	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.81
92	NA	168.45	NA	145.75	NA	127.92	NA	110.64	NA	97.84	NA	85.89
93	NA	176.87	NA	153.04	NA	134.33	NA	116.16	NA	102.73	NA	90.18
94	NA	185.71	NA	160.69	NA	141.04	NA	121.98	NA	107.87	NA	94.70
95	NA	195.01	NA	168.72	NA	148.09	NA	128.07	NA	113.25	NA	99.44
96	NA	204.75	NA	177.17	NA	155.49	NA	134.47	NA	118.92	NA	104.40
97	NA	214.99	NA	186.03	NA	163.26	NA	141.20	NA	124.87	NA	109.62
98	NA	225.74	NA	195.32	NA	171.43	NA	148.26	NA	131.11	NA	115.10
99	NA	237.03	NA	205.10	NA	180.00	NA	155.67	NA	137.67	NA	120.86
100	NA	248.88	NA	215.34	NA	189.00	NA	163.45	NA	144.54	NA	126.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	29.42	5.04	26.22	4.50	23.77	4.12	21.37	3.72	19.25	3.35	17.51	3.05
41	30.69	5.26	27.16	4.67	24.54	4.25	22.03	3.83	19.75	3.44	17.82	3.10
42	31.11	5.33	27.49	4.73	24.80	4.29	22.24	3.87	19.91	3.47	17.92	3.11
43	31.53	5.41	27.80	4.78	25.05	4.35	22.46	3.91	20.08	3.50	18.02	3.13
44	31.95	5.47	28.12	4.83	25.31	4.39	22.68	3.95	20.24	3.53	18.12	3.15
45	32.37	5.54	28.43	4.89	25.57	4.43	22.90	3.99	20.41	3.56	18.23	3.16
46	32.80	5.62	28.75	4.95	25.82	4.47	23.12	4.02	20.57	3.58	18.32	3.18
47	33.22	5.69	29.07	5.00	26.07	4.52	23.33	4.06	20.74	3.61	18.43	3.20
48	33.64	5.76	29.39	5.05	26.33	4.57	23.55	4.10	20.91	3.64	18.53	3.21
49	34.06	5.84	29.70	5.10	26.59	4.61	23.77	4.14	21.07	3.68	18.64	3.23
50	34.49	5.91	30.02	5.17	26.84	4.65	23.99	4.18	21.23	3.70	18.73	3.26
51	35.18	6.03	30.62	5.26	27.38	4.75	24.47	4.26	21.66	3.77	19.11	3.32
52	37.58	6.44	32.71	5.63	29.24	5.07	26.13	4.55	23.14	4.03	20.41	3.55
53	39.18	6.71	34.10	5.86	30.49	5.28	27.25	4.75	24.12	4.20	21.28	3.70
54	40.77	6.98	35.49	6.10	31.73	5.50	28.36	4.94	25.11	4.38	22.16	3.84
55	43.97	7.54	38.27	6.58	34.22	5.93	30.59	5.32	27.08	4.71	23.89	4.15
56	45.57	7.81	39.67	6.83	35.47	6.14	31.70	5.51	28.06	4.89	24.76	4.29
57	47.19	8.09	40.80	7.01	36.15	6.27	33.80	5.88	29.59	5.16	26.06	4.53
58	50.23	8.61	43.43	7.47	38.49	6.67	35.98	6.26	31.50	5.49	27.75	4.82
59	54.04	9.26	46.73	8.03	41.40	7.17	38.70	6.74	33.88	5.90	29.85	5.19
60	57.09	9.79	49.35	8.48	43.73	7.58	40.89	7.12	35.79	6.24	31.53	5.47
61	62.41	10.70	53.96	9.28	47.82	8.28	44.71	7.78	39.13	6.81	34.47	5.99
62	69.90	11.98	60.50	10.41	53.14	9.21	48.52	8.44	42.47	7.40	37.42	6.50
63	73.83	12.65	63.89	10.98	56.12	9.72	51.25	8.91	44.86	7.81	39.52	6.86
64	79.32	13.59	68.66	11.80	60.30	10.45	55.06	9.59	48.20	8.40	42.46	7.37
65	84.03	14.40	72.73	12.51	63.88	11.07	58.34	10.15	51.06	8.89	44.98	7.81
66	91.10	15.61	78.86	13.56	69.26	12.00	63.24	11.00	55.36	9.65	48.77	8.46
67	100.21	17.17	86.07	14.79	75.60	13.10	69.24	12.05	60.61	10.56	53.39	9.27
68	111.26	19.07	95.56	16.43	83.93	14.54	76.87	13.38	67.28	11.73	59.28	10.29
69	123.88	21.23	106.40	18.29	93.46	16.20	85.60	14.90	74.92	13.05	66.00	11.46
70	138.09	23.66	118.60	20.39	104.17	18.05	95.40	16.60	83.51	14.55	73.57	12.77
71	155.44	26.64	133.51	22.95	117.26	20.33	107.40	18.69	94.01	16.38	82.82	14.37
72	175.62	30.09	151.01	25.97	131.47	22.79	119.94	20.87	104.99	18.29	92.49	16.05
73	197.98	33.93	170.23	29.26	148.21	25.68	135.21	23.53	118.35	20.62	104.27	18.10
74	221.12	37.89	190.13	32.69	165.54	28.69	151.01	26.28	132.18	23.03	116.46	20.21
75	247.46	42.40	212.78	36.58	185.26	32.11	169.01	29.41	147.93	25.78	130.33	22.63
76	275.40	47.19	236.81	40.72	206.18	35.73	188.09	32.73	164.64	28.69	145.05	25.18
77	303.68	52.04	261.12	44.90	227.35	39.40	208.26	36.25	182.29	31.76	158.54	27.52
78	333.89	57.21	287.10	49.36	249.95	43.32	228.97	39.85	200.42	34.92	174.31	30.26
79	365.68	62.66	314.44	54.06	273.77	47.45	250.78	43.65	219.51	38.25	190.91	33.15
80	397.49	68.11	341.79	58.77	297.57	51.58	272.59	47.44	238.60	41.57	207.51	36.03
81	434.85	74.51	373.91	64.29	325.54	56.42	298.22	51.90	261.03	45.48	227.02	39.42
82	481.49	82.50	410.88	70.64	357.72	61.99	327.65	57.03	286.80	49.97	249.43	43.30
83	530.36	90.88	452.58	77.82	394.03	68.29	360.92	62.81	315.91	55.04	274.75	47.70
84	588.84	100.89	502.49	86.39	437.48	75.82	400.71	69.74	350.74	61.11	305.05	52.96
85	NA	111.99	NA	95.90	NA	84.16	NA	77.41	NA	67.83	NA	58.78
86	NA	123.20	NA	105.48	NA	92.58	NA	85.14	NA	74.61	NA	64.66
87	NA	134.28	NA	114.99	NA	100.91	NA	92.81	NA	81.33	NA	70.49
88	NA	145.03	NA	124.18	NA	108.98	NA	100.23	NA	87.84	NA	76.13
89	NA	155.18	NA	132.87	NA	116.60	NA	107.26	NA	93.99	NA	81.45
90	NA	164.49	NA	140.85	NA	123.61	NA	113.68	NA	99.62	NA	86.33
91	NA	172.71	NA	147.88	NA	129.78	NA	119.37	NA	104.61	NA	90.66
92	NA	181.36	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.18
93	NA	190.42	NA	163.04	NA	143.08	NA	131.61	NA	115.33	NA	99.95
94	NA	199.94	NA	171.19	NA	150.24	NA	138.19	NA	121.10	NA	104.94
95	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.16	NA	110.19
96	NA	220.44	NA	188.75	NA	165.64	NA	152.36	NA	133.51	NA	115.70
97	NA	231.45	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.49
98	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.55
99	NA	255.18	NA	218.49	NA	191.75	NA	176.37	NA	154.56	NA	133.94
100	NA	267.94	NA	229.43	NA	201.34	NA	185.19	NA	162.28	NA	140.64

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	32.92	5.45	29.43	4.89	26.62	4.47	25.29	4.28	23.06	3.93	21.17	3.60
41	34.42	5.70	30.63	5.09	27.54	4.63	26.01	4.40	23.60	4.01	21.55	3.66
42	34.92	5.78	31.03	5.17	27.86	4.68	26.25	4.44	23.78	4.04	21.68	3.69
43	35.42	5.86	31.43	5.23	28.16	4.74	26.49	4.48	23.96	4.07	21.81	3.71
44	35.92	5.94	31.83	5.29	28.47	4.79	26.73	4.53	24.14	4.11	21.93	3.73
45	36.42	6.03	32.22	5.37	28.78	4.84	26.96	4.57	24.33	4.14	22.06	3.75
46	36.92	6.11	32.62	5.43	29.09	4.89	27.21	4.60	24.51	4.17	22.19	3.77
47	37.42	6.20	33.02	5.49	29.39	4.95	27.45	4.64	24.69	4.20	22.31	3.79
48	37.93	6.28	33.43	5.57	29.70	5.00	27.69	4.68	24.87	4.23	22.44	3.81
49	38.42	6.36	33.83	5.63	30.01	5.05	27.93	4.73	25.05	4.26	22.58	3.83
50	38.92	6.45	34.23	5.69	30.32	5.10	28.16	4.77	25.23	4.29	22.70	3.85
51	39.70	6.57	34.91	5.81	30.92	5.20	28.73	4.86	25.74	4.38	23.15	3.94
52	42.41	7.01	37.30	6.21	33.03	5.55	30.68	5.19	27.49	4.67	24.73	4.20
53	44.22	7.32	38.88	6.47	34.44	5.80	31.99	5.41	28.67	4.87	25.78	4.38
54	46.02	7.61	40.47	6.73	35.85	6.03	33.30	5.63	29.83	5.07	26.84	4.56
55	49.63	8.21	43.64	7.26	38.66	6.50	35.91	6.08	32.17	5.47	28.94	4.92
56	51.43	8.52	45.22	7.53	40.06	6.74	37.21	6.30	33.34	5.67	29.99	5.10
57	54.29	8.99	47.41	7.89	41.62	7.00	38.41	6.50	34.41	5.86	30.57	5.20
58	57.79	9.57	50.46	8.40	44.31	7.46	40.89	6.92	36.62	6.24	32.54	5.53
59	62.17	10.29	54.30	9.03	47.67	8.02	43.98	7.44	39.41	6.70	35.01	5.95
60	65.67	10.87	57.35	9.54	50.35	8.47	46.46	7.86	41.62	7.08	36.98	6.29
61	71.80	11.89	62.71	10.43	55.05	9.26	50.80	8.59	45.51	7.74	40.43	6.88
62	78.35	12.97	67.89	11.30	59.61	10.03	54.79	9.27	49.09	8.35	43.07	7.32
63	82.75	13.69	71.70	11.93	62.96	10.59	57.87	9.79	51.85	8.82	45.49	7.73
64	88.91	14.72	77.05	12.82	67.65	11.38	62.18	10.52	55.71	9.48	48.88	8.31
65	94.20	15.59	81.63	13.58	71.66	12.05	65.88	11.14	59.02	10.04	51.78	8.80
66	102.12	16.91	88.49	14.72	77.69	13.07	71.41	12.09	63.99	10.89	56.13	9.54
67	115.04	19.04	98.92	16.45	86.85	14.61	79.88	13.51	69.98	11.91	61.99	10.54
68	127.71	21.14	109.82	18.27	96.42	16.22	88.69	15.00	77.70	13.22	68.83	11.70
69	142.21	23.54	122.28	20.34	107.36	18.06	98.75	16.71	86.51	14.72	76.64	13.03
70	158.51	26.24	136.30	22.68	119.67	20.13	110.07	18.62	96.43	16.40	85.43	14.52
71	178.44	29.54	153.44	25.53	134.72	22.66	123.91	20.96	108.55	18.47	96.16	16.35
72	199.44	33.01	171.50	28.53	150.57	25.33	139.28	23.56	122.02	20.76	106.70	18.14
73	224.83	37.21	193.32	32.16	169.73	28.55	157.01	26.57	137.55	23.40	120.29	20.44
74	251.12	41.56	215.92	35.92	189.58	31.89	175.37	29.66	153.64	26.13	134.35	22.84
75	281.03	46.52	241.65	40.20	212.16	35.69	196.27	33.20	171.94	29.25	150.36	25.56
76	312.75	51.77	268.94	44.74	236.11	39.72	218.42	36.95	191.34	32.55	167.34	28.44
77	339.66	56.22	294.65	49.01	256.43	43.13	236.58	40.03	207.25	35.26	181.24	30.81
78	373.45	61.80	323.96	53.90	281.94	47.43	260.11	44.01	227.87	38.77	199.27	33.87
79	409.02	67.69	354.82	59.03	308.78	51.94	284.89	48.20	249.56	42.46	218.25	37.10
80	444.58	73.58	385.67	64.16	335.64	56.46	309.66	52.38	271.27	46.15	237.23	40.33
81	486.37	80.49	421.92	70.19	367.19	61.77	338.76	57.31	296.77	50.49	259.53	44.12
82	522.67	86.51	449.95	74.85	391.58	65.87	363.06	61.41	318.06	54.11	278.15	47.28
83	575.72	95.29	495.61	82.45	431.32	72.56	399.90	67.65	350.33	59.61	306.37	52.08
84	639.21	105.79	550.26	91.54	478.88	80.56	444.00	75.12	388.97	66.18	340.16	57.82
85	NA	117.43	NA	101.61	NA	89.42	NA	83.38	NA	73.46	NA	64.19
86	NA	129.17	NA	111.77	NA	98.36	NA	91.72	NA	80.80	NA	70.60
87	NA	140.79	NA	121.83	NA	107.22	NA	99.97	NA	88.07	NA	76.95
88	NA	152.06	NA	131.58	NA	115.79	NA	107.96	NA	95.12	NA	83.11
89	NA	162.71	NA	140.79	NA	123.90	NA	115.52	NA	101.78	NA	88.94
90	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.89	NA	94.27
91	NA	181.09	NA	156.70	NA	137.90	NA	128.57	NA	113.27	NA	98.98
92	NA	190.14	NA	164.54	NA	144.80	NA	135.01	NA	118.94	NA	103.93
93	NA	199.66	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.13
94	NA	209.63	NA	181.40	NA	159.63	NA	148.85	NA	131.13	NA	114.58
95	NA	220.12	NA	190.47	NA	167.61	NA	156.28	NA	137.69	NA	120.31
96	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.57	NA	126.33
97	NA	242.69	NA	209.99	NA	184.79	NA	172.31	NA	151.81	NA	132.65
98	NA	254.81	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
99	NA	267.56	NA	231.51	NA	203.73	NA	189.97	NA	167.36	NA	146.23
100	NA	280.94	NA	243.10	NA	213.92	NA	199.47	NA	175.73	NA	153.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	43.64	6.58	39.18	5.91	35.81	5.41	33.87	5.11	30.81	4.65	28.49	4.29
41	45.68	6.89	40.82	6.16	37.10	5.60	34.93	5.27	31.62	4.77	29.07	4.39
42	46.36	6.99	41.37	6.24	37.53	5.66	35.28	5.32	31.89	4.81	29.26	4.42
43	47.03	7.10	41.92	6.32	37.96	5.72	35.64	5.38	32.15	4.85	29.46	4.44
44	47.71	7.20	42.46	6.41	38.38	5.80	35.98	5.43	32.42	4.89	29.66	4.47
45	48.39	7.30	43.02	6.49	38.81	5.86	36.34	5.48	32.70	4.94	29.85	4.50
46	49.08	7.40	43.56	6.57	39.24	5.92	36.69	5.53	32.97	4.98	30.05	4.54
47	49.76	7.51	44.11	6.66	39.67	5.99	37.04	5.59	33.23	5.02	30.25	4.57
48	50.43	7.61	44.66	6.74	40.10	6.05	37.39	5.64	33.51	5.05	30.44	4.59
49	51.11	7.71	45.20	6.83	40.53	6.11	37.75	5.69	33.78	5.09	30.64	4.62
50	51.80	7.81	45.76	6.90	40.96	6.18	38.09	5.74	34.05	5.13	30.84	4.65
51	52.83	7.97	46.67	7.05	41.78	6.30	38.86	5.86	34.72	5.24	31.45	4.75
52	56.44	8.52	49.85	7.52	44.63	6.73	41.51	6.26	37.10	5.60	33.60	5.07
53	58.83	8.87	51.98	7.84	46.53	7.01	43.27	6.53	38.67	5.84	35.03	5.28
54	61.24	9.24	54.10	8.16	48.43	7.31	45.03	6.79	40.26	6.07	36.46	5.50
55	66.03	9.96	58.34	8.80	52.22	7.88	48.57	7.33	43.41	6.55	39.31	5.93
56	68.44	10.32	60.46	9.12	54.12	8.17	50.34	7.59	44.99	6.78	40.74	6.14
57	73.47	11.09	63.97	9.65	56.75	8.56	52.74	7.96	46.61	7.04	41.62	6.28
58	78.20	11.80	68.09	10.27	60.42	9.11	56.15	8.47	49.62	7.49	44.31	6.69
59	84.14	12.69	73.26	11.06	65.00	9.81	60.41	9.11	53.38	8.05	47.67	7.19
60	88.87	13.41	77.39	11.68	68.65	10.35	63.81	9.63	56.39	8.51	50.36	7.60
61	97.17	14.66	84.61	12.77	75.06	11.33	69.76	10.52	61.65	9.30	55.05	8.31
62	103.80	15.67	90.48	13.65	79.57	12.00	74.43	11.24	65.03	9.81	57.24	8.63
63	109.63	16.54	95.56	14.42	84.04	12.68	78.61	11.87	68.68	10.36	60.45	9.12
64	117.80	17.78	102.68	15.49	90.30	13.63	84.46	12.75	73.79	11.13	64.95	9.80
65	124.79	18.83	108.78	16.41	95.67	14.44	89.48	13.50	78.18	11.79	68.81	10.38
66	135.29	20.41	117.94	17.80	103.71	15.65	97.01	14.64	84.76	12.79	74.59	11.26
67	155.75	23.50	134.90	20.35	117.60	17.75	110.76	16.72	96.77	14.61	85.18	12.85
68	172.92	26.09	149.77	22.60	130.57	19.70	122.98	18.55	107.44	16.21	94.56	14.27
69	192.54	29.05	166.76	25.16	145.38	21.93	136.93	20.66	119.64	18.05	105.29	15.89
70	214.62	32.38	185.88	28.05	162.05	24.45	152.63	23.03	133.35	20.12	117.37	17.70
71	241.59	36.46	209.25	31.57	182.42	27.52	171.82	25.92	150.11	22.65	132.12	19.93
72	265.79	40.10	230.20	34.73	200.69	30.28	188.13	28.38	164.36	24.80	142.76	21.54
73	299.61	45.20	259.50	39.15	226.22	34.14	212.07	31.99	185.28	27.95	160.92	24.28
74	334.65	50.49	289.84	43.73	252.68	38.13	236.87	35.74	206.94	31.23	179.75	27.12
75	374.51	56.50	324.38	48.94	282.79	42.66	265.09	39.99	231.60	34.94	201.16	30.35
76	416.80	62.88	361.00	54.46	314.71	47.48	295.02	44.51	257.74	38.89	223.87	33.78
77	454.38	68.55	390.61	58.94	340.52	51.38	316.48	47.75	276.50	41.72	240.16	36.24
78	499.57	75.37	429.46	64.80	374.39	56.49	347.96	52.50	304.00	45.86	264.04	39.84
79	547.14	82.55	470.36	70.97	410.05	61.87	381.10	57.50	332.94	50.23	289.19	43.63
80	594.73	89.73	511.27	77.13	445.70	67.24	414.24	62.50	361.90	54.60	314.34	47.43
81	650.63	98.16	559.32	84.39	487.60	73.56	453.17	68.38	395.92	59.73	343.89	51.88
82	680.00	102.60	584.57	88.20	509.61	76.89	478.82	72.24	413.51	62.39	363.34	54.82
83	749.02	113.01	643.90	97.15	561.33	84.69	527.42	79.58	455.49	68.72	400.22	60.39
84	831.61	125.48	714.90	107.87	623.23	94.03	585.57	88.35	505.71	76.30	444.35	67.04
85	NA	139.27	NA	119.73	NA	104.37	NA	98.07	NA	84.69	NA	74.41
86	NA	153.20	NA	131.70	NA	114.81	NA	107.88	NA	93.17	NA	81.86
87	NA	166.99	NA	143.56	NA	125.15	NA	117.58	NA	101.55	NA	89.23
88	NA	180.35	NA	155.03	NA	135.16	NA	126.99	NA	109.67	NA	96.37
89	NA	192.97	NA	165.89	NA	144.62	NA	135.88	NA	117.35	NA	103.11
90	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.29
91	NA	214.78	NA	184.63	NA	160.95	NA	151.23	NA	130.61	NA	114.77
92	NA	225.52	NA	193.87	NA	169.01	NA	158.79	NA	137.14	NA	120.50
93	NA	236.80	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.53
94	NA	248.63	NA	213.74	NA	186.33	NA	175.08	NA	151.20	NA	132.85
95	NA	261.06	NA	224.43	NA	195.65	NA	183.82	NA	158.76	NA	139.49
96	NA	274.11	NA	235.65	NA	205.43	NA	193.02	NA	166.70	NA	146.46
97	NA	287.83	NA	247.43	NA	215.70	NA	202.67	NA	175.02	NA	153.79
98	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
99	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.55
100	NA	333.19	NA	286.43	NA	249.70	NA	234.61	NA	202.62	NA	178.04

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	19.78	2.95	17.81	2.66	16.16	2.43	14.11	2.12	12.90	1.94	11.94	1.75
41	20.53	3.06	18.40	2.74	16.57	2.49	14.62	2.19	13.30	2.01	12.21	1.80
42	20.71	3.09	18.53	2.76	16.64	2.50	14.73	2.22	13.40	2.02	12.25	1.81
43	20.83	3.11	18.62	2.77	16.68	2.50	14.82	2.23	13.45	2.03	12.27	1.81
44	21.00	3.13	18.74	2.79	16.76	2.51	14.93	2.25	13.53	2.04	12.32	1.81
45	21.20	3.16	18.90	2.81	16.85	2.53	15.06	2.27	13.63	2.05	12.38	1.82
46	21.32	3.17	18.97	2.84	16.88	2.53	15.13	2.28	13.68	2.06	12.40	1.83
47	21.44	3.19	19.06	2.85	16.92	2.54	15.20	2.29	13.73	2.07	12.41	1.83
48	21.58	3.21	19.15	2.86	16.97	2.54	15.30	2.30	13.80	2.07	12.44	1.83
49	21.77	3.24	19.30	2.88	17.05	2.56	15.42	2.32	13.89	2.09	12.51	1.84
50	21.90	3.27	19.39	2.89	17.10	2.56	15.51	2.33	13.95	2.10	12.53	1.84
51	22.21	3.31	19.67	2.93	17.35	2.60	15.73	2.36	14.14	2.12	12.71	1.87
52	22.90	3.41	20.28	3.02	17.88	2.68	16.21	2.44	14.58	2.19	13.09	1.88
53	23.44	3.50	20.76	3.10	18.30	2.75	16.60	2.50	14.93	2.25	13.41	1.92
54	23.96	3.57	21.22	3.16	18.71	2.80	16.97	2.55	15.27	2.30	13.71	1.98
55	25.24	3.76	22.35	3.33	19.72	2.96	17.88	2.69	15.93	2.39	14.22	2.04
56	26.09	3.89	23.10	3.44	20.38	3.06	18.48	2.78	16.46	2.48	14.51	2.10
57	28.67	4.27	25.01	3.73	21.86	3.28	18.91	2.85	16.83	2.53	14.91	2.19
58	30.29	4.52	26.42	3.94	23.10	3.47	19.98	3.00	17.78	2.67	15.75	2.31
59	32.25	4.81	28.13	4.20	24.59	3.69	21.27	3.20	18.93	2.85	16.77	2.47
60	33.80	5.04	29.48	4.40	25.78	3.86	22.30	3.36	19.85	2.98	17.58	2.58
61	36.48	5.44	31.83	4.75	27.81	4.17	24.07	3.62	21.41	3.22	18.96	2.78
62	41.44	6.17	35.87	5.34	31.35	4.70	28.04	4.22	24.66	3.71	21.82	3.20
63	43.07	6.42	37.28	5.55	32.58	4.88	29.14	4.38	25.63	3.85	22.67	3.33
64	45.15	6.73	39.07	5.83	34.16	5.12	30.53	4.60	26.87	4.04	23.76	3.50
65	47.17	7.02	40.82	6.09	35.68	5.36	31.90	4.80	28.07	4.22	24.82	3.64
66	49.69	7.40	43.01	6.42	37.59	5.64	33.61	5.06	29.57	4.44	26.16	3.84
67	52.95	7.89	45.13	6.73	39.45	5.92	35.61	5.36	30.98	4.65	27.01	3.97
68	57.04	8.49	48.60	7.25	42.49	6.37	38.35	5.76	33.36	5.02	29.09	4.27
69	61.55	9.17	52.46	7.82	45.85	6.88	41.39	6.23	36.00	5.41	31.40	4.61
70	66.43	9.90	56.62	8.44	49.49	7.42	44.67	6.72	38.85	5.84	33.88	4.98
71	71.11	10.59	60.60	9.04	52.97	7.95	47.81	7.19	41.59	6.25	36.27	5.32
72	73.97	11.01	63.12	9.41	54.68	8.20	49.51	7.44	42.58	6.41	37.07	5.45
73	78.76	11.73	67.19	10.02	58.22	8.74	52.71	7.93	45.33	6.81	39.46	5.80
74	82.79	12.34	70.63	10.53	61.20	9.18	55.41	8.34	47.65	7.16	41.49	6.10
75	86.87	12.94	74.11	11.06	64.22	9.63	58.14	8.75	49.99	7.52	43.52	6.39
76	90.23	13.44	76.98	11.48	66.70	10.01	60.39	9.08	51.93	7.80	45.21	6.65
77	91.08	13.57	77.12	11.50	66.82	10.03	59.90	9.01	50.91	7.65	44.26	6.50
78	92.44	13.77	78.27	11.68	67.82	10.17	60.80	9.15	51.68	7.77	44.91	6.59
79	92.80	13.83	78.58	11.72	68.08	10.22	61.04	9.18	51.88	7.80	45.09	6.63
80	91.71	13.66	77.65	11.58	67.27	10.09	60.31	9.07	51.27	7.71	44.55	6.55
81	93.64	13.94	79.29	11.82	68.69	10.30	61.58	9.26	52.34	7.86	45.50	6.69
82	93.09	13.87	78.82	11.76	68.30	10.25	62.34	9.38	52.99	7.97	46.05	6.77
83	94.34	14.05	79.88	11.91	69.22	10.38	63.18	9.50	53.70	8.07	46.67	6.86
84	95.63	14.25	80.98	12.08	70.16	10.52	64.04	9.64	54.44	8.18	47.31	6.95

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.01	3.39	21.32	3.05	19.43	2.80	17.76	2.60	16.28	2.38	15.11	2.19
41	25.67	3.62	22.68	3.24	20.54	2.97	18.36	2.69	16.72	2.45	15.44	2.24
42	26.13	3.69	23.06	3.30	20.84	3.01	18.50	2.71	16.80	2.47	15.49	2.25
43	26.53	3.75	23.37	3.34	21.08	3.05	18.59	2.72	16.84	2.47	15.51	2.25
44	26.99	3.81	23.74	3.39	21.38	3.09	18.72	2.74	16.93	2.48	15.56	2.26
45	27.47	3.87	24.13	3.44	21.70	3.14	18.88	2.76	17.03	2.50	15.62	2.27
46	27.85	3.93	24.43	3.49	21.93	3.17	18.96	2.78	17.08	2.51	15.63	2.27
47	28.22	3.98	24.74	3.53	22.17	3.20	19.05	2.79	17.12	2.51	15.66	2.27
48	28.62	4.04	25.05	3.58	22.43	3.23	19.15	2.80	17.18	2.52	15.68	2.28
49	29.10	4.11	25.44	3.63	22.73	3.29	19.30	2.82	17.28	2.53	15.75	2.29
50	29.48	4.16	25.76	3.68	22.98	3.32	19.40	2.85	17.34	2.54	15.77	2.29
51	29.89	4.22	26.11	3.73	23.30	3.37	19.68	2.89	17.58	2.57	15.99	2.32
52	30.83	4.35	26.92	3.84	24.02	3.48	20.29	2.97	18.12	2.66	16.50	2.39
53	31.55	4.45	27.56	3.94	24.59	3.55	20.77	3.05	18.55	2.72	16.88	2.45
54	32.27	4.56	28.18	4.02	25.15	3.63	21.23	3.11	18.97	2.78	17.26	2.51
55	33.99	4.80	29.68	4.24	26.49	3.82	22.37	3.28	19.98	2.93	18.19	2.64
56	35.12	4.96	30.68	4.38	27.37	3.96	23.12	3.39	20.65	3.02	18.80	2.73
57	38.22	5.40	33.15	4.74	29.32	4.23	24.94	3.65	22.03	3.23	19.77	2.87
58	40.37	5.70	35.03	5.00	30.98	4.47	26.34	3.86	23.28	3.41	20.90	3.03
59	42.99	6.07	37.30	5.32	32.98	4.77	28.05	4.11	24.78	3.63	22.24	3.22
60	45.07	6.36	39.09	5.59	34.57	5.00	29.40	4.31	25.98	3.81	23.31	3.38
61	48.63	6.87	42.18	6.03	37.31	5.39	31.72	4.65	28.04	4.11	25.16	3.65
62	52.83	7.46	45.86	6.55	40.20	5.81	34.19	5.01	30.21	4.43	26.78	3.89
63	54.89	7.75	47.67	6.80	41.79	6.04	35.53	5.21	31.40	4.60	27.83	4.04
64	57.55	8.13	49.97	7.14	43.81	6.33	37.25	5.46	32.92	4.83	29.17	4.23
65	60.12	8.48	52.21	7.46	45.76	6.62	38.91	5.70	34.39	5.04	30.48	4.42
66	63.34	8.94	55.00	7.85	48.22	6.96	41.00	6.01	36.23	5.31	32.11	4.66
67	68.99	9.73	59.44	8.49	52.10	7.53	44.25	6.48	39.10	5.73	34.66	5.03
68	74.30	10.49	64.02	9.15	56.12	8.11	47.66	6.98	42.12	6.17	37.33	5.42
69	80.19	11.32	69.09	9.87	60.56	8.75	51.44	7.54	45.44	6.67	40.29	5.85
70	86.54	12.21	74.57	10.65	65.36	9.44	55.51	8.14	49.05	7.19	43.48	6.31
71	92.63	13.07	79.81	11.40	69.96	10.10	59.42	8.70	52.50	7.70	46.54	6.75
72	96.78	13.66	82.74	11.82	72.53	10.48	61.86	9.06	54.66	8.01	48.45	7.02
73	103.04	14.54	88.10	12.58	77.22	11.15	65.86	9.65	58.19	8.54	51.58	7.49
74	108.32	15.29	92.61	13.23	81.18	11.73	69.24	10.14	61.17	8.97	54.22	7.86
75	113.64	16.04	97.16	13.88	85.17	12.31	72.64	10.65	64.19	9.41	56.89	8.25
76	118.04	16.66	100.93	14.42	88.46	12.78	75.45	11.06	66.66	9.78	59.09	8.58
77	120.79	17.05	103.39	14.77	89.84	12.98	76.36	11.18	67.47	9.89	59.81	8.67
78	122.59	17.30	104.93	14.98	91.17	13.17	77.50	11.35	68.47	10.04	60.69	8.81
79	123.07	17.37	105.35	15.05	91.53	13.22	77.81	11.40	68.74	10.08	60.93	8.84
80	121.61	17.17	104.10	14.87	90.45	13.06	76.88	11.27	67.94	9.96	60.22	8.74
81	124.17	17.52	106.29	15.18	92.36	13.34	78.50	11.50	69.36	10.17	61.48	8.93
82	122.18	17.24	104.58	14.94	90.87	13.13	77.58	11.37	68.55	10.05	60.76	8.82
83	123.82	17.47	105.99	15.14	92.09	13.30	78.62	11.52	69.47	10.19	61.58	8.94
84	125.52	17.71	107.44	15.35	93.35	13.48	79.71	11.68	70.42	10.33	62.42	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.55	3.92	24.55	3.51	22.26	3.20	20.01	2.90	18.03	2.61	16.40	2.36
41	28.74	4.08	25.44	3.63	22.98	3.31	20.62	2.98	18.49	2.68	16.68	2.40
42	29.03	4.13	25.65	3.66	23.14	3.33	20.76	3.00	18.57	2.69	16.72	2.42
43	29.25	4.16	25.79	3.69	23.24	3.35	20.83	3.01	18.63	2.70	16.72	2.42
44	29.54	4.20	26.00	3.72	23.39	3.37	20.97	3.03	18.71	2.71	16.76	2.42
45	29.86	4.25	26.23	3.75	23.57	3.39	21.12	3.06	18.82	2.73	16.81	2.43
46	30.07	4.27	26.37	3.77	23.68	3.41	21.19	3.07	18.86	2.73	16.80	2.43
47	30.28	4.31	26.49	3.78	23.76	3.42	21.26	3.08	18.90	2.74	16.80	2.43
48	30.51	4.34	26.66	3.81	23.89	3.44	21.37	3.09	18.96	2.75	16.81	2.43
49	30.83	4.39	26.88	3.84	24.06	3.47	21.51	3.11	19.07	2.76	16.86	2.44
50	31.06	4.42	27.04	3.86	24.17	3.49	21.60	3.13	19.12	2.77	16.87	2.44
51	31.49	4.48	27.41	3.92	24.51	3.53	21.90	3.17	19.39	2.81	17.10	2.47
52	33.35	4.75	29.03	4.15	25.96	3.74	23.19	3.36	20.54	2.97	18.11	2.61
53	34.56	4.91	30.08	4.29	26.90	3.87	24.03	3.48	21.27	3.09	18.77	2.71
54	35.70	5.08	31.08	4.44	27.78	4.00	24.83	3.59	21.99	3.18	19.39	2.80
55	38.26	5.44	33.31	4.76	29.78	4.29	26.62	3.85	23.56	3.41	20.79	3.00
56	39.41	5.61	34.30	4.89	30.67	4.42	27.41	3.97	24.27	3.52	21.41	3.09
57	40.45	5.75	34.98	5.00	30.99	4.46	28.97	4.19	25.36	3.68	22.34	3.22
58	42.74	6.08	36.95	5.27	32.74	4.71	30.61	4.43	26.80	3.89	23.60	3.40
59	45.50	6.47	39.33	5.62	34.86	5.02	32.59	4.71	28.53	4.14	25.14	3.62
60	47.69	6.78	41.23	5.89	36.54	5.26	34.16	4.95	29.90	4.34	26.34	3.80
61	51.46	7.32	44.50	6.35	39.43	5.68	36.87	5.33	32.27	4.67	28.42	4.11
62	56.88	8.10	49.23	7.04	43.24	6.23	39.48	5.71	34.57	5.01	30.45	4.40
63	59.12	8.41	51.17	7.31	44.94	6.48	41.03	5.94	35.92	5.21	31.65	4.57
64	61.96	8.82	53.63	7.65	47.10	6.78	43.02	6.23	37.65	5.46	33.17	4.79
65	64.73	9.21	56.03	8.00	49.21	7.09	44.94	6.50	39.33	5.70	34.65	5.00
66	68.21	9.70	59.03	8.43	51.85	7.47	47.34	6.86	41.44	6.01	36.51	5.27
67	72.85	10.36	62.57	8.94	54.96	7.92	50.34	7.29	44.06	6.38	38.82	5.61
68	78.47	11.16	67.39	9.63	59.19	8.53	54.21	7.84	47.45	6.88	41.81	6.04
69	84.68	12.04	72.73	10.38	63.88	9.20	58.51	8.46	51.21	7.42	45.12	6.51
70	91.39	13.00	78.50	11.21	68.94	9.93	63.15	9.14	55.27	8.01	48.70	7.02
71	97.82	13.91	84.02	12.00	73.79	10.63	67.59	9.79	59.16	8.57	52.12	7.52
72	102.90	14.64	88.47	12.63	77.03	11.10	70.28	10.17	61.51	8.91	54.19	7.82
73	109.55	15.58	94.20	13.45	82.02	11.81	74.81	10.83	65.49	9.49	57.70	8.33
74	115.16	16.38	99.03	14.14	86.22	12.42	78.65	11.38	68.84	9.98	60.65	8.76
75	120.82	17.19	103.90	14.84	90.46	13.03	82.52	11.94	72.23	10.47	63.63	9.19
76	125.51	17.85	107.92	15.41	93.95	13.53	85.71	12.40	75.02	10.87	66.10	9.54
77	128.50	18.28	110.49	15.78	96.20	13.86	88.13	12.76	77.13	11.18	67.08	9.68
78	130.42	18.55	112.14	16.01	97.63	14.07	89.44	12.95	78.29	11.34	68.08	9.83
79	130.94	18.63	112.58	16.08	98.02	14.12	89.80	13.00	78.59	11.39	68.36	9.87
80	129.38	18.41	111.25	15.89	96.86	13.95	88.73	12.84	77.67	11.26	67.55	9.75
81	132.11	18.80	113.59	16.22	98.90	14.25	90.59	13.11	79.30	11.49	68.96	9.95
82	130.60	18.57	111.45	15.92	97.03	13.98	88.87	12.86	77.79	11.28	67.66	9.77
83	132.35	18.83	112.94	16.13	98.33	14.16	90.07	13.03	78.83	11.42	68.57	9.90
84	134.17	19.09	114.49	16.35	99.68	14.36	91.30	13.21	79.92	11.58	69.51	10.03

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	30.82	4.22	27.55	3.79	24.93	3.48	23.69	3.32	21.59	3.05	19.82	2.79
41	32.22	4.41	28.68	3.95	25.79	3.59	24.36	3.41	22.10	3.12	20.18	2.85
42	32.58	4.46	28.95	3.99	25.99	3.62	24.50	3.43	22.19	3.13	20.22	2.86
43	32.85	4.49	29.16	4.01	26.12	3.64	24.57	3.44	22.23	3.14	20.23	2.86
44	33.20	4.55	29.42	4.05	26.31	3.66	24.71	3.47	22.32	3.15	20.28	2.86
45	33.59	4.60	29.73	4.10	26.54	3.70	24.87	3.49	22.44	3.17	20.35	2.87
46	33.85	4.63	29.91	4.12	26.67	3.72	24.95	3.50	22.47	3.17	20.34	2.87
47	34.10	4.67	30.10	4.15	26.79	3.74	25.01	3.51	22.50	3.17	20.34	2.87
48	34.40	4.70	30.32	4.18	26.94	3.76	25.12	3.52	22.55	3.18	20.36	2.87
49	34.77	4.76	30.61	4.21	27.15	3.78	25.27	3.55	22.67	3.20	20.42	2.88
50	35.05	4.80	30.83	4.24	27.30	3.80	25.37	3.56	22.72	3.20	20.44	2.88
51	35.54	4.86	31.25	4.31	27.68	3.85	25.71	3.60	23.04	3.26	20.73	2.92
52	37.64	5.16	33.10	4.56	29.32	4.08	27.24	3.82	24.40	3.44	21.95	3.10
53	39.00	5.33	34.29	4.73	30.38	4.23	28.22	3.96	25.28	3.57	22.74	3.20
54	40.30	5.51	35.43	4.88	31.38	4.38	29.16	4.08	26.12	3.69	23.50	3.32
55	43.19	5.91	37.98	5.23	33.64	4.68	31.25	4.38	27.99	3.95	25.18	3.55
56	44.48	6.09	39.11	5.39	34.64	4.83	32.18	4.52	28.83	4.07	25.94	3.65
57	46.54	6.37	40.64	5.60	35.68	4.98	32.92	4.62	29.49	4.16	26.20	3.70
58	49.16	6.73	42.93	5.91	37.70	5.25	34.78	4.88	31.15	4.40	27.68	3.91
59	52.34	7.16	45.71	6.29	40.13	5.60	37.03	5.20	33.18	4.68	29.47	4.16
60	54.86	7.51	47.91	6.59	42.06	5.86	38.81	5.44	34.78	4.90	30.89	4.36
61	59.21	8.11	51.70	7.12	45.39	6.33	41.88	5.87	37.53	5.29	33.34	4.70
62	63.76	8.73	55.25	7.60	48.51	6.76	44.58	6.26	39.95	5.64	35.05	4.95
63	66.27	9.07	57.42	7.91	50.41	7.02	46.34	6.50	41.52	5.86	36.42	5.13
64	69.46	9.50	60.19	8.28	52.85	7.36	48.57	6.81	43.52	6.14	38.18	5.39
65	72.57	9.93	62.88	8.65	55.21	7.70	50.75	7.12	45.47	6.42	39.89	5.63
66	76.45	10.47	66.24	9.12	58.17	8.11	53.47	7.50	47.90	6.76	42.02	5.92
67	83.62	11.45	71.90	9.90	63.14	8.80	58.08	8.15	50.87	7.18	45.07	6.35
68	90.07	12.33	77.45	10.66	68.00	9.48	62.55	8.77	54.80	7.74	48.54	6.85
69	97.21	13.30	83.59	11.51	73.38	10.23	67.50	9.47	59.14	8.35	52.38	7.38
70	104.92	14.36	90.21	12.42	79.20	11.04	72.85	10.22	63.82	9.01	56.54	7.97
71	112.30	15.37	96.56	13.29	84.78	11.81	77.97	10.94	68.31	9.64	60.51	8.54
72	116.85	15.99	100.47	13.83	88.22	12.30	81.61	11.45	71.49	10.09	62.52	8.82
73	124.40	17.03	106.97	14.72	93.92	13.09	86.88	12.18	76.11	10.74	66.56	9.39
74	130.78	17.90	112.46	15.48	98.73	13.77	91.33	12.81	80.01	11.29	69.97	9.87
75	137.21	18.78	117.99	16.24	103.59	14.44	95.82	13.44	83.95	11.84	73.42	10.35
76	142.53	19.51	122.56	16.87	107.60	14.99	99.53	13.97	87.19	12.31	76.25	10.75
77	143.72	19.68	124.68	17.17	108.51	15.12	100.11	14.04	87.70	12.38	76.69	10.82
78	145.87	19.96	126.54	17.42	110.12	15.35	101.60	14.25	89.01	12.56	77.84	10.97
79	146.44	20.04	127.04	17.49	110.57	15.41	102.00	14.30	89.36	12.61	78.14	11.01
80	144.71	19.80	125.54	17.28	109.25	15.23	100.79	14.13	88.29	12.46	77.22	10.89
81	147.76	20.22	128.17	17.64	111.55	15.55	102.91	14.44	90.16	12.73	78.84	11.12
82	141.77	19.40	122.05	16.80	106.22	14.81	98.48	13.81	86.27	12.18	75.44	10.64
83	143.67	19.67	123.68	17.02	107.64	15.00	99.79	14.00	87.42	12.34	76.45	10.78
84	145.65	19.94	125.38	17.26	109.12	15.20	101.17	14.19	88.63	12.51	77.50	10.93

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-STD

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	40.86	5.04	36.69	4.53	33.53	4.14	31.72	3.92	28.84	3.56	26.67	3.29
41	42.77	5.28	38.22	4.71	34.73	4.28	32.71	4.03	29.60	3.65	27.22	3.36
42	43.25	5.33	38.60	4.77	35.02	4.32	32.92	4.06	29.75	3.68	27.31	3.37
43	43.63	5.39	38.88	4.80	35.21	4.35	33.05	4.07	29.83	3.69	27.33	3.37
44	44.11	5.44	39.26	4.84	35.48	4.38	33.26	4.11	29.98	3.70	27.42	3.38
45	44.64	5.50	39.67	4.89	35.79	4.42	33.52	4.14	30.16	3.72	27.53	3.40
46	44.99	5.55	39.94	4.92	35.97	4.44	33.63	4.15	30.22	3.73	27.55	3.40
47	45.35	5.60	40.20	4.96	36.15	4.46	33.76	4.17	30.29	3.74	27.56	3.40
48	45.75	5.65	40.51	5.00	36.37	4.48	33.92	4.19	30.39	3.75	27.62	3.40
49	46.25	5.71	40.91	5.05	36.68	4.53	34.16	4.21	30.57	3.77	27.72	3.42
50	46.64	5.75	41.20	5.08	36.89	4.55	34.30	4.23	30.66	3.78	27.77	3.42
51	47.29	5.84	41.78	5.16	37.39	4.61	34.78	4.29	31.09	3.83	28.15	3.48
52	50.09	6.18	44.25	5.46	39.61	4.88	36.83	4.55	32.93	4.06	29.82	3.68
53	51.90	6.41	45.84	5.66	41.03	5.06	38.17	4.71	34.11	4.21	30.89	3.81
54	53.61	6.62	47.37	5.85	42.40	5.23	39.44	4.86	35.25	4.35	31.92	3.94
55	57.47	7.09	50.77	6.27	45.44	5.61	42.26	5.22	37.77	4.66	34.21	4.22
56	59.18	7.30	52.28	6.45	46.80	5.78	43.53	5.38	38.90	4.80	35.23	4.35
57	62.97	7.77	54.83	6.76	48.65	6.01	45.21	5.58	39.95	4.94	35.68	4.40
58	66.53	8.21	57.93	7.15	51.39	6.34	47.76	5.89	42.21	5.21	37.70	4.65
59	70.83	8.74	61.68	7.61	54.72	6.75	50.85	6.28	44.94	5.54	40.13	4.96
60	74.25	9.17	64.65	7.98	57.35	7.08	53.31	6.57	47.10	5.82	42.07	5.19
61	80.13	9.89	69.76	8.61	61.90	7.63	57.53	7.10	50.83	6.27	45.40	5.60
62	84.46	10.43	73.63	9.08	64.75	7.99	60.56	7.48	52.92	6.53	46.58	5.74
63	87.78	10.84	76.52	9.44	67.29	8.31	62.95	7.77	55.00	6.78	48.41	5.97
64	92.02	11.35	80.22	9.90	70.54	8.70	65.98	8.14	57.65	7.11	50.74	6.26
65	96.14	11.87	83.80	10.34	73.70	9.09	68.93	8.51	60.23	7.43	53.00	6.54
66	101.28	12.50	88.29	10.90	77.65	9.58	72.63	8.96	63.45	7.83	55.85	6.89
67	113.22	13.98	98.07	12.10	85.49	10.55	80.52	9.93	70.35	8.68	61.92	7.64
68	121.95	15.05	105.63	13.03	92.09	11.36	86.73	10.70	75.77	9.35	66.69	8.23
69	131.62	16.24	113.99	14.07	99.37	12.26	93.60	11.55	81.77	10.09	71.98	8.88
70	142.04	17.52	123.03	15.18	107.26	13.23	101.02	12.46	88.25	10.89	77.68	9.59
71	152.04	18.76	131.68	16.24	114.80	14.16	108.13	13.35	94.47	11.66	83.14	10.26
72	155.73	19.22	134.87	16.64	117.58	14.51	110.23	13.60	96.30	11.89	83.64	10.32
73	165.80	20.45	143.60	17.71	125.18	15.45	117.35	14.48	102.52	12.65	89.05	10.98
74	174.28	21.50	150.95	18.63	131.60	16.23	123.36	15.23	107.77	13.30	93.61	11.55
75	182.86	22.56	158.37	19.54	138.06	17.03	129.43	15.97	113.07	13.95	98.22	12.12
76	189.93	23.44	164.50	20.30	143.41	17.69	134.44	16.59	117.45	14.49	102.02	12.59
77	192.27	23.72	165.28	20.39	144.09	17.78	133.92	16.53	117.00	14.44	101.62	12.54
78	195.13	24.08	167.75	20.70	146.23	18.04	135.91	16.77	118.74	14.65	103.13	12.73
79	195.91	24.17	168.41	20.78	146.82	18.11	136.45	16.83	119.22	14.71	103.54	12.78
80	193.59	23.89	166.41	20.54	145.08	17.90	134.83	16.63	117.80	14.53	102.31	12.62
81	197.66	24.39	169.92	20.97	148.13	18.28	137.68	16.99	120.28	14.84	104.48	12.89
82	184.45	22.76	158.56	19.56	138.23	17.05	129.87	16.02	112.16	13.84	98.55	12.16
83	186.92	23.07	160.68	19.82	140.08	17.28	131.62	16.24	113.66	14.03	99.88	12.33
84	189.48	23.38	162.89	20.10	142.00	17.52	133.42	16.46	115.23	14.22	101.24	12.50

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.06	0.19	0.95	0.17	0.86	0.16	0.75	0.14	0.69	0.12	0.64	0.11
41	1.10	0.20	0.98	0.18	0.88	0.16	0.78	0.14	0.71	0.13	0.65	0.12
42	1.11	0.20	0.99	0.18	0.89	0.16	0.79	0.14	0.72	0.13	0.66	0.12
43	1.12	0.20	1.00	0.18	0.90	0.16	0.80	0.14	0.73	0.13	0.66	0.12
44	1.14	0.20	1.01	0.18	0.91	0.16	0.81	0.15	0.73	0.13	0.67	0.12
45	1.15	0.21	1.02	0.18	0.91	0.16	0.82	0.15	0.74	0.13	0.67	0.12
46	1.16	0.21	1.04	0.19	0.92	0.17	0.83	0.15	0.75	0.13	0.68	0.12
47	1.18	0.21	1.05	0.19	0.93	0.17	0.83	0.15	0.75	0.14	0.68	0.12
48	1.19	0.21	1.06	0.19	0.94	0.17	0.84	0.15	0.76	0.14	0.69	0.12
49	1.20	0.21	1.07	0.19	0.94	0.17	0.85	0.15	0.77	0.14	0.69	0.12
50	1.22	0.22	1.08	0.19	0.95	0.17	0.86	0.16	0.77	0.14	0.70	0.12
51	1.24	0.22	1.10	0.20	0.97	0.17	0.88	0.16	0.79	0.14	0.71	0.13
52	1.29	0.23	1.14	0.20	1.01	0.18	0.91	0.17	0.82	0.15	0.74	0.13
53	1.33	0.24	1.18	0.21	1.04	0.19	0.94	0.17	0.85	0.15	0.76	0.13
54	1.37	0.24	1.21	0.22	1.07	0.19	0.97	0.18	0.87	0.16	0.78	0.14
55	1.45	0.26	1.28	0.23	1.13	0.20	1.03	0.19	0.92	0.17	0.82	0.15
56	1.51	0.27	1.34	0.24	1.18	0.21	1.07	0.19	0.95	0.17	0.85	0.15
57	1.67	0.30	1.46	0.26	1.28	0.23	1.10	0.20	0.98	0.18	0.87	0.15
58	1.78	0.32	1.55	0.28	1.36	0.24	1.17	0.21	1.05	0.19	0.93	0.16
59	1.92	0.34	1.67	0.30	1.46	0.26	1.26	0.23	1.12	0.20	1.00	0.18
60	2.02	0.36	1.76	0.32	1.54	0.28	1.33	0.24	1.19	0.21	1.05	0.19
61	2.21	0.40	1.93	0.35	1.69	0.30	1.46	0.26	1.30	0.23	1.15	0.20
62	2.55	0.45	2.20	0.39	1.93	0.35	1.72	0.31	1.52	0.27	1.34	0.24
63	2.69	0.48	2.33	0.42	2.04	0.37	1.82	0.33	1.60	0.29	1.42	0.25
64	2.89	0.52	2.50	0.45	2.19	0.39	1.95	0.35	1.72	0.31	1.52	0.27
65	3.06	0.55	2.65	0.47	2.32	0.42	2.07	0.37	1.82	0.33	1.61	0.28
66	3.32	0.59	2.87	0.51	2.51	0.45	2.25	0.41	1.98	0.36	1.75	0.31
67	3.64	0.65	3.10	0.56	2.71	0.49	2.45	0.44	2.13	0.38	1.86	0.33
68	4.04	0.72	3.45	0.62	3.01	0.54	2.72	0.49	2.37	0.43	2.06	0.36
69	4.50	0.80	3.84	0.69	3.35	0.60	3.03	0.55	2.63	0.47	2.30	0.41
70	5.02	0.90	4.28	0.77	3.74	0.67	3.37	0.61	2.94	0.53	2.56	0.45
71	5.65	1.01	4.82	0.86	4.21	0.76	3.80	0.68	3.30	0.60	2.88	0.51
72	6.31	1.13	5.39	0.96	4.67	0.84	4.23	0.76	3.63	0.65	3.16	0.56
73	7.12	1.27	6.07	1.09	5.26	0.95	4.76	0.86	4.10	0.74	3.57	0.63
74	7.95	1.42	6.78	1.21	5.88	1.06	5.32	0.96	4.58	0.82	3.98	0.70
75	8.90	1.59	7.59	1.36	6.58	1.18	5.95	1.07	5.12	0.92	4.46	0.79
76	9.90	1.77	8.45	1.51	7.32	1.32	6.63	1.19	5.70	1.03	4.96	0.88
77	10.76	1.92	9.11	1.63	7.90	1.42	7.08	1.28	6.02	1.08	5.23	0.92
78	11.83	2.11	10.02	1.79	8.68	1.56	7.78	1.40	6.62	1.19	5.75	1.01
79	12.96	2.31	10.97	1.96	9.51	1.71	8.52	1.54	7.25	1.30	6.30	1.11
80	14.09	2.52	11.93	2.13	10.33	1.86	9.26	1.67	7.88	1.42	6.84	1.21
81	15.41	2.75	13.05	2.33	11.31	2.03	10.14	1.83	8.62	1.55	7.49	1.32
82	17.16	3.07	14.53	2.60	12.59	2.26	11.49	2.07	9.77	1.76	8.49	1.50
83	18.90	3.38	16.00	2.86	13.87	2.49	12.66	2.28	10.76	1.94	9.35	1.65
84	20.99	3.75	17.77	3.18	15.40	2.77	14.05	2.53	11.95	2.15	10.38	1.83

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.28	0.22	1.14	0.20	1.04	0.18	0.95	0.17	0.87	0.15	0.81	0.14
41	1.37	0.23	1.21	0.21	1.10	0.19	0.98	0.17	0.89	0.16	0.82	0.14
42	1.40	0.24	1.24	0.21	1.12	0.19	0.99	0.17	0.90	0.16	0.83	0.15
43	1.43	0.24	1.26	0.22	1.14	0.20	1.00	0.18	0.91	0.16	0.84	0.15
44	1.46	0.25	1.28	0.22	1.16	0.20	1.01	0.18	0.92	0.16	0.84	0.15
45	1.49	0.25	1.31	0.23	1.18	0.20	1.02	0.18	0.92	0.16	0.85	0.15
46	1.52	0.26	1.33	0.23	1.20	0.21	1.03	0.18	0.93	0.16	0.85	0.15
47	1.55	0.26	1.36	0.23	1.22	0.21	1.05	0.18	0.94	0.17	0.86	0.15
48	1.58	0.27	1.38	0.24	1.24	0.21	1.06	0.19	0.95	0.17	0.86	0.15
49	1.61	0.27	1.41	0.24	1.26	0.22	1.07	0.19	0.96	0.17	0.87	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.08	0.19	0.96	0.17	0.88	0.15
51	1.67	0.28	1.46	0.25	1.30	0.23	1.10	0.19	0.98	0.17	0.89	0.16
52	1.74	0.30	1.52	0.26	1.35	0.24	1.14	0.20	1.02	0.18	0.93	0.16
53	1.79	0.30	1.56	0.27	1.39	0.24	1.18	0.21	1.05	0.19	0.96	0.17
54	1.84	0.31	1.61	0.28	1.44	0.25	1.21	0.21	1.08	0.19	0.99	0.17
55	1.95	0.33	1.71	0.29	1.52	0.26	1.29	0.23	1.15	0.20	1.05	0.18
56	2.03	0.35	1.77	0.31	1.58	0.28	1.34	0.24	1.19	0.21	1.09	0.19
57	2.23	0.38	1.93	0.33	1.71	0.30	1.45	0.26	1.29	0.23	1.15	0.20
58	2.37	0.40	2.06	0.35	1.82	0.32	1.55	0.27	1.37	0.24	1.23	0.21
59	2.55	0.43	2.21	0.38	1.96	0.34	1.67	0.29	1.47	0.26	1.32	0.23
60	2.70	0.46	2.34	0.40	2.07	0.36	1.76	0.31	1.55	0.27	1.40	0.24
61	2.95	0.50	2.56	0.44	2.26	0.39	1.92	0.34	1.70	0.30	1.53	0.27
62	3.25	0.55	2.82	0.48	2.47	0.43	2.10	0.37	1.86	0.33	1.65	0.29
63	3.43	0.58	2.98	0.51	2.61	0.45	2.22	0.39	1.96	0.35	1.74	0.30
64	3.68	0.63	3.20	0.55	2.80	0.49	2.38	0.42	2.11	0.37	1.87	0.33
65	3.90	0.66	3.39	0.58	2.97	0.52	2.53	0.44	2.23	0.39	1.98	0.35
66	4.23	0.72	3.67	0.63	3.22	0.56	2.74	0.48	2.42	0.43	2.14	0.37
67	4.75	0.81	4.09	0.70	3.58	0.62	3.04	0.54	2.69	0.47	2.38	0.42
68	5.27	0.90	4.54	0.78	3.98	0.69	3.38	0.60	2.99	0.53	2.65	0.46
69	5.87	1.00	5.05	0.87	4.43	0.77	3.76	0.66	3.32	0.59	2.95	0.51
70	6.54	1.11	5.63	0.97	4.94	0.86	4.19	0.74	3.71	0.65	3.28	0.57
71	7.36	1.25	6.34	1.09	5.56	0.97	4.72	0.83	4.17	0.73	3.70	0.64
72	8.26	1.41	7.06	1.21	6.19	1.08	5.28	0.93	4.66	0.82	4.13	0.72
73	9.31	1.58	7.96	1.37	6.98	1.21	5.95	1.05	5.26	0.93	4.66	0.81
74	10.40	1.77	8.89	1.53	7.79	1.35	6.65	1.17	5.87	1.03	5.21	0.91
75	11.64	1.98	9.95	1.71	8.72	1.52	7.44	1.31	6.57	1.16	5.83	1.02
76	12.95	2.20	11.07	1.90	9.71	1.69	8.28	1.46	7.32	1.29	6.48	1.13
77	14.27	2.43	12.22	2.10	10.62	1.84	9.02	1.59	7.97	1.40	7.07	1.23
78	15.69	2.67	13.43	2.31	11.67	2.03	9.92	1.75	8.77	1.54	7.77	1.36
79	17.19	2.92	14.71	2.53	12.78	2.22	10.87	1.91	9.60	1.69	8.51	1.48
80	18.68	3.18	15.99	2.75	13.89	2.41	11.81	2.08	10.44	1.84	9.25	1.61
81	20.44	3.48	17.49	3.01	15.20	2.64	12.92	2.27	11.42	2.01	10.12	1.77
82	22.52	3.83	19.28	3.32	16.75	2.91	14.30	2.52	12.64	2.23	11.20	1.95
83	24.81	4.22	21.23	3.65	18.45	3.21	15.75	2.77	13.92	2.45	12.34	2.15
84	27.54	4.69	23.58	4.05	20.49	3.56	17.49	3.08	15.45	2.72	13.70	2.39

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.47	0.25	1.31	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.88	0.15
41	1.53	0.26	1.36	0.23	1.23	0.21	1.10	0.19	0.99	0.17	0.89	0.16
42	1.56	0.27	1.37	0.24	1.24	0.21	1.11	0.19	1.00	0.17	0.90	0.16
43	1.58	0.27	1.39	0.24	1.25	0.22	1.12	0.20	1.00	0.18	0.90	0.16
44	1.60	0.27	1.41	0.24	1.27	0.22	1.13	0.20	1.01	0.18	0.91	0.16
45	1.62	0.28	1.42	0.24	1.28	0.22	1.15	0.20	1.02	0.18	0.91	0.16
46	1.64	0.28	1.44	0.25	1.29	0.22	1.16	0.20	1.03	0.18	0.92	0.16
47	1.66	0.28	1.45	0.25	1.30	0.23	1.17	0.20	1.04	0.18	0.92	0.16
48	1.68	0.29	1.47	0.25	1.32	0.23	1.18	0.21	1.05	0.18	0.93	0.16
49	1.70	0.29	1.49	0.26	1.33	0.23	1.19	0.21	1.05	0.18	0.93	0.16
50	1.72	0.30	1.50	0.26	1.34	0.23	1.20	0.21	1.06	0.19	0.94	0.16
51	1.76	0.30	1.53	0.26	1.37	0.24	1.22	0.21	1.08	0.19	0.96	0.17
52	1.88	0.32	1.64	0.28	1.46	0.25	1.31	0.23	1.16	0.20	1.02	0.18
53	1.96	0.34	1.71	0.29	1.52	0.26	1.36	0.24	1.21	0.21	1.06	0.19
54	2.04	0.35	1.77	0.31	1.59	0.28	1.42	0.25	1.26	0.22	1.11	0.19
55	2.20	0.38	1.91	0.33	1.71	0.30	1.53	0.27	1.35	0.24	1.19	0.21
56	2.28	0.39	1.98	0.34	1.77	0.31	1.59	0.28	1.40	0.24	1.24	0.21
57	2.36	0.40	2.04	0.35	1.81	0.31	1.69	0.29	1.48	0.26	1.30	0.23
58	2.51	0.43	2.17	0.37	1.92	0.33	1.80	0.31	1.58	0.27	1.39	0.24
59	2.70	0.46	2.34	0.40	2.07	0.36	1.94	0.34	1.69	0.30	1.49	0.26
60	2.85	0.49	2.47	0.42	2.19	0.38	2.04	0.36	1.79	0.31	1.58	0.27
61	3.12	0.54	2.70	0.46	2.39	0.41	2.24	0.39	1.96	0.34	1.72	0.30
62	3.50	0.60	3.03	0.52	2.66	0.46	2.43	0.42	2.12	0.37	1.87	0.33
63	3.69	0.63	3.19	0.55	2.81	0.49	2.56	0.45	2.24	0.39	1.98	0.34
64	3.97	0.68	3.43	0.59	3.02	0.52	2.75	0.48	2.41	0.42	2.12	0.37
65	4.20	0.72	3.64	0.63	3.19	0.55	2.92	0.51	2.55	0.44	2.25	0.39
66	4.56	0.78	3.94	0.68	3.46	0.60	3.16	0.55	2.77	0.48	2.44	0.42
67	5.01	0.86	4.30	0.74	3.78	0.66	3.46	0.60	3.03	0.53	2.67	0.46
68	5.56	0.95	4.78	0.82	4.20	0.73	3.84	0.67	3.36	0.59	2.96	0.51
69	6.19	1.06	5.32	0.91	4.67	0.81	4.28	0.75	3.75	0.65	3.30	0.57
70	6.90	1.18	5.93	1.02	5.21	0.90	4.77	0.83	4.18	0.73	3.68	0.64
71	7.77	1.33	6.68	1.15	5.86	1.02	5.37	0.93	4.70	0.82	4.14	0.72
72	8.78	1.50	7.55	1.30	6.57	1.14	6.00	1.04	5.25	0.91	4.62	0.80
73	9.90	1.70	8.51	1.46	7.41	1.28	6.76	1.18	5.92	1.03	5.21	0.91
74	11.06	1.89	9.51	1.63	8.28	1.43	7.55	1.31	6.61	1.15	5.82	1.01
75	12.37	2.12	10.64	1.83	9.26	1.61	8.45	1.47	7.40	1.29	6.52	1.13
76	13.77	2.36	11.84	2.04	10.31	1.79	9.40	1.64	8.23	1.43	7.25	1.26
77	15.18	2.60	13.06	2.25	11.37	1.97	10.41	1.81	9.11	1.59	7.93	1.38
78	16.69	2.86	14.36	2.47	12.50	2.17	11.45	1.99	10.02	1.75	8.72	1.51
79	18.28	3.13	15.72	2.70	13.69	2.37	12.54	2.18	10.98	1.91	9.55	1.66
80	19.87	3.41	17.09	2.94	14.88	2.58	13.63	2.37	11.93	2.08	10.38	1.80
81	21.74	3.73	18.70	3.21	16.28	2.82	14.91	2.60	13.05	2.27	11.35	1.97
82	24.07	4.13	20.54	3.53	17.89	3.10	16.38	2.85	14.34	2.50	12.47	2.17
83	26.52	4.54	22.63	3.89	19.70	3.41	18.05	3.14	15.80	2.75	13.74	2.39
84	29.44	5.04	25.12	4.32	21.87	3.79	20.04	3.49	17.54	3.06	15.25	2.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.65	0.27	1.47	0.24	1.33	0.22	1.26	0.21	1.15	0.20	1.06	0.18
41	1.72	0.29	1.53	0.25	1.38	0.23	1.30	0.22	1.18	0.20	1.08	0.18
42	1.75	0.29	1.55	0.26	1.39	0.23	1.31	0.22	1.19	0.20	1.08	0.18
43	1.77	0.29	1.57	0.26	1.41	0.24	1.32	0.22	1.20	0.20	1.09	0.19
44	1.80	0.30	1.59	0.26	1.42	0.24	1.34	0.23	1.21	0.21	1.10	0.19
45	1.82	0.30	1.61	0.27	1.44	0.24	1.35	0.23	1.22	0.21	1.10	0.19
46	1.85	0.31	1.63	0.27	1.45	0.24	1.36	0.23	1.23	0.21	1.11	0.19
47	1.87	0.31	1.65	0.27	1.47	0.25	1.37	0.23	1.23	0.21	1.12	0.19
48	1.90	0.31	1.67	0.28	1.49	0.25	1.38	0.23	1.24	0.21	1.12	0.19
49	1.92	0.32	1.69	0.28	1.50	0.25	1.40	0.24	1.25	0.21	1.13	0.19
50	1.95	0.32	1.71	0.28	1.52	0.26	1.41	0.24	1.26	0.21	1.14	0.19
51	1.99	0.33	1.75	0.29	1.55	0.26	1.44	0.24	1.29	0.22	1.16	0.20
52	2.12	0.35	1.87	0.31	1.65	0.28	1.53	0.26	1.37	0.23	1.24	0.21
53	2.21	0.37	1.94	0.32	1.72	0.29	1.60	0.27	1.43	0.24	1.29	0.22
54	2.30	0.38	2.02	0.34	1.79	0.30	1.67	0.28	1.49	0.25	1.34	0.23
55	2.48	0.41	2.18	0.36	1.93	0.33	1.80	0.30	1.61	0.27	1.45	0.25
56	2.57	0.43	2.26	0.38	2.00	0.34	1.86	0.32	1.67	0.28	1.50	0.26
57	2.71	0.45	2.37	0.39	2.08	0.35	1.92	0.33	1.72	0.29	1.53	0.26
58	2.89	0.48	2.52	0.42	2.22	0.37	2.04	0.35	1.83	0.31	1.63	0.28
59	3.11	0.51	2.72	0.45	2.38	0.40	2.20	0.37	1.97	0.34	1.75	0.30
60	3.28	0.54	2.87	0.48	2.52	0.42	2.32	0.39	2.08	0.35	1.85	0.31
61	3.59	0.59	3.14	0.52	2.75	0.46	2.54	0.43	2.28	0.39	2.02	0.34
62	3.92	0.65	3.39	0.57	2.98	0.50	2.74	0.46	2.45	0.42	2.15	0.37
63	4.14	0.68	3.59	0.60	3.15	0.53	2.89	0.49	2.59	0.44	2.27	0.39
64	4.45	0.74	3.85	0.64	3.38	0.57	3.11	0.53	2.79	0.47	2.44	0.42
65	4.71	0.78	4.08	0.68	3.58	0.60	3.29	0.56	2.95	0.50	2.59	0.44
66	5.11	0.85	4.42	0.74	3.88	0.65	3.57	0.60	3.20	0.54	2.81	0.48
67	5.75	0.95	4.95	0.82	4.34	0.73	3.99	0.68	3.50	0.60	3.10	0.53
68	6.39	1.06	5.49	0.91	4.82	0.81	4.43	0.75	3.89	0.66	3.44	0.59
69	7.11	1.18	6.11	1.02	5.37	0.90	4.94	0.84	4.33	0.74	3.83	0.65
70	7.93	1.31	6.82	1.13	5.98	1.01	5.50	0.93	4.82	0.82	4.27	0.73
71	8.92	1.48	7.67	1.28	6.74	1.13	6.20	1.05	5.43	0.92	4.81	0.82
72	9.97	1.65	8.58	1.43	7.53	1.27	6.96	1.18	6.10	1.04	5.34	0.91
73	11.24	1.86	9.67	1.61	8.49	1.43	7.85	1.33	6.88	1.17	6.01	1.02
74	12.56	2.08	10.80	1.80	9.48	1.59	8.77	1.48	7.68	1.31	6.72	1.14
75	14.05	2.33	12.08	2.01	10.61	1.78	9.81	1.66	8.60	1.46	7.52	1.28
76	15.64	2.59	13.45	2.24	11.81	1.99	10.92	1.85	9.57	1.63	8.37	1.42
77	16.98	2.81	14.73	2.45	12.82	2.16	11.83	2.00	10.36	1.76	9.06	1.54
78	18.67	3.09	16.20	2.70	14.10	2.37	13.01	2.20	11.39	1.94	9.96	1.69
79	20.45	3.38	17.74	2.95	15.44	2.60	14.24	2.41	12.48	2.12	10.91	1.86
80	22.23	3.68	19.28	3.21	16.78	2.82	15.48	2.62	13.56	2.31	11.86	2.02
81	24.32	4.02	21.10	3.51	18.36	3.09	16.94	2.87	14.84	2.52	12.98	2.21
82	26.13	4.33	22.50	3.74	19.58	3.29	18.15	3.07	15.90	2.71	13.91	2.36
83	28.79	4.76	24.78	4.12	21.57	3.63	20.00	3.38	17.52	2.98	15.32	2.60
84	31.96	5.29	27.51	4.58	23.94	4.03	22.20	3.76	19.45	3.31	17.01	2.89

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.18	0.33	1.96	0.30	1.79	0.27	1.69	0.26	1.54	0.23	1.42	0.21
41	2.28	0.34	2.04	0.31	1.86	0.28	1.75	0.26	1.58	0.24	1.45	0.22
42	2.32	0.35	2.07	0.31	1.88	0.28	1.76	0.27	1.59	0.24	1.46	0.22
43	2.35	0.36	2.10	0.32	1.90	0.29	1.78	0.27	1.61	0.24	1.47	0.22
44	2.39	0.36	2.12	0.32	1.92	0.29	1.80	0.27	1.62	0.24	1.48	0.22
45	2.42	0.37	2.15	0.32	1.94	0.29	1.82	0.27	1.64	0.25	1.49	0.23
46	2.45	0.37	2.18	0.33	1.96	0.30	1.83	0.28	1.65	0.25	1.50	0.23
47	2.49	0.38	2.21	0.33	1.98	0.30	1.85	0.28	1.66	0.25	1.51	0.23
48	2.52	0.38	2.23	0.34	2.01	0.30	1.87	0.28	1.68	0.25	1.52	0.23
49	2.56	0.39	2.26	0.34	2.03	0.31	1.89	0.28	1.69	0.25	1.53	0.23
50	2.59	0.39	2.29	0.35	2.05	0.31	1.90	0.29	1.70	0.26	1.54	0.23
51	2.64	0.40	2.33	0.35	2.09	0.32	1.94	0.29	1.74	0.26	1.57	0.24
52	2.82	0.43	2.49	0.38	2.23	0.34	2.08	0.31	1.86	0.28	1.68	0.25
53	2.94	0.44	2.60	0.39	2.33	0.35	2.16	0.33	1.93	0.29	1.75	0.26
54	3.06	0.46	2.71	0.41	2.42	0.37	2.25	0.34	2.01	0.30	1.82	0.28
55	3.30	0.50	2.92	0.44	2.61	0.39	2.43	0.37	2.17	0.33	1.97	0.30
56	3.42	0.52	3.02	0.46	2.71	0.41	2.52	0.38	2.25	0.34	2.04	0.31
57	3.67	0.55	3.20	0.48	2.84	0.43	2.64	0.40	2.33	0.35	2.08	0.31
58	3.91	0.59	3.40	0.51	3.02	0.46	2.81	0.42	2.48	0.37	2.22	0.33
59	4.21	0.63	3.66	0.55	3.25	0.49	3.02	0.46	2.67	0.40	2.38	0.36
60	4.44	0.67	3.87	0.58	3.43	0.52	3.19	0.48	2.82	0.43	2.52	0.38
61	4.86	0.73	4.23	0.64	3.75	0.57	3.49	0.53	3.08	0.47	2.75	0.42
62	5.19	0.78	4.52	0.68	3.98	0.60	3.72	0.56	3.25	0.49	2.86	0.43
63	5.48	0.83	4.78	0.72	4.20	0.63	3.93	0.59	3.43	0.52	3.02	0.46
64	5.89	0.89	5.13	0.77	4.52	0.68	4.22	0.64	3.69	0.56	3.25	0.49
65	6.24	0.94	5.44	0.82	4.78	0.72	4.47	0.68	3.91	0.59	3.44	0.52
66	6.76	1.02	5.90	0.89	5.19	0.78	4.85	0.73	4.24	0.64	3.73	0.56
67	7.79	1.18	6.75	1.02	5.88	0.89	5.54	0.84	4.84	0.73	4.26	0.64
68	8.65	1.30	7.49	1.13	6.53	0.99	6.15	0.93	5.37	0.81	4.73	0.71
69	9.63	1.45	8.34	1.26	7.27	1.10	6.85	1.03	5.98	0.90	5.26	0.79
70	10.73	1.62	9.29	1.40	8.10	1.22	7.63	1.15	6.67	1.01	5.87	0.89
71	12.08	1.82	10.46	1.58	9.12	1.38	8.59	1.30	7.51	1.13	6.61	1.00
72	13.29	2.01	11.51	1.74	10.03	1.51	9.41	1.42	8.22	1.24	7.14	1.08
73	14.98	2.26	12.98	1.96	11.31	1.71	10.60	1.60	9.26	1.40	8.05	1.21
74	16.73	2.52	14.49	2.19	12.63	1.91	11.84	1.79	10.35	1.56	8.99	1.36
75	18.73	2.83	16.22	2.45	14.14	2.13	13.25	2.00	11.58	1.75	10.06	1.52
76	20.84	3.14	18.05	2.72	15.74	2.37	14.75	2.23	12.89	1.94	11.19	1.69
77	22.72	3.43	19.53	2.95	17.03	2.57	15.82	2.39	13.83	2.09	12.01	1.81
78	24.98	3.77	21.47	3.24	18.72	2.82	17.40	2.63	15.20	2.29	13.20	1.99
79	27.36	4.13	23.52	3.55	20.50	3.09	19.06	2.88	16.65	2.51	14.46	2.18
80	29.74	4.49	25.56	3.86	22.29	3.36	20.71	3.13	18.10	2.73	15.72	2.37
81	32.53	4.91	27.97	4.22	24.38	3.68	22.66	3.42	19.80	2.99	17.19	2.59
82	34.00	5.13	29.23	4.41	25.48	3.84	23.94	3.61	20.68	3.12	18.17	2.74
83	37.45	5.65	32.20	4.86	28.07	4.23	26.37	3.98	22.77	3.44	20.01	3.02
84	41.58	6.27	35.75	5.39	31.16	4.70	29.28	4.42	25.29	3.82	22.22	3.35

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	14.14	2.37	12.74	2.13	11.55	1.95	10.09	1.71	9.23	1.56	8.54	1.41
41	14.66	2.46	13.14	2.21	11.82	2.00	10.44	1.76	9.50	1.61	8.72	1.44
42	14.81	2.48	13.25	2.23	11.91	2.01	10.54	1.79	9.58	1.62	8.77	1.45
43	14.96	2.51	13.38	2.25	11.98	2.03	10.64	1.80	9.66	1.64	8.82	1.46
44	15.12	2.53	13.49	2.27	12.06	2.04	10.74	1.82	9.74	1.65	8.87	1.47
45	15.27	2.56	13.61	2.28	12.14	2.05	10.85	1.84	9.82	1.66	8.91	1.48
46	15.42	2.58	13.73	2.30	12.21	2.06	10.95	1.85	9.90	1.67	8.97	1.48
47	15.58	2.61	13.85	2.32	12.30	2.07	11.05	1.87	9.98	1.69	9.02	1.49
48	15.73	2.64	13.97	2.34	12.37	2.09	11.15	1.89	10.06	1.70	9.07	1.50
49	15.88	2.66	14.08	2.36	12.44	2.10	11.26	1.90	10.13	1.71	9.12	1.51
50	16.03	2.69	14.20	2.38	12.52	2.11	11.35	1.92	10.22	1.72	9.17	1.52
51	16.20	2.72	14.34	2.40	12.65	2.13	11.48	1.94	10.32	1.74	9.27	1.53
52	16.66	2.79	14.75	2.48	13.01	2.19	11.80	2.00	10.62	1.80	9.53	1.58
53	16.97	2.85	15.03	2.52	13.25	2.24	12.02	2.04	10.80	1.83	9.70	1.61
54	17.28	2.90	15.30	2.57	13.49	2.28	12.24	2.07	11.00	1.86	9.88	1.64
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	18.11	3.03	16.03	2.69	14.14	2.38	12.82	2.17	11.42	1.93	10.26	1.76
56	18.59	3.12	16.45	2.76	14.51	2.45	13.16	2.23	11.73	1.98	10.43	1.75
57	20.33	3.40	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.56	1.75
58	21.35	3.58	18.62	3.12	16.28	2.74	14.08	2.38	12.53	2.12	11.10	1.84
59	22.65	3.79	19.75	3.32	17.27	2.91	14.94	2.53	13.29	2.25	11.77	1.95
60	23.58	3.96	20.58	3.45	17.99	3.03	15.56	2.64	13.85	2.34	12.26	2.03
61	25.42	4.26	22.18	3.72	19.38	3.27	16.78	2.84	14.92	2.52	13.22	2.18
62	28.85	4.83	24.97	4.19	21.83	3.69	19.52	3.30	17.17	2.90	15.18	2.51
63	30.03	5.03	25.99	4.36	22.72	3.83	20.31	3.43	17.87	3.02	15.80	2.61
64	31.73	5.31	27.46	4.61	24.00	4.05	21.46	3.63	18.88	3.19	16.71	2.76
65	32.98	5.52	28.55	4.79	24.95	4.21	22.31	3.77	19.62	3.32	17.36	2.88
66	35.01	5.87	30.29	5.08	26.48	4.46	23.68	4.00	20.83	3.52	18.43	3.05
67	37.52	6.29	31.97	5.37	27.95	4.71	25.22	4.26	21.95	3.71	19.13	3.16
68	40.49	6.78	34.50	5.79	30.16	5.09	27.22	4.61	23.68	4.00	20.64	3.41
69	43.69	7.32	37.23	6.25	32.54	5.49	29.38	4.97	25.55	4.32	22.28	3.69
70	47.04	7.89	40.09	6.73	35.04	5.91	31.63	5.36	27.51	4.65	23.99	3.97
71	50.86	8.53	43.34	7.28	37.88	6.39	34.20	5.79	29.75	5.03	25.94	4.29
72	54.62	9.16	46.60	7.82	40.37	6.81	36.56	6.18	31.44	5.31	27.36	4.53
73	58.94	9.88	50.28	8.43	43.56	7.35	39.44	6.67	33.92	5.73	29.53	4.88
74	62.87	10.54	53.64	9.00	46.48	7.84	42.08	7.12	36.19	6.12	31.50	5.21
75	67.06	11.25	57.23	9.60	49.58	8.37	44.89	7.59	38.60	6.52	33.60	5.57
76	70.97	11.90	60.55	10.15	52.47	8.85	47.50	8.03	40.85	6.91	35.56	5.88
77	73.16	12.26	61.95	10.40	53.68	9.05	48.11	8.14	40.90	6.91	35.54	5.88
78	76.05	12.75	64.40	10.80	55.80	9.41	50.01	8.46	42.51	7.18	36.95	6.11
79	78.23	13.11	66.23	11.11	57.38	9.68	51.44	8.70	43.73	7.39	38.01	6.29
80	79.22	13.28	67.07	11.26	58.12	9.81	52.10	8.81	44.29	7.49	38.49	6.37
81	80.00	13.41	67.74	11.36	58.70	9.90	52.62	8.90	44.72	7.56	38.87	6.44
82	81.30	13.63	68.84	11.55	59.65	10.06	54.44	9.21	46.28	7.82	40.23	6.66
83	80.99	13.58	68.58	11.51	59.42	10.03	54.23	9.18	46.11	7.79	40.07	6.63
84	80.41	13.48	68.08	11.42	58.99	9.95	53.84	9.10	45.77	7.74	39.78	6.58

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	17.17	2.74	15.25	2.46	13.88	2.26	12.69	2.10	11.63	1.92	10.80	1.76
41	18.33	2.92	16.19	2.61	14.66	2.38	13.10	2.16	11.93	1.97	11.01	1.81
42	18.70	2.98	16.50	2.66	14.91	2.43	13.23	2.18	12.01	1.98	11.08	1.82
43	19.06	3.03	16.79	2.71	15.15	2.47	13.36	2.21	12.11	2.00	11.14	1.82
44	19.43	3.10	17.09	2.75	15.39	2.51	13.47	2.23	12.19	2.02	11.19	1.83
45	19.79	3.15	17.39	2.80	15.63	2.54	13.60	2.25	12.27	2.03	11.26	1.84
46	20.15	3.21	17.68	2.85	15.88	2.58	13.72	2.27	12.36	2.04	11.32	1.85
47	20.51	3.27	17.98	2.90	16.11	2.63	13.84	2.29	12.44	2.06	11.37	1.86
48	20.86	3.33	18.27	2.94	16.35	2.67	13.97	2.30	12.53	2.07	11.43	1.87
49	21.23	3.38	18.56	2.99	16.59	2.70	14.08	2.32	12.61	2.08	11.49	1.88
50	21.58	3.44	18.85	3.03	16.82	2.74	14.21	2.34	12.69	2.10	11.55	1.89
51	21.81	3.48	19.05	3.07	17.00	2.77	14.35	2.37	12.82	2.12	11.67	1.91
52	22.43	3.57	19.59	3.16	17.48	2.85	14.76	2.44	13.19	2.17	12.00	1.96
53	22.85	3.64	19.95	3.21	17.81	2.90	15.04	2.48	13.43	2.22	12.22	2.00
54	23.27	3.71	20.32	3.28	18.13	2.95	15.31	2.53	13.68	2.26	12.44	2.04
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	24.38	3.89	21.29	3.43	19.01	3.10	16.04	2.65	14.33	2.36	13.04	2.13
56	25.02	3.99	21.85	3.52	19.50	3.17	16.46	2.72	14.71	2.43	13.39	2.18
57	27.10	4.32	23.51	3.79	20.79	3.38	17.68	2.92	15.62	2.58	14.02	2.29
58	28.46	4.54	24.69	3.98	21.83	3.56	18.56	3.07	16.40	2.71	14.72	2.40
59	30.19	4.81	26.19	4.22	23.16	3.77	19.70	3.26	17.40	2.88	15.62	2.55
60	31.45	5.01	27.28	4.40	24.12	3.93	20.52	3.38	18.12	2.99	16.26	2.66
61	33.89	5.40	29.40	4.74	26.00	4.23	22.11	3.64	19.54	3.22	17.54	2.87
62	36.77	5.86	31.93	5.15	27.99	4.56	23.80	3.93	21.03	3.48	18.64	3.05
63	38.27	6.10	33.23	5.36	29.14	4.75	24.77	4.08	21.89	3.61	19.40	3.17
64	40.45	6.45	35.11	5.66	30.79	5.01	26.18	4.32	23.13	3.82	20.50	3.35
65	42.04	6.70	36.51	5.88	32.00	5.21	27.22	4.49	24.05	3.97	21.32	3.49
66	44.61	7.11	38.75	6.25	33.96	5.53	28.88	4.77	25.52	4.21	22.62	3.70
67	48.87	7.79	42.11	6.78	36.91	6.01	31.35	5.18	27.70	4.58	24.55	4.01
68	52.74	8.40	45.44	7.32	39.83	6.49	33.83	5.59	29.89	4.94	26.49	4.34
69	56.91	9.07	49.04	7.91	42.99	7.00	36.51	6.03	32.26	5.32	28.59	4.67
70	61.28	9.77	52.80	8.51	46.28	7.54	39.31	6.49	34.73	5.73	30.79	5.03
71	66.26	10.56	57.09	9.20	50.04	8.15	42.50	7.01	37.55	6.21	33.29	5.44
72	71.45	11.38	61.09	9.85	53.55	8.73	45.68	7.54	40.35	6.67	35.77	5.85
73	77.10	12.29	65.92	10.63	57.78	9.41	49.28	8.13	43.54	7.19	38.60	6.31
74	82.26	13.10	70.33	11.33	61.65	10.04	52.57	8.67	46.46	7.68	41.18	6.73
75	87.75	13.99	75.02	12.09	65.76	10.71	56.08	9.25	49.56	8.18	43.92	7.18
76	92.85	14.79	79.38	12.79	69.58	11.33	59.35	9.80	52.44	8.66	46.48	7.60
77	97.02	15.46	83.04	13.39	72.16	11.75	61.34	10.12	54.20	8.95	48.04	7.85
78	100.85	16.08	86.33	13.91	75.01	12.21	63.76	10.52	56.33	9.30	49.94	8.17
79	103.74	16.53	88.80	14.31	77.15	12.56	65.58	10.83	57.95	9.57	51.37	8.40
80	105.06	16.74	89.92	14.49	78.13	12.73	66.41	10.96	58.68	9.69	52.02	8.51
81	106.09	16.91	90.81	14.64	78.91	12.85	67.07	11.07	59.26	9.79	52.53	8.59
82	106.71	17.00	91.34	14.72	79.36	12.93	67.77	11.18	59.87	9.89	53.07	8.67
83	106.29	16.94	90.98	14.66	79.05	12.87	67.50	11.14	59.64	9.85	52.87	8.64
84	105.54	16.82	90.33	14.55	78.49	12.78	67.02	11.06	59.22	9.78	52.49	8.58

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	19.70	3.16	17.56	2.82	15.92	2.58	14.31	2.33	12.88	2.10	11.73	1.91
41	20.52	3.30	18.17	2.93	16.40	2.67	14.72	2.40	13.20	2.15	11.91	1.94
42	20.76	3.33	18.34	2.95	16.55	2.69	14.85	2.43	13.29	2.17	11.96	1.94
43	21.01	3.37	18.53	2.98	16.70	2.71	14.97	2.45	13.38	2.18	12.01	1.95
44	21.26	3.41	18.71	3.01	16.84	2.74	15.09	2.46	13.47	2.21	12.05	1.96
45	21.50	3.45	18.89	3.05	16.99	2.76	15.21	2.48	13.56	2.22	12.11	1.97
46	21.76	3.50	19.07	3.08	17.13	2.78	15.33	2.50	13.65	2.23	12.16	1.97
47	22.00	3.53	19.26	3.10	17.27	2.80	15.46	2.52	13.73	2.25	12.20	1.98
48	22.25	3.57	19.44	3.13	17.41	2.82	15.57	2.54	13.83	2.26	12.25	2.00
49	22.49	3.61	19.61	3.16	17.56	2.86	15.70	2.56	13.91	2.27	12.31	2.01
50	22.73	3.65	19.79	3.19	17.69	2.88	15.81	2.58	14.00	2.29	12.35	2.01
51	22.97	3.69	19.99	3.22	17.88	2.91	15.98	2.60	14.14	2.31	12.48	2.03
52	24.27	3.90	21.13	3.40	18.89	3.07	16.88	2.75	14.94	2.44	13.19	2.14
53	25.02	4.01	21.78	3.51	19.47	3.16	17.40	2.84	15.40	2.52	13.59	2.22
54	25.75	4.14	22.41	3.61	20.03	3.26	17.90	2.92	15.86	2.59	13.99	2.28
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	27.45	4.41	23.89	3.85	21.37	3.47	19.09	3.12	16.91	2.76	14.91	2.43
56	28.07	4.50	24.43	3.94	21.85	3.55	19.52	3.18	17.28	2.82	15.25	2.48
57	28.68	4.60	24.79	3.99	21.98	3.57	20.54	3.35	17.98	2.94	15.84	2.57
58	30.11	4.83	26.04	4.19	23.07	3.75	21.57	3.52	18.88	3.09	16.63	2.71
59	31.95	5.12	27.63	4.45	24.48	3.98	22.89	3.74	20.03	3.28	17.65	2.88
60	33.27	5.34	28.77	4.63	25.49	4.14	23.84	3.89	20.86	3.41	18.39	2.99
61	35.87	5.75	31.02	5.00	27.48	4.46	25.69	4.19	22.49	3.68	19.81	3.22
62	39.60	6.35	34.27	5.52	30.10	4.89	27.49	4.48	24.06	3.93	21.20	3.45
63	41.21	6.62	35.67	5.74	31.33	5.09	28.61	4.66	25.04	4.10	22.06	3.59
64	43.54	6.99	37.70	6.07	33.11	5.38	30.23	4.94	26.46	4.33	23.31	3.79
65	45.27	7.27	39.19	6.31	34.42	5.59	31.43	5.12	27.51	4.49	24.23	3.95
66	48.05	7.72	41.58	6.70	36.52	5.93	33.35	5.44	29.19	4.77	25.71	4.19
67	51.61	8.28	44.32	7.14	38.93	6.32	35.66	5.82	31.22	5.10	27.50	4.47
68	55.69	8.95	47.84	7.71	42.01	6.83	38.48	6.28	33.68	5.50	29.67	4.83
69	60.10	9.65	51.62	8.32	45.34	7.36	41.53	6.77	36.35	5.93	32.03	5.21
70	64.71	10.38	55.58	8.96	48.81	7.93	44.71	7.30	39.13	6.39	34.48	5.61
71	69.97	11.24	60.09	9.68	52.78	8.58	48.34	7.89	42.32	6.91	37.28	6.07
72	75.98	12.20	65.33	10.52	56.88	9.24	51.89	8.46	45.41	7.41	40.02	6.51
73	81.97	13.16	70.49	11.35	61.36	9.96	55.99	9.14	49.00	8.00	43.18	7.02
74	87.45	14.04	75.20	12.12	65.48	10.64	59.73	9.74	52.28	8.54	46.06	7.50
75	93.29	14.97	80.22	12.93	69.84	11.34	63.71	10.40	55.77	9.11	49.13	7.99
76	98.72	15.84	84.88	13.67	73.90	12.00	67.42	10.99	59.01	9.64	51.99	8.46
77	103.23	16.57	88.76	14.30	77.27	12.55	70.79	11.55	61.96	10.12	53.89	8.77
78	107.30	17.23	92.26	14.87	80.33	13.05	73.58	12.00	64.41	10.52	56.02	9.11
79	110.37	17.71	94.90	15.29	82.61	13.42	75.68	12.35	66.24	10.83	57.61	9.38
80	111.77	17.94	96.11	15.49	83.67	13.59	76.65	12.51	67.10	10.96	58.35	9.49
81	112.86	18.12	97.05	15.63	84.49	13.72	77.41	12.63	67.76	11.07	58.93	9.59
82	114.06	18.31	97.34	15.68	84.75	13.77	77.63	12.66	67.95	11.10	59.09	9.62
83	113.62	18.24	96.96	15.62	84.42	13.71	77.32	12.61	67.68	11.06	58.86	9.58
84	112.81	18.11	96.26	15.51	83.81	13.62	76.77	12.53	67.20	10.97	58.44	9.51

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	22.04	3.41	19.70	3.07	17.82	2.80	16.94	2.69	15.44	2.46	14.18	2.26
41	23.01	3.56	20.48	3.19	18.42	2.90	17.39	2.75	15.77	2.51	14.41	2.29
42	23.31	3.61	20.71	3.22	18.59	2.93	17.52	2.77	15.88	2.53	14.47	2.30
43	23.60	3.65	20.95	3.27	18.76	2.95	17.65	2.79	15.97	2.54	14.53	2.31
44	23.90	3.71	21.18	3.30	18.94	2.98	17.79	2.81	16.07	2.56	14.60	2.32
45	24.19	3.75	21.41	3.33	19.12	3.01	17.91	2.84	16.16	2.57	14.66	2.33
46	24.50	3.79	21.64	3.37	19.29	3.03	18.05	2.86	16.25	2.59	14.72	2.34
47	24.78	3.84	21.87	3.40	19.47	3.07	18.18	2.88	16.35	2.60	14.78	2.35
48	25.07	3.89	22.10	3.44	19.65	3.10	18.31	2.90	16.44	2.63	14.84	2.36
49	25.37	3.93	22.33	3.48	19.81	3.12	18.44	2.92	16.54	2.64	14.90	2.37
50	25.66	3.97	22.56	3.52	19.98	3.15	18.56	2.94	16.63	2.65	14.96	2.38
51	25.92	4.01	22.80	3.55	20.19	3.18	18.76	2.97	16.81	2.68	15.12	2.40
52	27.38	4.24	24.09	3.75	21.34	3.36	19.81	3.14	17.76	2.82	15.97	2.54
53	28.23	4.37	24.83	3.86	22.00	3.47	20.43	3.23	18.30	2.92	16.46	2.63
54	29.05	4.50	25.55	3.98	22.63	3.56	21.02	3.33	18.84	3.00	16.95	2.70
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	30.98	4.80	27.24	4.24	24.13	3.80	22.42	3.55	20.09	3.20	18.06	2.88
56	31.68	4.90	27.86	4.34	24.68	3.89	22.92	3.63	20.54	3.28	18.47	2.94
57	32.99	5.11	28.81	4.48	25.29	3.98	23.34	3.70	20.91	3.33	18.57	2.96
58	34.64	5.37	30.25	4.71	26.57	4.18	24.51	3.89	21.96	3.50	19.51	3.11
59	36.75	5.69	32.10	5.00	28.18	4.44	26.00	4.12	23.30	3.72	20.70	3.30
60	38.28	5.93	33.43	5.21	29.36	4.62	27.08	4.29	24.27	3.86	21.56	3.43
61	41.27	6.39	36.04	5.61	31.64	4.99	29.19	4.62	26.16	4.17	23.24	3.70
62	44.38	6.88	38.46	5.99	33.77	5.32	31.04	4.91	27.81	4.43	24.40	3.89
63	46.20	7.15	40.04	6.24	35.14	5.53	32.31	5.11	28.95	4.61	25.39	4.04
64	48.81	7.56	42.29	6.58	37.14	5.85	34.14	5.41	30.59	4.87	26.83	4.27
65	50.75	7.85	43.97	6.85	38.61	6.08	35.49	5.62	31.79	5.07	27.89	4.44
66	53.85	8.34	46.66	7.27	40.97	6.46	37.66	5.96	33.75	5.38	29.60	4.71
67	59.24	9.18	50.95	7.93	44.73	7.05	41.14	6.52	36.04	5.74	31.93	5.08
68	63.93	9.90	54.98	8.56	48.27	7.60	44.39	7.04	38.89	6.20	34.45	5.48
69	68.99	10.69	59.33	9.24	52.08	8.20	47.91	7.59	41.97	6.69	37.18	5.92
70	74.29	11.51	63.88	9.94	56.08	8.83	51.59	8.17	45.19	7.20	40.04	6.37
71	80.31	12.44	69.06	10.75	60.64	9.56	55.78	8.84	48.86	7.79	43.28	6.89
72	86.28	13.36	74.18	11.55	65.13	10.26	60.25	9.54	52.78	8.41	46.16	7.35
73	93.09	14.42	80.04	12.46	70.28	11.07	65.02	10.30	56.95	9.07	49.80	7.93
74	99.32	15.38	85.41	13.29	74.98	11.81	69.36	10.99	60.76	9.68	53.14	8.46
75	105.95	16.41	91.10	14.19	79.98	12.60	73.98	11.72	64.82	10.33	56.68	9.02
76	112.11	17.36	96.40	15.00	84.63	13.32	78.29	12.40	68.59	10.93	59.98	9.54
77	115.45	17.88	100.15	15.59	87.16	13.72	80.41	12.74	70.44	11.22	61.60	9.81
78	120.02	18.59	104.11	16.21	90.60	14.27	83.59	13.24	73.23	11.67	64.04	10.20
79	123.44	19.12	107.08	16.67	93.19	14.68	85.97	13.62	75.32	12.00	65.87	10.49
80	125.01	19.36	108.44	16.88	94.37	14.87	87.08	13.80	76.28	12.16	66.71	10.62
81	126.24	19.55	109.52	17.05	95.31	15.02	87.93	13.93	77.03	12.27	67.37	10.72
82	123.82	19.17	106.60	16.59	92.77	14.61	86.01	13.63	75.35	12.01	65.89	10.49
83	123.34	19.10	106.18	16.53	92.41	14.55	85.68	13.58	75.05	11.96	65.64	10.45
84	122.46	18.96	105.42	16.41	91.75	14.45	85.06	13.47	74.52	11.88	65.16	10.37

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.21	4.11	26.23	3.69	23.97	3.37	22.68	3.19	20.62	2.90	19.07	2.68
41	30.53	4.29	27.29	3.84	24.80	3.49	23.35	3.29	21.14	2.97	19.44	2.73
42	30.94	4.35	27.62	3.89	25.04	3.52	23.55	3.31	21.28	2.99	19.53	2.75
43	31.34	4.41	27.93	3.93	25.29	3.56	23.75	3.34	21.43	3.01	19.64	2.76
44	31.75	4.46	28.26	3.98	25.54	3.59	23.94	3.37	21.58	3.03	19.73	2.77
45	32.15	4.53	28.58	4.02	25.79	3.62	24.14	3.39	21.72	3.06	19.83	2.79
46	32.55	4.58	28.90	4.06	26.03	3.66	24.34	3.42	21.87	3.08	19.93	2.80
47	32.95	4.63	29.21	4.11	26.27	3.70	24.53	3.45	22.01	3.10	20.03	2.81
48	33.35	4.69	29.53	4.16	26.51	3.73	24.73	3.48	22.16	3.12	20.13	2.84
49	33.75	4.75	29.85	4.20	26.75	3.76	24.92	3.51	22.30	3.14	20.23	2.85
50	34.15	4.80	30.17	4.24	27.00	3.80	25.12	3.53	22.44	3.16	20.33	2.86
51	34.50	4.85	30.47	4.28	27.28	3.83	25.38	3.57	22.68	3.19	20.54	2.89
52	36.45	5.12	32.19	4.53	28.82	4.05	26.81	3.77	23.96	3.37	21.69	3.06
53	37.57	5.28	33.19	4.67	29.70	4.18	27.64	3.89	24.70	3.48	22.37	3.15
54	38.66	5.44	34.16	4.81	30.58	4.31	28.43	4.00	25.41	3.57	23.02	3.23
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	41.22	5.80	36.41	5.12	32.59	4.59	30.31	4.26	27.10	3.81	24.54	3.45
56	42.16	5.93	37.24	5.24	33.34	4.69	31.01	4.36	27.71	3.90	25.10	3.53
57	44.65	6.28	38.87	5.47	34.49	4.85	32.06	4.50	28.33	3.98	25.29	3.56
58	46.88	6.59	40.82	5.74	36.21	5.09	33.66	4.74	29.75	4.18	26.57	3.74
59	49.74	6.99	43.31	6.09	38.42	5.41	35.71	5.02	31.56	4.44	28.18	3.97
60	51.81	7.29	45.11	6.34	40.03	5.63	37.20	5.23	32.88	4.62	29.36	4.13
61	55.85	7.85	48.63	6.84	43.14	6.07	40.10	5.64	35.43	4.99	31.65	4.45
62	58.80	8.27	51.26	7.21	45.08	6.34	42.17	5.93	36.83	5.18	32.42	4.56
63	61.20	8.61	53.35	7.51	46.91	6.59	43.89	6.17	38.35	5.40	33.75	4.75
64	64.67	9.09	56.37	7.93	49.57	6.97	46.37	6.52	40.51	5.70	35.66	5.02
65	67.22	9.46	58.60	8.24	51.53	7.25	48.21	6.78	42.12	5.92	37.07	5.22
66	71.35	10.04	62.19	8.75	54.69	7.70	51.16	7.19	44.70	6.29	39.34	5.53
67	80.21	11.29	69.48	9.78	60.56	8.52	57.05	8.02	49.83	7.01	43.87	6.17
68	86.56	12.18	74.97	10.54	65.36	9.20	61.56	8.66	53.78	7.56	47.33	6.66
69	93.41	13.14	80.90	11.38	70.53	9.92	66.43	9.35	58.03	8.16	51.08	7.18
70	100.58	14.14	87.12	12.25	75.95	10.68	71.53	10.06	62.50	8.79	55.00	7.74
71	108.75	15.30	94.19	13.25	82.11	11.55	77.33	10.88	67.57	9.50	59.47	8.37
72	114.98	16.17	99.58	14.01	86.81	12.21	81.39	11.45	71.11	10.00	61.76	8.68
73	124.06	17.45	107.45	15.11	93.67	13.18	87.81	12.35	76.71	10.79	66.63	9.38
74	132.36	18.62	114.64	16.13	99.94	14.06	93.69	13.18	81.85	11.51	71.10	10.00
75	141.18	19.86	122.28	17.20	106.61	14.99	99.93	14.06	87.31	12.29	75.83	10.67
76	149.39	21.01	129.39	18.20	112.80	15.87	105.75	14.88	92.39	13.00	80.24	11.29
77	154.44	21.72	132.76	18.68	115.74	16.28	107.57	15.13	93.98	13.22	81.63	11.48
78	160.55	22.59	138.01	19.41	120.32	16.93	111.83	15.73	97.69	13.74	84.85	11.94
79	165.12	23.23	141.95	19.97	123.75	17.41	115.01	16.18	100.49	14.13	87.28	12.27
80	167.23	23.52	143.77	20.22	125.33	17.63	116.48	16.38	101.77	14.31	88.39	12.43
81	168.88	23.75	145.17	20.42	126.56	17.80	117.62	16.55	102.76	14.46	89.26	12.56
82	161.09	22.66	138.48	19.48	120.73	16.98	113.43	15.96	97.97	13.78	86.08	12.11
83	160.47	22.58	137.95	19.40	120.26	16.92	112.99	15.90	97.59	13.72	85.74	12.06
84	159.32	22.41	136.96	19.27	119.40	16.79	112.18	15.78	96.88	13.63	85.13	11.97

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	23.24	4.15	20.93	3.74	18.98	3.41	16.58	2.99	15.17	2.73	14.03	2.48
41	24.11	4.31	21.62	3.87	19.46	3.50	17.17	3.09	15.64	2.82	14.34	2.53
42	24.41	4.36	21.85	3.91	19.62	3.52	17.37	3.14	15.79	2.84	14.45	2.55
43	24.71	4.41	22.08	3.95	19.78	3.55	17.57	3.17	15.95	2.87	14.55	2.56
44	24.99	4.47	22.31	3.98	19.93	3.59	17.77	3.20	16.10	2.90	14.65	2.59
45	25.28	4.52	22.54	4.03	20.10	3.62	17.96	3.23	16.26	2.94	14.77	2.61
46	25.59	4.58	22.77	4.07	20.26	3.64	18.16	3.27	16.41	2.96	14.87	2.62
47	25.87	4.62	23.00	4.11	20.41	3.67	18.35	3.30	16.58	2.98	14.98	2.64
48	26.16	4.68	23.23	4.16	20.57	3.70	18.55	3.33	16.72	3.01	15.08	2.66
49	26.47	4.72	23.46	4.19	20.74	3.73	18.74	3.39	16.89	3.04	15.20	2.68
50	26.75	4.79	23.69	4.24	20.89	3.75	18.94	3.42	17.04	3.07	15.30	2.71
51	27.28	4.87	24.17	4.32	21.31	3.84	19.33	3.49	17.38	3.14	15.61	2.75
52	28.38	5.07	25.14	4.49	22.17	3.98	20.10	3.63	18.07	3.26	16.24	2.86
53	29.24	5.23	25.88	4.63	22.83	4.10	20.70	3.73	18.62	3.36	16.72	2.95
54	30.11	5.38	26.65	4.77	23.52	4.22	21.32	3.85	19.17	3.45	17.23	3.04
55	31.91	5.71	28.26	5.05	24.93	4.48	22.61	4.08	20.14	3.63	18.08	3.19
56	33.19	5.93	29.39	5.26	25.92	4.65	23.51	4.24	20.94	3.77	18.63	3.29
57	36.78	6.57	32.10	5.74	28.05	5.05	24.28	4.38	21.60	3.89	19.13	3.38
58	39.17	7.00	34.17	6.11	29.87	5.37	25.84	4.65	22.99	4.14	20.36	3.60
59	42.13	7.54	36.75	6.57	32.13	5.78	27.80	5.02	24.73	4.46	21.91	3.87
60	44.51	7.94	38.82	6.94	33.94	6.09	29.36	5.29	26.13	4.70	23.13	4.08
61	48.66	8.70	42.45	7.59	37.11	6.67	32.11	5.79	28.57	5.14	25.30	4.46
62	56.02	10.00	48.49	8.68	42.37	7.62	37.90	6.83	33.33	6.01	29.49	5.20
63	59.16	10.57	51.22	9.16	44.77	8.05	40.02	7.21	35.20	6.34	31.14	5.50
64	63.57	11.35	55.02	9.85	48.09	8.65	43.00	7.76	37.83	6.82	33.46	5.91
65	67.35	12.03	58.29	10.42	50.95	9.16	45.55	8.22	40.08	7.22	35.44	6.26
66	73.01	13.04	63.20	11.30	55.24	9.93	49.39	8.91	43.45	7.82	38.43	6.78
67	80.14	14.31	68.29	12.21	59.69	10.73	53.88	9.71	46.86	8.45	40.87	7.21
68	88.96	15.90	75.81	13.56	66.28	11.91	59.82	10.78	52.03	9.37	45.36	8.01
69	99.07	17.70	84.41	15.09	73.79	13.26	66.61	12.00	57.94	10.43	50.52	8.92
70	110.42	19.72	94.09	16.83	82.25	14.78	74.24	13.38	64.58	11.63	56.31	9.93
71	124.30	22.20	105.93	18.94	92.60	16.64	83.58	15.06	72.70	13.10	63.38	11.18
72	138.89	24.81	118.49	21.19	102.66	18.46	92.95	16.75	79.94	14.39	69.59	12.28
73	156.56	27.96	133.57	23.88	115.74	20.80	104.79	18.89	90.11	16.23	78.45	13.84
74	174.87	31.23	149.19	26.69	129.27	23.24	117.04	21.09	100.65	18.12	87.62	15.46
75	195.70	34.96	166.97	29.85	144.67	26.02	130.98	23.61	112.64	20.28	98.07	17.30
76	217.80	38.90	185.81	33.23	161.01	28.94	145.77	26.28	125.36	22.58	109.12	19.25
77	236.76	42.30	200.48	35.84	173.70	31.22	155.72	28.07	132.36	23.84	115.04	20.30
78	260.32	46.50	220.42	39.41	190.98	34.33	171.20	30.86	145.53	26.20	126.49	22.32
79	285.11	50.92	241.41	43.16	209.18	37.60	187.51	33.79	159.39	28.70	138.53	24.44
80	309.90	55.36	262.41	46.92	227.36	40.87	203.81	36.73	173.25	31.20	150.58	26.57
81	339.04	60.56	287.07	51.33	248.73	44.72	222.97	40.18	189.54	34.13	164.73	29.06
82	377.52	67.44	319.66	57.16	276.97	49.79	252.80	45.56	214.90	38.71	186.78	32.96
83	415.84	74.28	352.10	62.96	305.09	54.84	278.48	50.18	236.72	42.64	205.73	36.30
84	461.70	82.47	390.93	69.91	338.72	60.90	309.17	55.72	262.82	47.33	228.42	40.29
85	NA	91.54	NA	77.59	NA	67.58	NA	61.85	NA	52.54	NA	44.74
86	NA	100.71	NA	85.34	NA	74.35	NA	68.05	NA	57.79	NA	49.20
87	NA	109.76	NA	93.03	NA	81.04	NA	74.16	NA	63.00	NA	53.64
88	NA	118.54	NA	100.47	NA	87.52	NA	80.09	NA	68.04	NA	57.93
89	NA	126.84	NA	107.50	NA	93.64	NA	85.70	NA	72.80	NA	61.97
90	NA	134.45	NA	113.95	NA	99.26	NA	90.84	NA	77.17	NA	65.69
91	NA	141.17	NA	119.65	NA	104.23	NA	95.38	NA	81.03	NA	68.98
92	NA	148.24	NA	125.63	NA	109.44	NA	100.16	NA	85.07	NA	72.44
93	NA	155.65	NA	131.91	NA	114.91	NA	105.16	NA	89.33	NA	76.05
94	NA	163.42	NA	138.51	NA	120.65	NA	110.42	NA	93.80	NA	79.86
95	NA	171.60	NA	145.44	NA	126.68	NA	115.94	NA	98.48	NA	83.85
96	NA	180.18	NA	152.70	NA	133.02	NA	121.74	NA	103.41	NA	88.03
97	NA	189.19	NA	160.35	NA	139.68	NA	127.82	NA	108.58	NA	92.44
98	NA	198.65	NA	168.37	NA	146.65	NA	134.21	NA	114.02	NA	97.06
99	NA	208.58	NA	176.78	NA	153.99	NA	140.92	NA	119.70	NA	101.92
100	NA	219.01	NA	185.63	NA	161.69	NA	147.97	NA	125.69	NA	107.01

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	28.22	4.81	25.04	4.31	22.81	3.96	20.86	3.67	19.12	3.37	17.75	3.09
41	30.17	5.13	26.64	4.59	24.12	4.19	21.56	3.80	19.64	3.45	18.14	3.17
42	30.81	5.25	27.18	4.68	24.56	4.28	21.80	3.84	19.81	3.49	18.26	3.19
43	31.46	5.35	27.72	4.77	25.00	4.35	22.03	3.88	19.97	3.52	18.39	3.21
44	32.11	5.47	28.25	4.86	25.44	4.42	22.28	3.92	20.14	3.54	18.51	3.23
45	32.77	5.58	28.79	4.95	25.88	4.49	22.51	3.96	20.32	3.59	18.65	3.25
46	33.42	5.69	29.33	5.05	26.32	4.58	22.76	4.00	20.49	3.61	18.77	3.27
47	34.06	5.80	29.85	5.14	26.76	4.64	23.00	4.05	20.66	3.64	18.89	3.29
48	34.72	5.91	30.39	5.23	27.20	4.72	23.23	4.09	20.83	3.67	19.01	3.31
49	35.37	6.02	30.92	5.31	27.63	4.81	23.47	4.13	21.01	3.70	19.14	3.33
50	36.01	6.14	31.46	5.40	28.07	4.87	23.71	4.17	21.19	3.73	19.26	3.37
51	36.74	6.25	32.09	5.52	28.63	4.98	24.18	4.25	21.60	3.80	19.66	3.43
52	38.20	6.50	33.36	5.74	29.78	5.17	25.15	4.42	22.46	3.96	20.45	3.56
53	39.35	6.70	34.38	5.92	30.67	5.32	25.89	4.57	23.13	4.08	21.05	3.67
54	40.52	6.90	35.40	6.08	31.59	5.49	26.66	4.69	23.83	4.19	21.68	3.77
55	42.97	7.32	37.52	6.46	33.48	5.82	28.27	4.98	25.26	4.44	22.99	4.00
56	44.68	7.60	39.03	6.71	34.83	6.05	29.40	5.17	26.28	4.63	23.91	4.17
57	49.05	8.34	42.55	7.33	37.63	6.53	32.00	5.62	28.27	4.98	25.38	4.42
58	52.22	8.88	45.29	7.79	40.05	6.95	34.06	6.00	30.10	5.30	27.02	4.71
59	56.17	9.55	48.72	8.37	43.10	7.48	36.64	6.45	32.37	5.71	29.06	5.07
60	59.33	10.10	51.47	8.84	45.52	7.91	38.71	6.82	34.20	6.02	30.70	5.36
61	64.87	11.04	56.28	9.68	49.76	8.65	42.32	7.45	37.39	6.59	33.56	5.85
62	71.40	12.16	62.00	10.66	54.35	9.44	46.22	8.13	40.84	7.19	36.20	6.31
63	75.41	12.84	65.49	11.26	57.41	9.97	48.81	8.59	43.13	7.60	38.24	6.67
64	81.04	13.79	70.37	12.10	61.68	10.71	52.45	9.23	46.34	8.16	41.09	7.16
65	85.86	14.61	74.55	12.83	65.34	11.35	55.57	9.78	49.10	8.65	43.52	7.59
66	93.07	15.84	80.82	13.89	70.84	12.30	60.25	10.60	53.22	9.38	47.18	8.23
67	104.39	17.77	89.94	15.47	78.84	13.70	66.96	11.78	59.16	10.42	52.44	9.15
68	115.90	19.71	99.85	17.17	87.53	15.21	74.34	13.09	65.68	11.57	58.22	10.15
69	129.04	21.96	111.18	19.13	97.46	16.93	82.78	14.56	73.14	12.88	64.83	11.31
70	143.84	24.48	123.94	21.31	108.64	18.88	92.26	16.24	81.52	14.36	72.26	12.61
71	161.92	27.54	139.51	23.99	122.29	21.24	103.86	18.27	91.77	16.16	81.35	14.18
72	181.70	30.91	155.35	26.72	136.18	23.65	116.14	20.43	102.62	18.07	90.96	15.87
73	204.83	34.85	175.12	30.12	153.51	26.66	130.92	23.05	115.68	20.37	102.53	17.88
74	228.77	38.93	195.60	33.65	171.46	29.79	146.22	25.73	129.21	22.76	114.52	19.99
75	256.03	43.56	218.90	37.64	191.88	33.33	163.65	28.80	144.60	25.47	128.17	22.36
76	284.94	48.48	243.62	41.89	213.54	37.10	182.12	32.05	160.93	28.35	142.65	24.88
77	314.00	53.42	268.77	46.22	233.53	40.57	198.50	34.93	175.38	30.89	155.46	27.12
78	345.24	58.73	295.50	50.82	256.76	44.61	218.25	38.40	192.84	33.96	170.93	29.81
79	378.11	64.34	323.64	55.66	281.20	48.86	239.03	42.06	211.20	37.19	187.20	32.65
80	410.98	69.93	351.79	60.50	305.66	53.10	259.82	45.72	229.57	40.43	203.49	35.50
81	449.61	76.49	384.86	66.20	334.40	58.10	284.25	50.02	251.15	44.22	222.62	38.83
82	495.48	84.30	424.12	72.94	368.50	64.02	314.63	55.36	278.01	48.96	246.42	42.98
83	545.78	92.85	467.16	80.34	405.90	70.51	346.57	60.98	306.23	53.92	271.43	47.34
84	605.96	103.09	518.67	89.20	450.67	78.29	384.79	67.71	340.00	59.87	301.37	52.57
85	NA	114.43	NA	99.02	NA	86.90	NA	75.15	NA	66.46	NA	58.36
86	NA	125.88	NA	108.92	NA	95.60	NA	82.68	NA	73.12	NA	64.19
87	NA	137.20	NA	118.72	NA	104.19	NA	90.11	NA	79.68	NA	69.96
88	NA	148.19	NA	128.22	NA	112.53	NA	97.32	NA	86.06	NA	75.56
89	NA	158.55	NA	137.19	NA	120.41	NA	104.14	NA	92.09	NA	80.85
90	NA	168.07	NA	145.43	NA	127.64	NA	110.39	NA	97.61	NA	85.70
91	NA	176.47	NA	152.69	NA	134.01	NA	115.91	NA	102.50	NA	89.99
92	NA	185.30	NA	160.33	NA	140.71	NA	121.70	NA	107.62	NA	94.48
93	NA	194.56	NA	168.34	NA	147.76	NA	127.78	NA	113.00	NA	99.20
94	NA	204.28	NA	176.76	NA	155.14	NA	134.18	NA	118.66	NA	104.17
95	NA	214.51	NA	185.59	NA	162.90	NA	140.88	NA	124.58	NA	109.38
96	NA	225.23	NA	194.89	NA	171.04	NA	147.92	NA	130.81	NA	114.84
97	NA	236.49	NA	204.63	NA	179.59	NA	155.32	NA	137.36	NA	120.58
98	NA	248.31	NA	214.85	NA	188.57	NA	163.09	NA	144.22	NA	126.61
99	NA	260.73	NA	225.61	NA	198.00	NA	171.24	NA	151.44	NA	132.95
100	NA	273.77	NA	236.87	NA	207.90	NA	179.80	NA	158.99	NA	139.59

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	32.36	5.54	28.84	4.95	26.15	4.53	23.51	4.09	21.18	3.69	19.26	3.36
41	33.76	5.79	29.88	5.14	26.99	4.68	24.23	4.21	21.73	3.78	19.60	3.41
42	34.22	5.86	30.24	5.20	27.28	4.72	24.46	4.26	21.90	3.82	19.71	3.42
43	34.68	5.95	30.58	5.26	27.56	4.79	24.71	4.30	22.09	3.85	19.82	3.44
44	35.15	6.02	30.93	5.31	27.84	4.83	24.95	4.35	22.26	3.88	19.93	3.47
45	35.61	6.09	31.27	5.38	28.13	4.87	25.19	4.39	22.45	3.92	20.05	3.48
46	36.08	6.18	31.63	5.45	28.40	4.92	25.43	4.42	22.63	3.94	20.15	3.50
47	36.54	6.26	31.98	5.50	28.68	4.97	25.66	4.47	22.81	3.97	20.27	3.52
48	37.00	6.34	32.33	5.56	28.96	5.03	25.91	4.51	23.00	4.00	20.38	3.53
49	37.47	6.42	32.67	5.61	29.25	5.07	26.15	4.55	23.18	4.05	20.50	3.55
50	37.94	6.50	33.02	5.69	29.52	5.12	26.39	4.60	23.35	4.07	20.60	3.59
51	38.70	6.63	33.68	5.79	30.12	5.23	26.92	4.69	23.83	4.15	21.02	3.65
52	41.34	7.08	35.98	6.19	32.16	5.58	28.74	5.01	25.45	4.43	22.45	3.91
53	43.10	7.38	37.51	6.45	33.54	5.81	29.98	5.23	26.53	4.62	23.41	4.07
54	44.85	7.68	39.04	6.71	34.90	6.05	31.20	5.43	27.62	4.82	24.38	4.22
55	48.37	8.29	42.10	7.24	37.64	6.52	33.65	5.85	29.79	5.18	26.28	4.57
56	50.13	8.59	43.64	7.51	39.02	6.75	34.87	6.06	30.87	5.38	27.24	4.72
57	51.91	8.90	44.88	7.71	39.77	6.90	37.18	6.47	32.55	5.68	28.67	4.98
58	55.25	9.47	47.77	8.22	42.34	7.34	39.58	6.89	34.65	6.04	30.53	5.30
59	59.44	10.19	51.40	8.83	45.54	7.89	42.57	7.41	37.27	6.49	32.84	5.71
60	62.80	10.77	54.29	9.33	48.10	8.34	44.98	7.83	39.37	6.86	34.68	6.02
61	68.65	11.77	59.36	10.21	52.60	9.11	49.18	8.56	43.04	7.49	37.92	6.59
62	76.89	13.18	66.55	11.45	58.45	10.13	53.37	9.28	46.72	8.14	41.16	7.15
63	81.21	13.92	70.28	12.08	61.73	10.69	56.38	9.80	49.35	8.59	43.47	7.55
64	87.25	14.95	75.53	12.98	66.33	11.50	60.57	10.55	53.02	9.24	46.71	8.11
65	92.43	15.84	80.00	13.76	70.27	12.18	64.17	11.17	56.17	9.78	49.48	8.59
66	100.21	17.17	86.75	14.92	76.19	13.20	69.56	12.10	60.90	10.62	53.65	9.31
67	110.23	18.89	94.68	16.27	83.16	14.41	76.16	13.26	66.67	11.62	58.73	10.20
68	122.39	20.98	105.12	18.07	92.32	15.99	84.56	14.72	74.01	12.90	65.21	11.32
69	136.27	23.35	117.04	20.12	102.81	17.82	94.16	16.39	82.41	14.36	72.60	12.61
70	151.90	26.03	130.46	22.43	114.59	19.86	104.94	18.26	91.86	16.01	80.93	14.05
71	170.98	29.30	146.86	25.25	128.99	22.36	118.14	20.56	103.41	18.02	91.10	15.81
72	193.18	33.10	166.11	28.57	144.62	25.07	131.93	22.96	115.49	20.12	101.74	17.66
73	217.78	37.32	187.25	32.19	163.03	28.25	148.73	25.88	130.19	22.68	114.70	19.91
74	243.23	41.68	209.14	35.96	182.09	31.56	166.11	28.91	145.40	25.33	128.11	22.23
75	272.21	46.64	234.06	40.24	203.79	35.32	185.91	32.35	162.72	28.36	143.36	24.89
76	302.94	51.91	260.49	44.79	226.80	39.30	206.90	36.00	181.10	31.56	159.56	27.70
77	334.05	57.24	287.23	49.39	250.09	43.34	229.09	39.88	200.52	34.94	174.39	30.27
78	367.28	62.93	315.81	54.30	274.95	47.65	251.87	43.84	220.46	38.41	191.74	33.29
79	402.25	68.93	345.88	59.47	301.15	52.20	275.86	48.02	241.46	42.08	210.00	36.47
80	437.24	74.92	375.97	64.65	327.33	56.74	299.85	52.18	262.46	45.73	228.26	39.63
81	478.34	81.96	411.30	70.72	358.09	62.06	328.04	57.09	287.13	50.03	249.72	43.36
82	529.64	90.75	451.97	77.70	393.49	68.19	360.42	62.73	315.48	54.97	274.37	47.63
83	583.40	99.97	497.84	85.60	433.43	75.12	397.01	69.09	347.50	60.54	302.23	52.47
84	647.72	110.98	552.74	95.03	481.23	83.40	440.78	76.71	385.81	67.22	335.56	58.26
85	NA	123.19	NA	105.49	NA	92.58	NA	85.15	NA	74.61	NA	64.66
86	NA	135.52	NA	116.03	NA	101.84	NA	93.65	NA	82.07	NA	71.13
87	NA	147.71	NA	126.49	NA	111.00	NA	102.09	NA	89.46	NA	77.54
88	NA	159.53	NA	136.60	NA	119.88	NA	110.25	NA	96.62	NA	83.74
89	NA	170.70	NA	146.16	NA	128.26	NA	117.99	NA	103.39	NA	89.60
90	NA	180.94	NA	154.94	NA	135.97	NA	125.05	NA	109.58	NA	94.96
91	NA	189.98	NA	162.67	NA	142.76	NA	131.31	NA	115.07	NA	99.73
92	NA	199.50	NA	170.81	NA	149.90	NA	137.87	NA	120.82	NA	104.70
93	NA	209.46	NA	179.34	NA	157.39	NA	144.77	NA	126.86	NA	109.95
94	NA	219.93	NA	188.31	NA	165.26	NA	152.01	NA	133.21	NA	115.43
95	NA	230.93	NA	197.74	NA	173.53	NA	159.61	NA	139.88	NA	121.21
96	NA	242.48	NA	207.63	NA	182.20	NA	167.60	NA	146.86	NA	127.27
97	NA	254.60	NA	218.00	NA	191.31	NA	175.97	NA	154.21	NA	133.64
98	NA	267.33	NA	228.90	NA	200.88	NA	184.77	NA	161.92	NA	140.31
99	NA	280.70	NA	240.34	NA	210.93	NA	194.01	NA	170.02	NA	147.33
100	NA	294.73	NA	252.37	NA	221.47	NA	203.71	NA	178.51	NA	154.70

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	36.21	6.00	32.37	5.38	29.28	4.92	27.82	4.71	25.37	4.32	23.29	3.96
41	37.86	6.27	33.69	5.60	30.29	5.09	28.61	4.84	25.96	4.41	23.71	4.03
42	38.41	6.36	34.13	5.69	30.65	5.15	28.88	4.88	26.16	4.44	23.85	4.06
43	38.96	6.45	34.57	5.75	30.98	5.21	29.14	4.93	26.36	4.48	23.99	4.08
44	39.51	6.53	35.01	5.82	31.32	5.27	29.40	4.98	26.55	4.52	24.12	4.10
45	40.06	6.63	35.44	5.91	31.66	5.32	29.66	5.03	26.76	4.55	24.27	4.13
46	40.61	6.72	35.88	5.97	32.00	5.38	29.93	5.06	26.96	4.59	24.41	4.15
47	41.16	6.82	36.32	6.04	32.33	5.45	30.20	5.10	27.16	4.62	24.54	4.17
48	41.72	6.91	36.77	6.13	32.67	5.50	30.46	5.15	27.36	4.65	24.68	4.19
49	42.26	7.00	37.21	6.19	33.01	5.56	30.72	5.20	27.56	4.69	24.84	4.21
50	42.81	7.10	37.65	6.26	33.35	5.61	30.98	5.25	27.75	4.72	24.97	4.24
51	43.67	7.23	38.40	6.39	34.01	5.72	31.60	5.35	28.31	4.82	25.47	4.33
52	46.65	7.71	41.03	6.83	36.33	6.11	33.75	5.71	30.24	5.14	27.20	4.62
53	48.64	8.05	42.77	7.12	37.88	6.38	35.19	5.95	31.54	5.36	28.36	4.82
54	50.62	8.37	44.52	7.40	39.44	6.63	36.63	6.19	32.81	5.58	29.52	5.02
55	54.59	9.03	48.00	7.99	42.53	7.15	39.50	6.69	35.39	6.02	31.83	5.41
56	56.57	9.37	49.74	8.28	44.07	7.41	40.93	6.93	36.67	6.24	32.99	5.61
57	59.72	9.89	52.15	8.68	45.78	7.70	42.25	7.15	37.85	6.45	33.63	5.72
58	63.57	10.53	55.51	9.24	48.74	8.21	44.98	7.61	40.28	6.86	35.79	6.08
59	68.39	11.32	59.73	9.93	52.44	8.82	48.38	8.18	43.35	7.37	38.51	6.55
60	72.24	11.96	63.09	10.49	55.39	9.32	51.11	8.65	45.78	7.79	40.68	6.92
61	78.98	13.08	68.98	11.47	60.56	10.19	55.88	9.45	50.06	8.51	44.47	7.57
62	86.19	14.27	74.68	12.43	65.57	11.03	60.27	10.20	54.00	9.19	47.38	8.05
63	91.03	15.06	78.87	13.12	69.26	11.65	63.66	10.77	57.04	9.70	50.04	8.50
64	97.80	16.19	84.76	14.10	74.42	12.52	68.40	11.57	61.28	10.43	53.77	9.14
65	103.62	17.15	89.79	14.94	78.83	13.26	72.47	12.25	64.92	11.04	56.96	9.68
66	112.33	18.60	97.34	16.19	85.46	14.38	78.55	13.30	70.39	11.98	61.74	10.49
67	126.54	20.94	108.81	18.10	95.54	16.07	87.87	14.86	76.98	13.10	68.19	11.59
68	140.48	23.25	120.80	20.10	106.06	17.84	97.56	16.50	85.47	14.54	75.71	12.87
69	156.43	25.89	134.51	22.37	118.10	19.87	108.63	18.38	95.16	16.19	84.30	14.33
70	174.36	28.86	149.93	24.95	131.64	22.14	121.08	20.48	106.07	18.04	93.97	15.97
71	196.28	32.49	168.78	28.08	148.19	24.93	136.30	23.06	119.41	20.32	105.78	17.99
72	219.38	36.31	188.65	31.38	165.63	27.86	153.21	25.92	134.22	22.84	117.37	19.95
73	247.31	40.93	212.65	35.38	186.70	31.41	172.71	29.23	151.31	25.74	132.32	22.48
74	276.23	45.72	237.51	39.51	208.54	35.08	192.91	32.63	169.00	28.74	147.79	25.12
75	309.13	51.17	265.82	44.22	233.38	39.26	215.90	36.52	189.13	32.18	165.40	28.12
76	344.03	56.95	295.83	49.21	259.72	43.69	240.26	40.65	210.47	35.81	184.07	31.28
77	373.63	61.84	324.12	53.91	282.07	47.44	260.24	44.03	227.98	38.79	199.36	33.89
78	410.80	67.98	356.36	59.29	310.13	52.17	286.12	48.41	250.66	42.65	219.20	37.26
79	449.92	74.46	390.30	64.93	339.66	57.13	313.38	53.02	274.52	46.71	240.08	40.81
80	489.04	80.94	424.24	70.58	369.20	62.11	340.63	57.62	298.40	50.77	260.95	44.36
81	535.01	88.54	464.11	77.21	403.91	67.95	372.64	63.04	326.45	55.54	285.48	48.53
82	574.94	95.16	494.95	82.34	430.74	72.46	399.37	67.55	349.87	59.52	305.97	52.01
83	633.29	104.82	545.17	90.70	474.45	79.82	439.89	74.42	385.36	65.57	337.01	57.29
84	703.13	116.37	605.29	100.69	526.77	88.62	488.40	82.63	427.87	72.80	374.18	63.60
85	NA	129.17	NA	111.77	NA	98.36	NA	91.72	NA	80.81	NA	70.61
86	NA	142.09	NA	122.95	NA	108.20	NA	100.89	NA	88.88	NA	77.66
87	NA	154.87	NA	134.01	NA	117.94	NA	109.97	NA	96.88	NA	84.65
88	NA	167.27	NA	144.74	NA	127.37	NA	118.76	NA	104.63	NA	91.42
89	NA	178.98	NA	154.87	NA	136.29	NA	127.07	NA	111.96	NA	97.83
90	NA	189.72	NA	164.16	NA	144.46	NA	134.70	NA	118.68	NA	103.70
91	NA	199.20	NA	172.37	NA	151.69	NA	141.43	NA	124.60	NA	108.88
92	NA	209.15	NA	180.99	NA	159.28	NA	148.51	NA	130.83	NA	114.32
93	NA	219.63	NA	190.04	NA	167.23	NA	155.94	NA	137.38	NA	120.04
94	NA	230.59	NA	199.54	NA	175.59	NA	163.74	NA	144.24	NA	126.04
95	NA	242.13	NA	209.52	NA	184.37	NA	171.91	NA	151.46	NA	132.34
96	NA	254.24	NA	219.99	NA	193.59	NA	180.51	NA	159.03	NA	138.96
97	NA	266.96	NA	230.99	NA	203.27	NA	189.54	NA	166.99	NA	145.92
98	NA	280.29	NA	242.54	NA	213.43	NA	199.01	NA	175.33	NA	153.20
99	NA	294.32	NA	254.66	NA	224.10	NA	208.97	NA	184.10	NA	160.85
100	NA	309.03	NA	267.41	NA	235.31	NA	219.42	NA	193.30	NA	168.91

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	48.00	7.24	43.10	6.50	39.39	5.95	37.26	5.62	33.89	5.12	31.34	4.72
41	50.25	7.58	44.90	6.78	40.81	6.16	38.42	5.80	34.78	5.25	31.98	4.83
42	51.00	7.69	45.51	6.86	41.28	6.23	38.81	5.85	35.08	5.29	32.19	4.86
43	51.73	7.81	46.11	6.95	41.76	6.29	39.20	5.92	35.37	5.34	32.41	4.88
44	52.48	7.92	46.71	7.05	42.22	6.38	39.58	5.97	35.66	5.38	32.63	4.92
45	53.23	8.03	47.32	7.14	42.69	6.45	39.97	6.03	35.97	5.43	32.84	4.95
46	53.99	8.14	47.92	7.23	43.16	6.51	40.36	6.08	36.27	5.48	33.06	4.99
47	54.74	8.26	48.52	7.33	43.64	6.59	40.74	6.15	36.55	5.52	33.28	5.03
48	55.47	8.37	49.13	7.41	44.11	6.66	41.13	6.20	36.86	5.56	33.48	5.05
49	56.22	8.48	49.72	7.51	44.58	6.72	41.53	6.26	37.16	5.60	33.70	5.08
50	56.98	8.59	50.34	7.59	45.06	6.80	41.90	6.31	37.46	5.64	33.92	5.12
51	58.11	8.77	51.34	7.76	45.96	6.93	42.75	6.45	38.19	5.76	34.60	5.23
52	62.08	9.37	54.84	8.27	49.09	7.40	45.66	6.89	40.81	6.16	36.96	5.58
53	64.71	9.76	57.18	8.62	51.18	7.71	47.60	7.18	42.54	6.42	38.53	5.81
54	67.36	10.16	59.51	8.98	53.27	8.04	49.53	7.47	44.29	6.68	40.11	6.05
55	72.63	10.96	64.17	9.68	57.44	8.67	53.43	8.06	47.75	7.21	43.24	6.52
56	75.28	11.35	66.51	10.03	59.53	8.99	55.37	8.35	49.49	7.46	44.81	6.75
57	80.82	12.20	70.37	10.62	62.43	9.42	58.01	8.76	51.27	7.74	45.78	6.91
58	86.02	12.98	74.90	11.30	66.46	10.02	61.77	9.32	54.58	8.24	48.74	7.36
59	92.55	13.96	80.59	12.17	71.50	10.79	66.45	10.02	58.72	8.86	52.44	7.91
60	97.76	14.75	85.13	12.85	75.52	11.39	70.19	10.59	62.03	9.36	55.40	8.36
61	106.89	16.13	93.07	14.05	82.57	12.46	76.74	11.57	67.82	10.23	60.56	9.14
62	114.18	17.24	99.53	15.02	87.53	13.20	81.87	12.36	71.53	10.79	62.96	9.49
63	120.59	18.19	105.12	15.86	92.44	13.95	86.47	13.06	75.55	11.40	66.50	10.03
64	129.58	19.56	112.95	17.04	99.33	14.99	92.91	14.03	81.17	12.24	71.45	10.78
65	137.27	20.71	119.66	18.05	105.24	15.88	98.43	14.85	86.00	12.97	75.69	11.42
66	148.82	22.45	129.73	19.58	114.08	17.22	106.71	16.10	93.24	14.07	82.05	12.39
67	171.33	25.85	148.39	22.39	129.36	19.53	121.84	18.39	106.45	16.07	93.70	14.14
68	190.21	28.70	164.75	24.86	143.63	21.67	135.28	20.41	118.18	17.83	104.02	15.70
69	211.79	31.96	183.44	27.68	159.92	24.12	150.62	22.73	131.60	19.86	115.82	17.48
70	236.08	35.62	204.47	30.86	178.26	26.90	167.89	25.33	146.69	22.13	129.11	19.47
71	265.75	40.11	230.18	34.73	200.66	30.27	189.00	28.51	165.12	24.92	145.33	21.92
72	292.37	44.11	253.22	38.20	220.76	33.31	206.94	31.22	180.80	27.28	157.04	23.69
73	329.57	49.72	285.45	43.07	248.84	37.55	233.28	35.19	203.81	30.75	177.01	26.71
74	368.12	55.54	318.82	48.10	277.95	41.94	260.56	39.31	227.63	34.35	197.73	29.83
75	411.96	62.15	356.82	53.83	311.07	46.93	291.60	43.99	254.76	38.43	221.28	33.39
76	458.48	69.17	397.10	59.91	346.18	52.23	324.52	48.96	283.51	42.78	246.26	37.16
77	499.82	75.41	429.67	64.83	374.57	56.52	348.13	52.53	304.15	45.89	264.18	39.86
78	549.53	82.91	472.41	71.28	411.83	62.14	382.76	57.75	334.40	50.45	290.44	43.82
79	601.85	90.81	517.40	78.07	451.06	68.06	419.21	63.25	366.23	55.25	318.11	47.99
80	654.20	98.70	562.40	84.84	490.27	73.96	455.66	68.75	398.09	60.06	345.77	52.17
81	715.69	107.98	615.25	92.83	536.36	80.92	498.49	75.22	435.51	65.70	378.28	57.07
82	748.00	112.86	643.03	97.02	560.57	84.58	526.70	79.46	454.86	68.63	399.67	60.30
83	823.92	124.31	708.29	106.87	617.46	93.16	580.16	87.54	501.04	75.59	440.24	66.43
84	914.77	138.03	786.39	118.66	685.55	103.43	644.13	97.19	556.28	83.93	488.79	73.74
85	NA	153.20	NA	131.70	NA	114.81	NA	107.88	NA	93.16	NA	81.85
86	NA	168.52	NA	144.87	NA	126.29	NA	118.67	NA	102.49	NA	90.05
87	NA	183.69	NA	157.92	NA	137.67	NA	129.34	NA	111.71	NA	98.15
88	NA	198.39	NA	170.53	NA	148.68	NA	139.69	NA	120.64	NA	106.01
89	NA	212.27	NA	182.48	NA	159.08	NA	149.47	NA	129.09	NA	113.42
90	NA	225.01	NA	193.42	NA	168.62	NA	158.43	NA	136.83	NA	120.22
91	NA	236.26	NA	203.09	NA	177.05	NA	166.35	NA	143.67	NA	126.25
92	NA	248.07	NA	213.26	NA	185.91	NA	174.67	NA	150.85	NA	132.55
93	NA	260.48	NA	223.92	NA	195.21	NA	183.41	NA	158.40	NA	139.18
94	NA	273.49	NA	235.11	NA	204.96	NA	192.59	NA	166.32	NA	146.14
95	NA	287.17	NA	246.87	NA	215.22	NA	202.20	NA	174.64	NA	153.44
96	NA	301.52	NA	259.22	NA	225.97	NA	212.32	NA	183.37	NA	161.11
97	NA	316.61	NA	272.17	NA	237.27	NA	222.94	NA	192.52	NA	169.17
98	NA	332.43	NA	285.78	NA	249.14	NA	234.08	NA	202.16	NA	177.63
99	NA	349.05	NA	300.07	NA	261.59	NA	245.78	NA	212.27	NA	186.51
100	NA	366.51	NA	315.07	NA	274.67	NA	258.07	NA	222.88	NA	195.84

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	21.76	3.25	19.59	2.93	17.78	2.67	15.52	2.33	14.19	2.13	13.13	1.93
41	22.58	3.37	20.24	3.01	18.23	2.74	16.08	2.41	14.63	2.21	13.43	1.98
42	22.78	3.40	20.38	3.04	18.30	2.75	16.20	2.44	14.74	2.22	13.48	1.99
43	22.91	3.42	20.48	3.05	18.35	2.75	16.30	2.45	14.80	2.23	13.50	1.99
44	23.10	3.44	20.61	3.07	18.44	2.76	16.42	2.48	14.88	2.24	13.55	1.99
45	23.32	3.48	20.79	3.09	18.54	2.78	16.57	2.50	14.99	2.26	13.62	2.00
46	23.45	3.49	20.87	3.12	18.57	2.78	16.64	2.51	15.05	2.27	13.64	2.01
47	23.58	3.51	20.97	3.14	18.61	2.79	16.72	2.52	15.10	2.28	13.65	2.01
48	23.74	3.53	21.07	3.15	18.67	2.79	16.83	2.53	15.18	2.28	13.68	2.01
49	23.95	3.56	21.23	3.17	18.76	2.82	16.96	2.55	15.28	2.30	13.76	2.02
50	24.09	3.60	21.33	3.18	18.81	2.82	17.06	2.56	15.35	2.31	13.78	2.02
51	24.43	3.64	21.64	3.22	19.09	2.86	17.30	2.60	15.55	2.33	13.98	2.06
52	25.19	3.75	22.31	3.32	19.67	2.95	17.83	2.68	16.04	2.41	14.40	2.07
53	25.78	3.85	22.84	3.41	20.13	3.03	18.26	2.75	16.42	2.48	14.75	2.11
54	26.36	3.93	23.34	3.48	20.58	3.08	18.67	2.81	16.80	2.53	15.08	2.18
55	27.76	4.14	24.59	3.66	21.69	3.26	19.67	2.96	17.52	2.63	15.64	2.24
56	28.70	4.28	25.41	3.78	22.42	3.37	20.33	3.06	18.11	2.73	15.96	2.31
57	31.54	4.70	27.51	4.10	24.05	3.61	20.80	3.14	18.51	2.78	16.40	2.41
58	33.32	4.97	29.06	4.33	25.41	3.82	21.98	3.30	19.56	2.94	17.33	2.54
59	35.48	5.29	30.94	4.62	27.05	4.06	23.40	3.52	20.82	3.14	18.45	2.72
60	37.18	5.54	32.43	4.84	28.36	4.25	24.53	3.70	21.84	3.28	19.34	2.84
61	40.13	5.98	35.01	5.23	30.59	4.59	26.48	3.98	23.55	3.54	20.86	3.06
62	45.58	6.79	39.46	5.87	34.49	5.17	30.84	4.64	27.13	4.08	24.00	3.52
63	47.38	7.06	41.01	6.11	35.84	5.37	32.05	4.82	28.19	4.24	24.94	3.66
64	49.67	7.40	42.98	6.41	37.58	5.63	33.58	5.06	29.56	4.44	26.14	3.85
65	51.89	7.72	44.90	6.70	39.25	5.90	35.09	5.28	30.88	4.64	27.30	4.00
66	54.66	8.14	47.31	7.06	41.35	6.20	36.97	5.57	32.53	4.88	28.78	4.22
67	58.25	8.68	49.64	7.40	43.40	6.51	39.17	5.90	34.08	5.12	29.71	4.37
68	62.74	9.34	53.46	7.98	46.74	7.01	42.19	6.34	36.70	5.52	32.00	4.70
69	67.71	10.09	57.71	8.60	50.44	7.57	45.53	6.85	39.60	5.95	34.54	5.07
70	73.07	10.89	62.28	9.28	54.44	8.16	49.14	7.39	42.74	6.42	37.27	5.48
71	78.22	11.65	66.66	9.94	58.27	8.75	52.59	7.91	45.75	6.88	39.90	5.85
72	81.37	12.11	69.43	10.35	60.15	9.02	54.46	8.18	46.84	7.05	40.78	6.00
73	86.64	12.90	73.91	11.02	64.04	9.61	57.98	8.72	49.86	7.49	43.41	6.38
74	91.07	13.57	77.69	11.58	67.32	10.10	60.95	9.17	52.42	7.88	45.64	6.71
75	95.56	14.23	81.52	12.17	70.64	10.59	63.95	9.63	54.99	8.27	47.87	7.03
76	99.25	14.78	84.68	12.63	73.37	11.01	66.43	9.99	57.12	8.58	49.73	7.32
77	100.19	14.93	84.83	12.65	73.50	11.03	65.89	9.91	56.00	8.42	48.69	7.15
78	101.68	15.15	86.10	12.85	74.60	11.19	66.88	10.07	56.85	8.55	49.40	7.25
79	102.08	15.21	86.44	12.89	74.89	11.24	67.14	10.10	57.07	8.58	49.60	7.29
80	100.88	15.03	85.42	12.74	74.00	11.10	66.34	9.98	56.40	8.48	49.01	7.21
81	103.00	15.33	87.22	13.00	75.56	11.33	67.74	10.19	57.57	8.65	50.05	7.36
82	102.40	15.26	86.70	12.94	75.13	11.28	68.57	10.32	58.29	8.77	50.66	7.45
83	103.77	15.46	87.87	13.10	76.14	11.42	69.50	10.45	59.07	8.88	51.34	7.55
84	105.19	15.68	89.08	13.29	77.18	11.57	70.44	10.60	59.88	9.00	52.04	7.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	26.41	3.73	23.45	3.36	21.37	3.08	19.54	2.86	17.91	2.62	16.62	2.41
41	28.24	3.98	24.95	3.56	22.59	3.27	20.20	2.96	18.39	2.70	16.98	2.46
42	28.74	4.06	25.37	3.63	22.92	3.31	20.35	2.98	18.48	2.72	17.04	2.48
43	29.18	4.13	25.71	3.67	23.19	3.36	20.45	2.99	18.52	2.72	17.06	2.48
44	29.69	4.19	26.11	3.73	23.52	3.40	20.59	3.01	18.62	2.73	17.12	2.49
45	30.22	4.26	26.54	3.78	23.87	3.45	20.77	3.04	18.73	2.75	17.18	2.50
46	30.64	4.32	26.87	3.84	24.12	3.49	20.86	3.06	18.79	2.76	17.19	2.50
47	31.04	4.38	27.21	3.88	24.39	3.52	20.96	3.07	18.83	2.76	17.23	2.50
48	31.48	4.44	27.56	3.94	24.67	3.55	21.07	3.08	18.90	2.77	17.25	2.51
49	32.01	4.52	27.98	3.99	25.00	3.62	21.23	3.10	19.01	2.78	17.33	2.52
50	32.43	4.58	28.34	4.05	25.28	3.65	21.34	3.14	19.07	2.79	17.35	2.52
51	32.88	4.64	28.72	4.10	25.63	3.71	21.65	3.18	19.34	2.83	17.59	2.55
52	33.91	4.79	29.61	4.22	26.42	3.83	22.32	3.27	19.93	2.93	18.15	2.63
53	34.71	4.90	30.32	4.33	27.05	3.91	22.85	3.36	20.41	2.99	18.57	2.70
54	35.50	5.02	31.00	4.42	27.67	3.99	23.35	3.42	20.87	3.06	18.99	2.76
55	37.39	5.28	32.65	4.66	29.14	4.20	24.61	3.61	21.98	3.22	20.01	2.90
56	38.63	5.46	33.75	4.82	30.11	4.36	25.43	3.73	22.72	3.32	20.68	3.00
57	42.04	5.94	36.47	5.21	32.25	4.65	27.43	4.02	24.23	3.55	21.75	3.16
58	44.41	6.27	38.53	5.50	34.08	4.92	28.97	4.25	25.61	3.75	22.99	3.33
59	47.29	6.68	41.03	5.85	36.28	5.25	30.86	4.52	27.26	3.99	24.46	3.54
60	49.58	7.00	43.00	6.15	38.03	5.50	32.34	4.74	28.58	4.19	25.64	3.72
61	53.49	7.56	46.40	6.63	41.04	5.93	34.89	5.12	30.84	4.52	27.68	4.02
62	58.11	8.21	50.45	7.21	44.22	6.39	37.61	5.51	33.23	4.87	29.46	4.28
63	60.38	8.53	52.44	7.48	45.97	6.64	39.08	5.73	34.54	5.06	30.61	4.44
64	63.31	8.94	54.97	7.85	48.19	6.96	40.98	6.01	36.21	5.31	32.09	4.65
65	66.13	9.33	57.43	8.21	50.34	7.28	42.80	6.27	37.83	5.54	33.53	4.86
66	69.67	9.83	60.50	8.64	53.04	7.66	45.10	6.61	39.85	5.84	35.32	5.13
67	75.89	10.70	65.38	9.34	57.31	8.28	48.68	7.13	43.01	6.30	38.13	5.53
68	81.73	11.54	70.42	10.07	61.73	8.92	52.43	7.68	46.33	6.79	41.06	5.96
69	88.21	12.45	76.00	10.86	66.62	9.63	56.58	8.29	49.98	7.34	44.32	6.44
70	95.19	13.43	82.03	11.72	71.90	10.38	61.06	8.95	53.96	7.91	47.83	6.94
71	101.89	14.38	87.79	12.54	76.96	11.11	65.36	9.57	57.75	8.47	51.19	7.43
72	106.46	15.03	91.01	13.00	79.78	11.53	68.05	9.97	60.13	8.81	53.30	7.72
73	113.34	15.99	96.91	13.84	84.94	12.27	72.45	10.62	64.01	9.39	56.74	8.24
74	119.15	16.82	101.87	14.55	89.30	12.90	76.16	11.15	67.29	9.87	59.64	8.65
75	125.00	17.64	106.88	15.27	93.69	13.54	79.90	11.72	70.61	10.35	62.58	9.08
76	129.84	18.33	111.02	15.86	97.31	14.06	83.00	12.17	73.33	10.76	65.00	9.44
77	132.87	18.76	113.73	16.25	98.82	14.28	84.00	12.30	74.22	10.88	65.79	9.54
78	134.85	19.03	115.42	16.48	100.29	14.49	85.25	12.49	75.32	11.04	66.76	9.69
79	135.38	19.11	115.89	16.56	100.68	14.54	85.59	12.54	75.61	11.09	67.02	9.72
80	133.77	18.89	114.51	16.36	99.50	14.37	84.57	12.40	74.73	10.96	66.24	9.61
81	136.59	19.27	116.92	16.70	101.60	14.67	86.35	12.65	76.30	11.19	67.63	9.82
82	134.40	18.96	115.04	16.43	99.96	14.44	85.34	12.51	75.41	11.06	66.84	9.70
83	136.20	19.22	116.59	16.65	101.30	14.63	86.48	12.67	76.42	11.21	67.74	9.83
84	138.07	19.48	118.18	16.89	102.69	14.83	87.68	12.85	77.46	11.36	68.66	9.97

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	30.31	4.31	27.01	3.86	24.49	3.52	22.01	3.19	19.83	2.87	18.04	2.60
41	31.61	4.49	27.98	3.99	25.28	3.64	22.68	3.28	20.34	2.95	18.35	2.64
42	31.93	4.54	28.22	4.03	25.45	3.66	22.84	3.30	20.43	2.96	18.39	2.66
43	32.18	4.58	28.37	4.06	25.56	3.69	22.91	3.31	20.49	2.97	18.39	2.66
44	32.49	4.62	28.60	4.09	25.73	3.71	23.07	3.33	20.58	2.98	18.44	2.66
45	32.85	4.68	28.85	4.13	25.93	3.73	23.23	3.37	20.70	3.00	18.49	2.67
46	33.08	4.70	29.01	4.15	26.05	3.75	23.31	3.38	20.75	3.00	18.48	2.67
47	33.31	4.74	29.14	4.16	26.14	3.76	23.39	3.39	20.79	3.01	18.48	2.67
48	33.56	4.77	29.33	4.19	26.28	3.78	23.51	3.40	20.86	3.03	18.49	2.67
49	33.91	4.83	29.57	4.22	26.47	3.82	23.66	3.42	20.98	3.04	18.55	2.68
50	34.17	4.86	29.74	4.25	26.59	3.84	23.76	3.44	21.03	3.05	18.56	2.68
51	34.64	4.93	30.15	4.31	26.96	3.88	24.09	3.49	21.33	3.09	18.81	2.72
52	36.69	5.23	31.93	4.57	28.56	4.11	25.51	3.70	22.59	3.27	19.92	2.87
53	38.02	5.40	33.09	4.72	29.59	4.26	26.43	3.83	23.40	3.40	20.65	2.98
54	39.27	5.59	34.19	4.88	30.56	4.40	27.31	3.95	24.19	3.50	21.33	3.08
55	42.09	5.98	36.64	5.24	32.76	4.72	29.28	4.24	25.92	3.75	22.87	3.30
56	43.35	6.17	37.73	5.38	33.74	4.86	30.15	4.37	26.70	3.87	23.55	3.40
57	44.50	6.33	38.48	5.50	34.09	4.91	31.87	4.61	27.90	4.05	24.57	3.54
58	47.01	6.69	40.65	5.80	36.01	5.18	33.67	4.87	29.48	4.28	25.96	3.74
59	50.05	7.12	43.26	6.18	38.35	5.52	35.85	5.18	31.38	4.55	27.65	3.98
60	52.46	7.46	45.35	6.48	40.19	5.79	37.58	5.45	32.89	4.77	28.97	4.18
61	56.61	8.05	48.95	6.99	43.37	6.25	40.56	5.86	35.50	5.14	31.26	4.52
62	62.57	8.91	54.15	7.74	47.56	6.85	43.43	6.28	38.03	5.51	33.50	4.84
63	65.03	9.25	56.29	8.04	49.43	7.13	45.13	6.53	39.51	5.73	34.82	5.03
64	68.16	9.70	58.99	8.42	51.81	7.46	47.32	6.85	41.42	6.01	36.49	5.27
65	71.20	10.13	61.63	8.80	54.13	7.80	49.43	7.15	43.26	6.27	38.12	5.50
66	75.03	10.67	64.93	9.27	57.04	8.22	52.07	7.55	45.58	6.61	40.16	5.80
67	80.14	11.40	68.83	9.83	60.46	8.71	55.37	8.02	48.47	7.02	42.70	6.17
68	86.32	12.28	74.13	10.59	65.11	9.38	59.63	8.62	52.20	7.57	45.99	6.64
69	93.15	13.24	80.00	11.42	70.27	10.12	64.36	9.31	56.33	8.16	49.63	7.16
70	100.53	14.30	86.35	12.33	75.83	10.92	69.47	10.05	60.80	8.81	53.57	7.72
71	107.60	15.30	92.42	13.20	81.17	11.69	74.35	10.77	65.08	9.43	57.33	8.27
72	113.19	16.10	97.32	13.89	84.73	12.21	77.31	11.19	67.66	9.80	59.61	8.60
73	120.51	17.14	103.62	14.80	90.22	12.99	82.29	11.91	72.04	10.44	63.47	9.16
74	126.68	18.02	108.93	15.55	94.84	13.66	86.52	12.52	75.72	10.98	66.72	9.64
75	132.90	18.91	114.29	16.32	99.51	14.33	90.77	13.13	79.45	11.52	69.99	10.11
76	138.06	19.64	118.71	16.95	103.35	14.88	94.28	13.64	82.52	11.96	72.71	10.49
77	141.35	20.11	121.54	17.36	105.82	15.25	96.94	14.04	84.84	12.30	73.79	10.65
78	143.46	20.41	123.35	17.61	107.39	15.48	98.38	14.25	86.12	12.47	74.89	10.81
79	144.03	20.49	123.84	17.69	107.82	15.53	98.78	14.30	86.45	12.53	75.20	10.86
80	142.32	20.25	122.38	17.48	106.55	15.35	97.60	14.12	85.44	12.39	74.31	10.73
81	145.32	20.68	124.95	17.84	108.79	15.68	99.65	14.42	87.23	12.64	75.86	10.95
82	143.66	20.43	122.60	17.51	106.73	15.38	97.76	14.15	85.57	12.41	74.43	10.75
83	145.59	20.71	124.23	17.74	108.16	15.58	99.08	14.33	86.71	12.56	75.43	10.89
84	147.59	21.00	125.94	17.99	109.65	15.80	100.43	14.53	87.91	12.74	76.46	11.03

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	33.90	4.64	30.31	4.17	27.42	3.83	26.06	3.65	23.75	3.36	21.80	3.07
41	35.44	4.85	31.55	4.35	28.37	3.95	26.80	3.75	24.31	3.43	22.20	3.14
42	35.84	4.91	31.85	4.39	28.59	3.98	26.95	3.77	24.41	3.44	22.24	3.15
43	36.14	4.94	32.08	4.41	28.73	4.00	27.03	3.78	24.45	3.45	22.25	3.15
44	36.52	5.01	32.36	4.46	28.94	4.03	27.18	3.82	24.55	3.47	22.31	3.15
45	36.95	5.06	32.70	4.51	29.19	4.07	27.36	3.84	24.68	3.49	22.39	3.16
46	37.24	5.09	32.90	4.53	29.34	4.09	27.45	3.85	24.72	3.49	22.37	3.16
47	37.51	5.14	33.11	4.57	29.47	4.11	27.51	3.86	24.75	3.49	22.37	3.16
48	37.84	5.17	33.35	4.60	29.63	4.14	27.63	3.87	24.81	3.50	22.40	3.16
49	38.25	5.24	33.67	4.63	29.87	4.16	27.80	3.91	24.94	3.52	22.46	3.17
50	38.56	5.28	33.91	4.66	30.03	4.18	27.91	3.92	24.99	3.52	22.48	3.17
51	39.09	5.35	34.38	4.74	30.45	4.24	28.28	3.96	25.34	3.59	22.80	3.21
52	41.40	5.68	36.41	5.02	32.25	4.49	29.96	4.20	26.84	3.78	24.15	3.41
53	42.90	5.86	37.72	5.20	33.42	4.65	31.04	4.36	27.81	3.93	25.01	3.52
54	44.33	6.06	38.97	5.37	34.52	4.82	32.08	4.49	28.73	4.06	25.85	3.65
55	47.51	6.50	41.78	5.75	37.00	5.15	34.38	4.82	30.79	4.35	27.70	3.91
56	48.93	6.70	43.02	5.93	38.10	5.31	35.40	4.97	31.71	4.48	28.53	4.02
57	51.19	7.01	44.70	6.16	39.25	5.48	36.21	5.08	32.44	4.58	28.82	4.07
58	54.08	7.40	47.22	6.50	41.47	5.78	38.26	5.37	34.27	4.84	30.45	4.30
59	57.57	7.88	50.28	6.92	44.14	6.16	40.73	5.72	36.50	5.15	32.42	4.58
60	60.35	8.26	52.70	7.25	46.27	6.45	42.69	5.98	38.26	5.39	33.98	4.80
61	65.13	8.92	56.87	7.83	49.93	6.96	46.07	6.46	41.28	5.82	36.67	5.17
62	70.14	9.60	60.78	8.36	53.36	7.44	49.04	6.89	43.95	6.20	38.56	5.45
63	72.90	9.98	63.16	8.70	55.45	7.72	50.97	7.15	45.67	6.45	40.06	5.64
64	76.41	10.45	66.21	9.11	58.14	8.10	53.43	7.49	47.87	6.75	42.00	5.93
65	79.83	10.92	69.17	9.52	60.73	8.47	55.83	7.83	50.02	7.06	43.88	6.19
66	84.10	11.52	72.86	10.03	63.99	8.92	58.82	8.25	52.69	7.44	46.22	6.51
67	91.98	12.60	79.09	10.89	69.45	9.68	63.89	8.97	55.96	7.90	49.58	6.99
68	99.08	13.56	85.20	11.73	74.80	10.43	68.81	9.65	60.28	8.51	53.39	7.54
69	106.93	14.63	91.95	12.66	80.72	11.25	74.25	10.42	65.05	9.19	57.62	8.12
70	115.41	15.80	99.23	13.66	87.12	12.14	80.14	11.24	70.20	9.91	62.19	8.77
71	123.53	16.91	106.22	14.62	93.26	12.99	85.77	12.03	75.14	10.60	66.56	9.39
72	128.54	17.59	110.52	15.21	97.04	13.53	89.77	12.60	78.64	11.10	68.77	9.70
73	136.84	18.73	117.67	16.19	103.31	14.40	95.57	13.40	83.72	11.81	73.22	10.33
74	143.86	19.69	123.71	17.03	108.60	15.15	100.46	14.09	88.01	12.42	76.97	10.86
75	150.93	20.66	129.79	17.86	113.95	15.88	105.40	14.78	92.35	13.02	80.76	11.39
76	156.78	21.46	134.82	18.56	118.36	16.49	109.48	15.37	95.91	13.54	83.88	11.83
77	158.09	21.65	137.15	18.89	119.36	16.63	110.12	15.44	96.47	13.62	84.36	11.90
78	160.46	21.96	139.19	19.16	121.13	16.89	111.76	15.68	97.91	13.82	85.62	12.07
79	161.08	22.04	139.74	19.24	121.63	16.95	112.20	15.73	98.30	13.87	85.95	12.11
80	159.18	21.78	138.09	19.01	120.18	16.75	110.87	15.54	97.12	13.71	84.94	11.98
81	162.54	22.24	140.99	19.40	122.71	17.11	113.20	15.88	99.18	14.00	86.72	12.23
82	155.95	21.34	134.26	18.48	116.84	16.29	108.33	15.19	94.90	13.40	82.98	11.70
83	158.04	21.64	136.05	18.72	118.40	16.50	109.77	15.40	96.16	13.57	84.10	11.86
84	160.22	21.93	137.92	18.99	120.03	16.72	111.29	15.61	97.49	13.76	85.25	12.02

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	44.95	5.54	40.36	4.98	36.88	4.55	34.89	4.31	31.72	3.92	29.34	3.62
41	47.05	5.81	42.04	5.18	38.20	4.71	35.98	4.43	32.56	4.02	29.94	3.70
42	47.58	5.86	42.46	5.25	38.52	4.75	36.21	4.47	32.73	4.05	30.04	3.71
43	47.99	5.93	42.77	5.28	38.73	4.79	36.36	4.48	32.81	4.06	30.06	3.71
44	48.52	5.98	43.19	5.32	39.03	4.82	36.59	4.52	32.98	4.07	30.16	3.72
45	49.10	6.05	43.64	5.38	39.37	4.86	36.87	4.55	33.18	4.09	30.28	3.74
46	49.49	6.11	43.93	5.41	39.57	4.88	36.99	4.57	33.24	4.10	30.31	3.74
47	49.89	6.16	44.22	5.46	39.77	4.91	37.14	4.59	33.32	4.11	30.32	3.74
48	50.33	6.22	44.56	5.50	40.01	4.93	37.31	4.61	33.43	4.13	30.38	3.74
49	50.88	6.28	45.00	5.56	40.35	4.98	37.58	4.63	33.63	4.15	30.49	3.76
50	51.30	6.33	45.32	5.59	40.58	5.01	37.73	4.65	33.73	4.16	30.55	3.76
51	52.02	6.42	45.96	5.68	41.13	5.07	38.26	4.72	34.20	4.21	30.97	3.83
52	55.10	6.80	48.68	6.01	43.57	5.37	40.51	5.01	36.22	4.47	32.80	4.05
53	57.09	7.05	50.42	6.23	45.13	5.57	41.99	5.18	37.52	4.63	33.98	4.19
54	58.97	7.28	52.11	6.44	46.64	5.75	43.38	5.35	38.78	4.79	35.11	4.33
55	63.22	7.80	55.85	6.90	49.98	6.17	46.49	5.74	41.55	5.13	37.63	4.64
56	65.10	8.03	57.51	7.10	51.48	6.36	47.88	5.92	42.79	5.28	38.75	4.79
57	69.27	8.55	60.31	7.44	53.52	6.61	49.73	6.14	43.95	5.43	39.25	4.84
58	73.18	9.03	63.72	7.87	56.53	6.97	52.54	6.48	46.43	5.73	41.47	5.12
59	77.91	9.61	67.85	8.37	60.19	7.43	55.94	6.91	49.43	6.09	44.14	5.46
60	81.68	10.09	71.12	8.78	63.09	7.79	58.64	7.23	51.81	6.40	46.28	5.71
61	88.14	10.88	76.74	9.47	68.09	8.39	63.28	7.81	55.91	6.90	49.94	6.16
62	92.91	11.47	80.99	9.99	71.23	8.79	66.62	8.23	58.21	7.18	51.24	6.31
63	96.56	11.92	84.17	10.38	74.02	9.14	69.25	8.55	60.50	7.46	53.25	6.57
64	101.22	12.49	88.24	10.89	77.59	9.57	72.58	8.95	63.42	7.82	55.81	6.89
65	105.75	13.06	92.18	11.37	81.07	10.00	75.82	9.36	66.25	8.17	58.30	7.19
66	111.41	13.75	97.12	11.99	85.42	10.54	79.89	9.86	69.80	8.61	61.44	7.58
67	124.54	15.38	107.88	13.31	94.04	11.61	88.57	10.92	77.39	9.55	68.11	8.40
68	134.15	16.56	116.19	14.33	101.30	12.50	95.40	11.77	83.35	10.29	73.36	9.05
69	144.78	17.86	125.39	15.48	109.31	13.49	102.96	12.71	89.95	11.10	79.18	9.77
70	156.24	19.27	135.33	16.70	117.99	14.55	111.12	13.71	97.08	11.98	85.45	10.55
71	167.24	20.64	144.85	17.86	126.28	15.58	118.94	14.69	103.92	12.83	91.45	11.29
72	171.30	21.14	148.36	18.30	129.34	15.96	121.25	14.96	105.93	13.08	92.00	11.35
73	182.38	22.50	157.96	19.48	137.70	17.00	129.09	15.93	112.77	13.92	97.96	12.08
74	191.71	23.65	166.05	20.49	144.76	17.85	135.70	16.75	118.55	14.63	102.97	12.71
75	201.15	24.82	174.21	21.49	151.87	18.73	142.37	17.57	124.38	15.35	108.04	13.33
76	208.92	25.78	180.95	22.33	157.75	19.46	147.88	18.25	129.20	15.94	112.22	13.85
77	211.50	26.09	181.81	22.43	158.50	19.56	147.31	18.18	128.70	15.88	111.78	13.79
78	214.64	26.49	184.53	22.77	160.85	19.84	149.50	18.45	130.61	16.12	113.44	14.00
79	215.50	26.59	185.25	22.86	161.50	19.92	150.10	18.51	131.14	16.18	113.89	14.06
80	212.95	26.28	183.05	22.59	159.59	19.69	148.31	18.29	129.58	15.98	112.54	13.88
81	217.43	26.83	186.91	23.07	162.94	20.11	151.45	18.69	132.31	16.32	114.93	14.18
82	202.90	25.04	174.42	21.52	152.05	18.76	142.86	17.62	123.38	15.22	108.41	13.38
83	205.61	25.38	176.75	21.80	154.09	19.01	144.78	17.86	125.03	15.43	109.87	13.56
84	208.43	25.72	179.18	22.11	156.20	19.27	146.76	18.11	126.75	15.64	111.36	13.75

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.17	0.21	1.05	0.19	0.95	0.18	0.83	0.15	0.76	0.13	0.70	0.12
41	1.21	0.22	1.08	0.20	0.97	0.18	0.86	0.15	0.78	0.14	0.72	0.13
42	1.22	0.22	1.09	0.20	0.98	0.18	0.87	0.15	0.79	0.14	0.73	0.13
43	1.23	0.22	1.10	0.20	0.99	0.18	0.88	0.15	0.80	0.14	0.73	0.13
44	1.25	0.22	1.11	0.20	1.00	0.18	0.89	0.17	0.80	0.14	0.74	0.13
45	1.27	0.23	1.12	0.20	1.00	0.18	0.90	0.17	0.81	0.14	0.74	0.13
46	1.28	0.23	1.14	0.21	1.01	0.19	0.91	0.17	0.83	0.14	0.75	0.13
47	1.30	0.23	1.16	0.21	1.02	0.19	0.91	0.17	0.83	0.15	0.75	0.13
48	1.31	0.23	1.17	0.21	1.03	0.19	0.92	0.17	0.84	0.15	0.76	0.13
49	1.32	0.23	1.18	0.21	1.03	0.19	0.94	0.17	0.85	0.15	0.76	0.13
50	1.34	0.24	1.19	0.21	1.05	0.19	0.95	0.18	0.85	0.15	0.77	0.13
51	1.36	0.24	1.21	0.22	1.07	0.19	0.97	0.18	0.87	0.15	0.78	0.14
52	1.42	0.25	1.25	0.22	1.11	0.20	1.00	0.19	0.90	0.17	0.81	0.14
53	1.46	0.26	1.30	0.23	1.14	0.21	1.03	0.19	0.94	0.17	0.84	0.14
54	1.51	0.26	1.33	0.24	1.18	0.21	1.07	0.20	0.96	0.18	0.86	0.15
55	1.60	0.29	1.41	0.25	1.24	0.22	1.13	0.21	1.01	0.19	0.90	0.17
56	1.66	0.30	1.47	0.26	1.30	0.23	1.18	0.21	1.05	0.19	0.94	0.17
57	1.84	0.33	1.61	0.29	1.41	0.25	1.21	0.22	1.08	0.20	0.96	0.17
58	1.96	0.35	1.71	0.31	1.50	0.26	1.29	0.23	1.16	0.21	1.02	0.18
59	2.11	0.37	1.84	0.33	1.61	0.29	1.39	0.25	1.23	0.22	1.10	0.20
60	2.22	0.40	1.94	0.35	1.69	0.31	1.46	0.26	1.31	0.23	1.16	0.21
61	2.43	0.44	2.12	0.39	1.86	0.33	1.61	0.29	1.43	0.25	1.27	0.22
62	2.81	0.50	2.42	0.43	2.12	0.39	1.89	0.34	1.67	0.30	1.47	0.26
63	2.96	0.53	2.56	0.46	2.24	0.41	2.00	0.36	1.76	0.32	1.56	0.28
64	3.18	0.57	2.75	0.50	2.41	0.43	2.15	0.39	1.89	0.34	1.67	0.30
65	3.37	0.61	2.92	0.52	2.55	0.46	2.28	0.41	2.00	0.36	1.77	0.31
66	3.65	0.65	3.16	0.56	2.76	0.50	2.48	0.45	2.18	0.40	1.93	0.34
67	4.00	0.72	3.41	0.62	2.98	0.54	2.70	0.48	2.34	0.42	2.05	0.36
68	4.44	0.79	3.80	0.68	3.31	0.59	2.99	0.54	2.61	0.47	2.27	0.40
69	4.95	0.88	4.22	0.76	3.69	0.66	3.33	0.61	2.89	0.52	2.53	0.45
70	5.52	0.99	4.71	0.85	4.11	0.74	3.71	0.67	3.23	0.58	2.82	0.50
71	6.22	1.11	5.30	0.95	4.63	0.84	4.18	0.75	3.63	0.66	3.17	0.56
72	6.94	1.24	5.93	1.06	5.14	0.92	4.65	0.84	3.99	0.72	3.48	0.62
73	7.83	1.40	6.68	1.20	5.79	1.05	5.24	0.95	4.51	0.81	3.93	0.69
74	8.75	1.56	7.46	1.33	6.47	1.17	5.85	1.06	5.04	0.90	4.38	0.77
75	9.79	1.75	8.35	1.50	7.24	1.30	6.55	1.18	5.63	1.01	4.91	0.87
76	10.89	1.95	9.30	1.66	8.05	1.45	7.29	1.31	6.27	1.13	5.46	0.97
77	11.84	2.11	10.02	1.79	8.69	1.56	7.79	1.41	6.62	1.19	5.75	1.01
78	13.01	2.32	11.02	1.97	9.55	1.72	8.56	1.54	7.28	1.31	6.33	1.11
79	14.26	2.54	12.07	2.16	10.46	1.88	9.37	1.69	7.98	1.43	6.93	1.22
80	15.50	2.77	13.12	2.34	11.36	2.05	10.19	1.84	8.67	1.56	7.52	1.33
81	16.95	3.03	14.36	2.56	12.44	2.23	11.15	2.01	9.48	1.71	8.24	1.45
82	18.88	3.38	15.98	2.86	13.85	2.49	12.64	2.28	10.75	1.94	9.34	1.65
83	20.79	3.72	17.60	3.15	15.26	2.74	13.93	2.51	11.84	2.13	10.29	1.82
84	23.09	4.13	19.55	3.50	16.94	3.05	15.46	2.78	13.15	2.37	11.42	2.01

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.41	0.24	1.25	0.22	1.14	0.20	1.05	0.19	0.96	0.17	0.89	0.15
41	1.51	0.25	1.33	0.23	1.21	0.21	1.08	0.19	0.98	0.18	0.90	0.15
42	1.54	0.26	1.36	0.23	1.23	0.21	1.09	0.19	0.99	0.18	0.91	0.17
43	1.57	0.26	1.39	0.24	1.25	0.22	1.10	0.20	1.00	0.18	0.92	0.17
44	1.61	0.28	1.41	0.24	1.28	0.22	1.11	0.20	1.01	0.18	0.92	0.17
45	1.64	0.28	1.44	0.25	1.30	0.22	1.12	0.20	1.01	0.18	0.94	0.17
46	1.67	0.29	1.46	0.25	1.32	0.23	1.13	0.20	1.02	0.18	0.94	0.17
47	1.71	0.29	1.50	0.25	1.34	0.23	1.16	0.20	1.03	0.19	0.95	0.17
48	1.74	0.30	1.52	0.26	1.36	0.23	1.17	0.21	1.05	0.19	0.95	0.17
49	1.77	0.30	1.55	0.26	1.39	0.24	1.18	0.21	1.06	0.19	0.96	0.17
50	1.80	0.31	1.57	0.28	1.41	0.24	1.19	0.21	1.06	0.19	0.97	0.17
51	1.84	0.31	1.61	0.28	1.43	0.25	1.21	0.21	1.08	0.19	0.98	0.18
52	1.91	0.33	1.67	0.29	1.49	0.26	1.25	0.22	1.12	0.20	1.02	0.18
53	1.97	0.33	1.72	0.30	1.53	0.26	1.30	0.23	1.16	0.21	1.06	0.19
54	2.02	0.34	1.77	0.31	1.58	0.28	1.33	0.23	1.19	0.21	1.09	0.19
55	2.15	0.36	1.88	0.32	1.67	0.29	1.42	0.25	1.27	0.22	1.16	0.20
56	2.23	0.39	1.95	0.34	1.74	0.31	1.47	0.26	1.31	0.23	1.20	0.21
57	2.45	0.42	2.12	0.36	1.88	0.33	1.60	0.29	1.42	0.25	1.27	0.22
58	2.61	0.44	2.27	0.39	2.00	0.35	1.71	0.30	1.51	0.26	1.35	0.23
59	2.81	0.47	2.43	0.42	2.16	0.37	1.84	0.32	1.62	0.29	1.45	0.25
60	2.97	0.51	2.57	0.44	2.28	0.40	1.94	0.34	1.71	0.30	1.54	0.26
61	3.25	0.55	2.82	0.48	2.49	0.43	2.11	0.37	1.87	0.33	1.68	0.30
62	3.58	0.61	3.10	0.53	2.72	0.47	2.31	0.41	2.05	0.36	1.82	0.32
63	3.77	0.64	3.28	0.56	2.87	0.50	2.44	0.43	2.16	0.39	1.91	0.33
64	4.05	0.69	3.52	0.61	3.08	0.54	2.62	0.46	2.32	0.41	2.06	0.36
65	4.29	0.73	3.73	0.64	3.27	0.57	2.78	0.48	2.45	0.43	2.18	0.39
66	4.65	0.79	4.04	0.69	3.54	0.62	3.01	0.53	2.66	0.47	2.35	0.41
67	5.23	0.89	4.50	0.77	3.94	0.68	3.34	0.59	2.96	0.52	2.62	0.46
68	5.80	0.99	4.99	0.86	4.38	0.76	3.72	0.66	3.29	0.58	2.92	0.51
69	6.46	1.10	5.56	0.96	4.87	0.85	4.14	0.73	3.65	0.65	3.25	0.56
70	7.19	1.22	6.19	1.07	5.43	0.95	4.61	0.81	4.08	0.72	3.61	0.63
71	8.10	1.38	6.97	1.20	6.12	1.07	5.19	0.91	4.59	0.80	4.07	0.70
72	9.09	1.55	7.77	1.33	6.81	1.19	5.81	1.02	5.13	0.90	4.54	0.79
73	10.24	1.74	8.76	1.51	7.68	1.33	6.55	1.16	5.79	1.02	5.13	0.89
74	11.44	1.95	9.78	1.68	8.57	1.49	7.32	1.29	6.46	1.13	5.73	1.00
75	12.80	2.18	10.95	1.88	9.59	1.67	8.18	1.44	7.23	1.28	6.41	1.12
76	14.25	2.42	12.18	2.09	10.68	1.86	9.11	1.61	8.05	1.42	7.13	1.24
77	15.70	2.67	13.44	2.31	11.68	2.02	9.92	1.75	8.77	1.54	7.78	1.35
78	17.26	2.94	14.77	2.54	12.84	2.23	10.91	1.93	9.65	1.69	8.55	1.50
79	18.91	3.21	16.18	2.78	14.06	2.44	11.96	2.10	10.56	1.86	9.36	1.63
80	20.55	3.50	17.59	3.03	15.28	2.65	12.99	2.29	11.48	2.02	10.18	1.77
81	22.48	3.83	19.24	3.31	16.72	2.90	14.21	2.50	12.56	2.21	11.13	1.95
82	24.77	4.21	21.21	3.65	18.43	3.20	15.73	2.77	13.90	2.45	12.32	2.15
83	27.29	4.64	23.35	4.02	20.30	3.53	17.33	3.05	15.31	2.70	13.57	2.37
84	30.29	5.16	25.94	4.46	22.54	3.92	19.24	3.39	17.00	2.99	15.07	2.63

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.62	0.28	1.44	0.25	1.31	0.23	1.18	0.21	1.06	0.19	0.97	0.17
41	1.68	0.29	1.50	0.25	1.35	0.23	1.21	0.21	1.09	0.19	0.98	0.18
42	1.72	0.30	1.51	0.26	1.36	0.23	1.22	0.21	1.10	0.19	0.99	0.18
43	1.74	0.30	1.53	0.26	1.38	0.24	1.23	0.22	1.10	0.20	0.99	0.18
44	1.76	0.30	1.55	0.26	1.40	0.24	1.24	0.22	1.11	0.20	1.00	0.18
45	1.78	0.31	1.56	0.26	1.41	0.24	1.27	0.22	1.12	0.20	1.00	0.18
46	1.80	0.31	1.58	0.28	1.42	0.24	1.28	0.22	1.13	0.20	1.01	0.18
47	1.83	0.31	1.60	0.28	1.43	0.25	1.29	0.22	1.14	0.20	1.01	0.18
48	1.85	0.32	1.62	0.28	1.45	0.25	1.30	0.23	1.16	0.20	1.02	0.18
49	1.87	0.32	1.64	0.29	1.46	0.25	1.31	0.23	1.16	0.20	1.02	0.18
50	1.89	0.33	1.65	0.29	1.47	0.25	1.32	0.23	1.17	0.21	1.03	0.18
51	1.94	0.33	1.68	0.29	1.51	0.26	1.34	0.23	1.19	0.21	1.06	0.19
52	2.07	0.35	1.80	0.31	1.61	0.28	1.44	0.25	1.28	0.22	1.12	0.20
53	2.16	0.37	1.88	0.32	1.67	0.29	1.50	0.26	1.33	0.23	1.17	0.21
54	2.24	0.39	1.95	0.34	1.75	0.31	1.56	0.28	1.39	0.24	1.22	0.21
55	2.42	0.42	2.10	0.36	1.88	0.33	1.68	0.30	1.49	0.26	1.31	0.23
56	2.51	0.43	2.18	0.37	1.95	0.34	1.75	0.31	1.54	0.26	1.36	0.23
57	2.60	0.44	2.24	0.39	1.99	0.34	1.86	0.32	1.63	0.29	1.43	0.25
58	2.76	0.47	2.39	0.41	2.11	0.36	1.98	0.34	1.74	0.30	1.53	0.26
59	2.97	0.51	2.57	0.44	2.28	0.40	2.13	0.37	1.86	0.33	1.64	0.29
60	3.14	0.54	2.72	0.46	2.41	0.42	2.24	0.40	1.97	0.34	1.74	0.30
61	3.43	0.59	2.97	0.51	2.63	0.45	2.46	0.43	2.16	0.37	1.89	0.33
62	3.85	0.66	3.33	0.57	2.93	0.51	2.67	0.46	2.33	0.41	2.06	0.36
63	4.06	0.69	3.51	0.61	3.09	0.54	2.82	0.50	2.46	0.43	2.18	0.37
64	4.37	0.75	3.77	0.65	3.32	0.57	3.03	0.53	2.65	0.46	2.33	0.41
65	4.62	0.79	4.00	0.69	3.51	0.61	3.21	0.56	2.81	0.48	2.48	0.43
66	5.02	0.86	4.33	0.75	3.81	0.66	3.48	0.61	3.05	0.53	2.68	0.46
67	5.51	0.95	4.73	0.81	4.16	0.73	3.81	0.66	3.33	0.58	2.94	0.51
68	6.12	1.05	5.26	0.90	4.62	0.80	4.22	0.74	3.70	0.65	3.26	0.56
69	6.81	1.17	5.85	1.00	5.14	0.89	4.71	0.83	4.13	0.72	3.63	0.63
70	7.59	1.30	6.52	1.12	5.73	0.99	5.25	0.91	4.60	0.80	4.05	0.70
71	8.55	1.46	7.35	1.27	6.45	1.12	5.91	1.02	5.17	0.90	4.55	0.79
72	9.66	1.65	8.31	1.43	7.23	1.25	6.60	1.14	5.78	1.00	5.08	0.88
73	10.89	1.87	9.36	1.61	8.15	1.41	7.44	1.30	6.51	1.13	5.73	1.00
74	12.17	2.08	10.46	1.79	9.11	1.57	8.31	1.44	7.27	1.27	6.40	1.11
75	13.61	2.33	11.70	2.01	10.19	1.77	9.30	1.62	8.14	1.42	7.17	1.24
76	15.15	2.60	13.02	2.24	11.34	1.97	10.34	1.80	9.05	1.57	7.98	1.39
77	16.70	2.86	14.37	2.48	12.51	2.17	11.45	1.99	10.02	1.75	8.72	1.52
78	18.36	3.15	15.80	2.72	13.75	2.39	12.60	2.19	11.02	1.93	9.59	1.66
79	20.11	3.44	17.29	2.97	15.06	2.61	13.79	2.40	12.08	2.10	10.51	1.83
80	21.86	3.75	18.80	3.23	16.37	2.84	14.99	2.61	13.12	2.29	11.42	1.98
81	23.91	4.10	20.57	3.53	17.91	3.10	16.40	2.86	14.36	2.50	12.49	2.17
82	26.48	4.54	22.59	3.88	19.68	3.41	18.02	3.14	15.77	2.75	13.72	2.39
83	29.17	4.99	24.89	4.28	21.67	3.75	19.86	3.45	17.38	3.03	15.11	2.63
84	32.38	5.54	27.63	4.75	24.06	4.17	22.04	3.84	19.29	3.37	16.78	2.92

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.82	0.30	1.62	0.26	1.46	0.24	1.39	0.23	1.27	0.22	1.17	0.20
41	1.89	0.32	1.68	0.28	1.52	0.25	1.43	0.24	1.30	0.22	1.19	0.20
42	1.93	0.32	1.71	0.29	1.53	0.25	1.44	0.24	1.31	0.22	1.19	0.20
43	1.95	0.32	1.73	0.29	1.55	0.26	1.45	0.24	1.32	0.22	1.20	0.21
44	1.98	0.33	1.75	0.29	1.56	0.26	1.47	0.25	1.33	0.23	1.21	0.21
45	2.00	0.33	1.77	0.30	1.58	0.26	1.49	0.25	1.34	0.23	1.21	0.21
46	2.04	0.34	1.79	0.30	1.60	0.26	1.50	0.25	1.35	0.23	1.22	0.21
47	2.06	0.34	1.82	0.30	1.62	0.28	1.51	0.25	1.35	0.23	1.23	0.21
48	2.09	0.34	1.84	0.31	1.64	0.28	1.52	0.25	1.36	0.23	1.23	0.21
49	2.11	0.35	1.86	0.31	1.65	0.28	1.54	0.26	1.38	0.23	1.24	0.21
50	2.15	0.35	1.88	0.31	1.67	0.29	1.55	0.26	1.39	0.23	1.25	0.21
51	2.19	0.36	1.93	0.32	1.71	0.29	1.58	0.26	1.42	0.24	1.28	0.22
52	2.33	0.39	2.06	0.34	1.82	0.31	1.68	0.29	1.51	0.25	1.36	0.23
53	2.43	0.41	2.13	0.35	1.89	0.32	1.76	0.30	1.57	0.26	1.42	0.24
54	2.53	0.42	2.22	0.37	1.97	0.33	1.84	0.31	1.64	0.28	1.47	0.25
55	2.73	0.45	2.40	0.40	2.12	0.36	1.98	0.33	1.77	0.30	1.60	0.28
56	2.83	0.47	2.49	0.42	2.20	0.37	2.05	0.35	1.84	0.31	1.65	0.29
57	2.98	0.50	2.61	0.43	2.29	0.39	2.11	0.36	1.89	0.32	1.68	0.29
58	3.18	0.53	2.77	0.46	2.44	0.41	2.24	0.39	2.01	0.34	1.79	0.31
59	3.42	0.56	2.99	0.50	2.62	0.44	2.42	0.41	2.17	0.37	1.93	0.33
60	3.61	0.59	3.16	0.53	2.77	0.46	2.55	0.43	2.29	0.39	2.04	0.34
61	3.95	0.65	3.45	0.57	3.03	0.51	2.79	0.47	2.51	0.43	2.22	0.37
62	4.31	0.72	3.73	0.63	3.28	0.55	3.01	0.51	2.70	0.46	2.37	0.41
63	4.55	0.75	3.95	0.66	3.47	0.58	3.18	0.54	2.85	0.48	2.50	0.43
64	4.90	0.81	4.24	0.70	3.72	0.63	3.42	0.58	3.07	0.52	2.68	0.46
65	5.18	0.86	4.49	0.75	3.94	0.66	3.62	0.62	3.25	0.55	2.85	0.48
66	5.62	0.94	4.86	0.81	4.27	0.72	3.93	0.66	3.52	0.59	3.09	0.53
67	6.33	1.05	5.45	0.90	4.77	0.80	4.39	0.75	3.85	0.66	3.41	0.58
68	7.03	1.17	6.04	1.00	5.30	0.89	4.87	0.83	4.28	0.73	3.78	0.65
69	7.82	1.30	6.72	1.12	5.91	0.99	5.43	0.92	4.76	0.81	4.21	0.72
70	8.72	1.44	7.50	1.24	6.58	1.11	6.05	1.02	5.30	0.90	4.70	0.80
71	9.81	1.63	8.44	1.41	7.41	1.24	6.82	1.16	5.97	1.01	5.29	0.90
72	10.97	1.82	9.44	1.57	8.28	1.40	7.66	1.30	6.71	1.14	5.87	1.00
73	12.36	2.05	10.64	1.77	9.34	1.57	8.64	1.46	7.57	1.29	6.61	1.12
74	13.82	2.29	11.88	1.98	10.43	1.75	9.65	1.63	8.45	1.44	7.39	1.25
75	15.46	2.56	13.29	2.21	11.67	1.96	10.79	1.83	9.46	1.61	8.27	1.41
76	17.20	2.85	14.80	2.46	12.99	2.19	12.01	2.04	10.53	1.79	9.21	1.56
77	18.68	3.09	16.20	2.70	14.10	2.38	13.01	2.20	11.40	1.94	9.97	1.69
78	20.54	3.40	17.82	2.97	15.51	2.61	14.31	2.42	12.53	2.13	10.96	1.86
79	22.50	3.72	19.51	3.25	16.98	2.86	15.66	2.65	13.73	2.33	12.00	2.05
80	24.45	4.05	21.21	3.53	18.46	3.10	17.03	2.88	14.92	2.54	13.05	2.22
81	26.75	4.42	23.21	3.86	20.20	3.40	18.63	3.16	16.32	2.77	14.28	2.43
82	28.74	4.76	24.75	4.11	21.54	3.62	19.97	3.38	17.49	2.98	15.30	2.60
83	31.67	5.24	27.26	4.53	23.73	3.99	22.00	3.72	19.27	3.28	16.85	2.86
84	35.16	5.82	30.26	5.04	26.33	4.43	24.42	4.14	21.40	3.64	18.71	3.18

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	2.40	0.36	2.16	0.33	1.97	0.30	1.86	0.29	1.69	0.25	1.56	0.23
41	2.51	0.37	2.24	0.34	2.05	0.31	1.93	0.29	1.74	0.26	1.60	0.24
42	2.55	0.39	2.28	0.34	2.07	0.31	1.94	0.30	1.75	0.26	1.61	0.24
43	2.59	0.40	2.31	0.35	2.09	0.32	1.96	0.30	1.77	0.26	1.62	0.24
44	2.63	0.40	2.33	0.35	2.11	0.32	1.98	0.30	1.78	0.26	1.63	0.24
45	2.66	0.41	2.37	0.35	2.13	0.32	2.00	0.30	1.80	0.28	1.64	0.25
46	2.70	0.41	2.40	0.36	2.16	0.33	2.01	0.31	1.82	0.28	1.65	0.25
47	2.74	0.42	2.43	0.36	2.18	0.33	2.04	0.31	1.83	0.28	1.66	0.25
48	2.77	0.42	2.45	0.37	2.21	0.33	2.06	0.31	1.85	0.28	1.67	0.25
49	2.82	0.43	2.49	0.37	2.23	0.34	2.08	0.31	1.86	0.28	1.68	0.25
50	2.85	0.43	2.52	0.39	2.26	0.34	2.09	0.32	1.87	0.29	1.69	0.25
51	2.90	0.44	2.56	0.39	2.30	0.35	2.13	0.32	1.91	0.29	1.73	0.26
52	3.10	0.47	2.74	0.42	2.45	0.37	2.29	0.34	2.05	0.31	1.85	0.28
53	3.23	0.48	2.86	0.43	2.56	0.39	2.38	0.36	2.12	0.32	1.93	0.29
54	3.37	0.51	2.98	0.45	2.66	0.41	2.48	0.37	2.21	0.33	2.00	0.31
55	3.63	0.55	3.21	0.48	2.87	0.43	2.67	0.41	2.39	0.36	2.17	0.33
56	3.76	0.57	3.32	0.51	2.98	0.45	2.77	0.42	2.48	0.37	2.24	0.34
57	4.04	0.61	3.52	0.53	3.12	0.47	2.90	0.44	2.56	0.39	2.29	0.34
58	4.30	0.65	3.74	0.56	3.32	0.51	3.09	0.46	2.73	0.41	2.44	0.36
59	4.63	0.69	4.03	0.61	3.58	0.54	3.32	0.51	2.94	0.44	2.62	0.40
60	4.88	0.74	4.26	0.64	3.77	0.57	3.51	0.53	3.10	0.47	2.77	0.42
61	5.35	0.80	4.65	0.70	4.13	0.63	3.84	0.58	3.39	0.52	3.03	0.46
62	5.71	0.86	4.97	0.75	4.38	0.66	4.09	0.62	3.58	0.54	3.15	0.47
63	6.03	0.91	5.26	0.79	4.62	0.69	4.32	0.65	3.77	0.57	3.32	0.51
64	6.48	0.98	5.64	0.85	4.97	0.75	4.64	0.70	4.06	0.62	3.58	0.54
65	6.86	1.03	5.98	0.90	5.26	0.79	4.92	0.75	4.30	0.65	3.78	0.57
66	7.44	1.12	6.49	0.98	5.71	0.86	5.34	0.80	4.66	0.70	4.10	0.62
67	8.57	1.30	7.43	1.12	6.47	0.98	6.09	0.92	5.32	0.80	4.69	0.70
68	9.52	1.43	8.24	1.24	7.18	1.09	6.77	1.02	5.91	0.89	5.20	0.78
69	10.59	1.60	9.17	1.39	8.00	1.21	7.54	1.13	6.58	0.99	5.79	0.87
70	11.80	1.78	10.22	1.54	8.91	1.34	8.39	1.27	7.34	1.11	6.46	0.98
71	13.29	2.00	11.51	1.74	10.03	1.52	9.45	1.43	8.26	1.24	7.27	1.10
72	14.62	2.21	12.66	1.91	11.03	1.66	10.35	1.56	9.04	1.36	7.85	1.19
73	16.48	2.49	14.28	2.16	12.44	1.88	11.66	1.76	10.19	1.54	8.86	1.33
74	18.40	2.77	15.94	2.41	13.89	2.10	13.02	1.97	11.39	1.72	9.89	1.50
75	20.60	3.11	17.84	2.70	15.55	2.34	14.58	2.20	12.74	1.93	11.07	1.67
76	22.92	3.45	19.86	2.99	17.31	2.61	16.23	2.45	14.18	2.13	12.31	1.86
77	24.99	3.77	21.48	3.25	18.73	2.83	17.40	2.63	15.21	2.30	13.21	1.99
78	27.48	4.15	23.62	3.56	20.59	3.10	19.14	2.89	16.72	2.52	14.52	2.19
79	30.10	4.54	25.87	3.91	22.55	3.40	20.97	3.17	18.32	2.76	15.91	2.40
80	32.71	4.94	28.12	4.25	24.52	3.70	22.78	3.44	19.91	3.00	17.29	2.61
81	35.78	5.40	30.77	4.64	26.82	4.05	24.93	3.76	21.78	3.29	18.91	2.85
82	37.40	5.64	32.15	4.85	28.03	4.22	26.33	3.97	22.75	3.43	19.99	3.01
83	41.20	6.22	35.42	5.35	30.88	4.65	29.01	4.38	25.05	3.78	22.01	3.32
84	45.74	6.90	39.33	5.93	34.28	5.17	32.21	4.86	27.82	4.20	24.44	3.69

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	15.55	2.61	14.01	2.34	12.71	2.15	11.10	1.88	10.15	1.72	9.39	1.55
41	16.13	2.71	14.45	2.43	13.00	2.20	11.48	1.94	10.45	1.77	9.59	1.58
42	16.29	2.73	14.58	2.45	13.10	2.21	11.59	1.97	10.54	1.78	9.65	1.60
43	16.46	2.76	14.72	2.48	13.18	2.23	11.70	1.98	10.63	1.80	9.70	1.61
44	16.63	2.78	14.84	2.50	13.27	2.24	11.81	2.00	10.71	1.82	9.76	1.62
45	16.80	2.82	14.97	2.51	13.35	2.26	11.94	2.02	10.80	1.83	9.80	1.63
46	16.96	2.84	15.10	2.53	13.43	2.27	12.05	2.04	10.89	1.84	9.87	1.63
47	17.14	2.87	15.24	2.55	13.53	2.28	12.16	2.06	10.98	1.86	9.92	1.64
48	17.30	2.90	15.37	2.57	13.61	2.30	12.27	2.08	11.07	1.87	9.98	1.65
49	17.47	2.93	15.49	2.60	13.68	2.31	12.39	2.09	11.14	1.88	10.03	1.66
50	17.63	2.96	15.62	2.62	13.77	2.32	12.49	2.11	11.24	1.89	10.09	1.67
51	17.82	2.99	15.77	2.64	13.92	2.34	12.63	2.13	11.35	1.91	10.20	1.68
52	18.33	3.07	16.23	2.73	14.31	2.41	12.98	2.20	11.68	1.98	10.48	1.74
53	18.67	3.14	16.53	2.77	14.58	2.46	13.22	2.24	11.88	2.01	10.67	1.77
54	19.01	3.19	16.83	2.83	14.84	2.51	13.46	2.28	12.10	2.05	10.87	1.80
55	19.92	3.33	17.63	2.96	15.55	2.62	14.10	2.39	12.56	2.12	11.29	1.94
56	20.45	3.43	18.10	3.04	15.96	2.70	14.48	2.45	12.90	2.18	11.47	1.93
57	22.36	3.74	19.50	3.27	17.05	2.87	14.75	2.50	13.12	2.22	11.62	1.93
58	23.49	3.94	20.48	3.43	17.91	3.01	15.49	2.62	13.78	2.33	12.21	2.02
59	24.92	4.17	21.73	3.65	19.00	3.20	16.43	2.78	14.62	2.48	12.95	2.15
60	25.94	4.36	22.64	3.80	19.79	3.33	17.12	2.90	15.24	2.57	13.49	2.23
61	27.96	4.69	24.40	4.09	21.32	3.60	18.46	3.12	16.41	2.77	14.54	2.40
62	31.74	5.31	27.47	4.61	24.01	4.06	21.47	3.63	18.89	3.19	16.70	2.76
63	33.03	5.53	28.59	4.80	24.99	4.21	22.34	3.77	19.66	3.32	17.38	2.87
64	34.90	5.84	30.21	5.07	26.40	4.46	23.61	3.99	20.77	3.51	18.38	3.04
65	36.28	6.07	31.41	5.27	27.45	4.63	24.54	4.15	21.58	3.65	19.10	3.17
66	38.51	6.46	33.32	5.59	29.13	4.91	26.05	4.40	22.91	3.87	20.27	3.36
67	41.27	6.92	35.17	5.91	30.75	5.18	27.74	4.69	24.15	4.08	21.04	3.48
68	44.54	7.46	37.95	6.37	33.18	5.60	29.94	5.07	26.05	4.40	22.70	3.75
69	48.06	8.05	40.95	6.88	35.79	6.04	32.32	5.47	28.11	4.75	24.51	4.06
70	51.74	8.68	44.10	7.40	38.54	6.50	34.79	5.90	30.26	5.12	26.39	4.37
71	55.95	9.38	47.67	8.01	41.67	7.03	37.62	6.37	32.73	5.53	28.53	4.72
72	60.08	10.08	51.26	8.60	44.41	7.49	40.22	6.80	34.58	5.84	30.10	4.98
73	64.83	10.87	55.31	9.27	47.92	8.09	43.38	7.34	37.31	6.30	32.48	5.37
74	69.16	11.59	59.00	9.90	51.13	8.62	46.29	7.83	39.81	6.73	34.65	5.73
75	73.77	12.38	62.95	10.56	54.54	9.21	49.38	8.35	42.46	7.17	36.96	6.13
76	78.07	13.09	66.61	11.17	57.72	9.74	52.25	8.83	44.94	7.60	39.12	6.47
77	80.48	13.49	68.15	11.44	59.05	9.96	52.92	8.95	44.99	7.60	39.09	6.47
78	83.66	14.03	70.84	11.88	61.38	10.35	55.01	9.31	46.76	7.90	40.65	6.72
79	86.05	14.42	72.85	12.22	63.12	10.65	56.58	9.57	48.10	8.13	41.81	6.92
80	87.14	14.61	73.78	12.39	63.93	10.79	57.31	9.69	48.72	8.24	42.34	7.01
81	88.00	14.75	74.51	12.50	64.57	10.89	57.88	9.79	49.19	8.32	42.76	7.08
82	89.43	14.99	75.72	12.71	65.62	11.07	59.88	10.13	50.91	8.60	44.25	7.33
83	89.09	14.94	75.44	12.66	65.36	11.03	59.65	10.10	50.72	8.57	44.08	7.29
84	88.45	14.83	74.89	12.56	64.89	10.95	59.22	10.01	50.35	8.51	43.76	7.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.89	3.01	16.78	2.71	15.27	2.49	13.96	2.31	12.79	2.11	11.88	1.94
41	20.16	3.21	17.81	2.87	16.13	2.62	14.41	2.38	13.12	2.17	12.11	1.99
42	20.57	3.28	18.15	2.93	16.40	2.67	14.55	2.40	13.21	2.18	12.19	2.00
43	20.97	3.33	18.47	2.98	16.67	2.72	14.70	2.43	13.32	2.20	12.25	2.00
44	21.37	3.41	18.80	3.03	16.93	2.76	14.82	2.45	13.41	2.22	12.31	2.01
45	21.77	3.47	19.13	3.08	17.19	2.79	14.96	2.48	13.50	2.23	12.39	2.02
46	22.17	3.53	19.45	3.14	17.47	2.84	15.09	2.50	13.60	2.24	12.45	2.04
47	22.56	3.60	19.78	3.19	17.72	2.89	15.22	2.52	13.68	2.27	12.51	2.05
48	22.95	3.66	20.10	3.23	17.99	2.94	15.37	2.53	13.78	2.28	12.57	2.06
49	23.35	3.72	20.42	3.29	18.25	2.97	15.49	2.55	13.87	2.29	12.64	2.07
50	23.74	3.78	20.74	3.33	18.50	3.01	15.63	2.57	13.96	2.31	12.71	2.08
51	23.99	3.83	20.96	3.38	18.70	3.05	15.79	2.61	14.10	2.33	12.84	2.10
52	24.67	3.93	21.55	3.48	19.23	3.14	16.24	2.68	14.51	2.39	13.20	2.16
53	25.14	4.00	21.95	3.53	19.59	3.19	16.54	2.73	14.77	2.44	13.44	2.20
54	25.60	4.08	22.35	3.61	19.94	3.25	16.84	2.78	15.05	2.49	13.68	2.24
55	26.82	4.28	23.42	3.77	20.91	3.41	17.64	2.92	15.76	2.60	14.34	2.34
56	27.52	4.39	24.04	3.87	21.45	3.49	18.11	2.99	16.18	2.67	14.73	2.40
57	29.81	4.75	25.86	4.17	22.87	3.72	19.45	3.21	17.18	2.84	15.42	2.52
58	31.31	4.99	27.16	4.38	24.01	3.92	20.42	3.38	18.04	2.98	16.19	2.64
59	33.21	5.29	28.81	4.64	25.48	4.15	21.67	3.59	19.14	3.17	17.18	2.81
60	34.60	5.51	30.01	4.84	26.53	4.32	22.57	3.72	19.93	3.29	17.89	2.93
61	37.28	5.94	32.34	5.21	28.60	4.65	24.32	4.00	21.49	3.54	19.29	3.16
62	40.45	6.45	35.12	5.67	30.79	5.02	26.18	4.32	23.13	3.83	20.50	3.36
63	42.10	6.71	36.55	5.90	32.05	5.23	27.25	4.49	24.08	3.97	21.34	3.49
64	44.50	7.10	38.62	6.23	33.87	5.51	28.80	4.75	25.44	4.20	22.55	3.69
65	46.24	7.37	40.16	6.47	35.20	5.73	29.94	4.94	26.46	4.37	23.45	3.84
66	49.07	7.82	42.63	6.88	37.36	6.08	31.77	5.25	28.07	4.63	24.88	4.07
67	53.76	8.57	46.32	7.46	40.60	6.61	34.49	5.70	30.47	5.04	27.01	4.41
68	58.01	9.24	49.98	8.05	43.81	7.14	37.21	6.15	32.88	5.43	29.14	4.77
69	62.60	9.98	53.94	8.70	47.29	7.70	40.16	6.63	35.49	5.85	31.45	5.14
70	67.41	10.75	58.08	9.36	50.91	8.29	43.24	7.14	38.20	6.30	33.87	5.53
71	72.89	11.62	62.80	10.12	55.04	8.97	46.75	7.71	41.31	6.83	36.62	5.98
72	78.60	12.52	67.20	10.84	58.91	9.60	50.25	8.29	44.39	7.34	39.35	6.44
73	84.81	13.52	72.51	11.69	63.56	10.35	54.21	8.94	47.89	7.91	42.46	6.94
74	90.49	14.41	77.36	12.46	67.82	11.04	57.83	9.54	51.11	8.45	45.30	7.40
75	96.53	15.39	82.52	13.30	72.34	11.78	61.69	10.18	54.52	9.00	48.31	7.90
76	102.14	16.27	87.32	14.07	76.54	12.46	65.29	10.78	57.68	9.53	51.13	8.36
77	106.72	17.01	91.34	14.73	79.38	12.93	67.47	11.13	59.62	9.85	52.84	8.64
78	110.94	17.69	94.96	15.30	82.51	13.43	70.14	11.57	61.96	10.23	54.93	8.99
79	114.11	18.18	97.68	15.74	84.87	13.82	72.14	11.91	63.75	10.53	56.51	9.24
80	115.57	18.41	98.91	15.94	85.94	14.00	73.05	12.06	64.55	10.66	57.22	9.36
81	116.70	18.60	99.89	16.10	86.80	14.14	73.78	12.18	65.19	10.77	57.78	9.45
82	117.38	18.70	100.47	16.19	87.30	14.22	74.55	12.30	65.86	10.88	58.38	9.54
83	116.92	18.63	100.08	16.13	86.96	14.16	74.25	12.25	65.60	10.84	58.16	9.50
84	116.09	18.50	99.36	16.01	86.34	14.06	73.72	12.17	65.14	10.76	57.74	9.44

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	21.67	3.48	19.32	3.10	17.51	2.84	15.74	2.56	14.17	2.31	12.90	2.10
41	22.57	3.63	19.99	3.22	18.04	2.94	16.19	2.64	14.52	2.37	13.10	2.13
42	22.84	3.66	20.17	3.25	18.21	2.96	16.34	2.67	14.62	2.39	13.16	2.13
43	23.11	3.71	20.38	3.28	18.37	2.98	16.47	2.70	14.72	2.40	13.21	2.15
44	23.39	3.75	20.58	3.31	18.52	3.01	16.60	2.71	14.82	2.43	13.26	2.16
45	23.65	3.80	20.78	3.36	18.69	3.04	16.73	2.73	14.92	2.44	13.32	2.17
46	23.94	3.85	20.98	3.39	18.84	3.06	16.86	2.75	15.02	2.45	13.38	2.17
47	24.20	3.88	21.19	3.41	19.00	3.08	17.01	2.77	15.10	2.48	13.42	2.18
48	24.48	3.93	21.38	3.44	19.15	3.10	17.13	2.79	15.21	2.49	13.48	2.20
49	24.74	3.97	21.57	3.48	19.32	3.15	17.27	2.82	15.30	2.50	13.54	2.21
50	25.00	4.02	21.77	3.51	19.46	3.17	17.39	2.84	15.40	2.52	13.59	2.21
51	25.27	4.06	21.99	3.54	19.67	3.20	17.58	2.86	15.55	2.54	13.73	2.23
52	26.70	4.29	23.24	3.74	20.78	3.38	18.57	3.03	16.43	2.68	14.51	2.35
53	27.52	4.41	23.96	3.86	21.42	3.48	19.14	3.12	16.94	2.77	14.95	2.44
54	28.33	4.55	24.65	3.97	22.03	3.59	19.69	3.21	17.45	2.85	15.39	2.51
55	30.20	4.85	26.28	4.24	23.51	3.82	21.00	3.43	18.60	3.04	16.40	2.67
56	30.88	4.95	26.87	4.33	24.04	3.91	21.47	3.50	19.01	3.10	16.78	2.73
57	31.55	5.06	27.27	4.39	24.18	3.93	22.59	3.69	19.78	3.23	17.42	2.83
58	33.12	5.31	28.64	4.61	25.38	4.13	23.73	3.87	20.77	3.40	18.29	2.98
59	35.15	5.63	30.39	4.90	26.93	4.38	25.18	4.11	22.03	3.61	19.42	3.17
60	36.60	5.87	31.65	5.09	28.04	4.55	26.22	4.28	22.95	3.75	20.23	3.29
61	39.46	6.33	34.12	5.50	30.23	4.91	28.26	4.61	24.74	4.05	21.79	3.54
62	43.56	6.99	37.70	6.07	33.11	5.38	30.24	4.93	26.47	4.32	23.32	3.80
63	45.33	7.28	39.24	6.31	34.46	5.60	31.47	5.13	27.54	4.51	24.27	3.95
64	47.89	7.69	41.47	6.68	36.42	5.92	33.25	5.43	29.11	4.76	25.64	4.17
65	49.80	8.00	43.11	6.94	37.86	6.15	34.57	5.63	30.26	4.94	26.65	4.35
66	52.86	8.49	45.74	7.37	40.17	6.52	36.69	5.98	32.11	5.25	28.28	4.61
67	56.77	9.11	48.75	7.85	42.82	6.95	39.23	6.40	34.34	5.61	30.25	4.92
68	61.26	9.85	52.62	8.48	46.21	7.51	42.33	6.91	37.05	6.05	32.64	5.31
69	66.11	10.62	56.78	9.15	49.87	8.10	45.68	7.45	39.99	6.52	35.23	5.73
70	71.18	11.42	61.14	9.86	53.69	8.72	49.18	8.03	43.04	7.03	37.93	6.17
71	76.97	12.36	66.10	10.65	58.06	9.44	53.17	8.68	46.55	7.60	41.01	6.68
72	83.58	13.42	71.86	11.57	62.57	10.16	57.08	9.31	49.95	8.15	44.02	7.16
73	90.17	14.48	77.54	12.49	67.50	10.96	61.59	10.05	53.90	8.80	47.50	7.72
74	96.20	15.44	82.72	13.33	72.03	11.70	65.70	10.71	57.51	9.39	50.67	8.25
75	102.62	16.47	88.24	14.22	76.82	12.47	70.08	11.44	61.35	10.02	54.04	8.79
76	108.59	17.42	93.37	15.04	81.29	13.20	74.16	12.09	64.91	10.60	57.19	9.31
77	113.55	18.23	97.64	15.73	85.00	13.81	77.87	12.71	68.16	11.13	59.28	9.65
78	118.03	18.95	101.49	16.36	88.36	14.36	80.94	13.20	70.85	11.57	61.62	10.02
79	121.41	19.48	104.39	16.82	90.87	14.76	83.25	13.59	72.86	11.91	63.37	10.32
80	122.95	19.73	105.72	17.04	92.04	14.95	84.32	13.76	73.81	12.06	64.19	10.44
81	124.15	19.93	106.76	17.19	92.94	15.09	85.15	13.89	74.54	12.18	64.82	10.55
82	125.47	20.14	107.07	17.25	93.23	15.15	85.39	13.93	74.75	12.21	65.00	10.58
83	124.98	20.06	106.66	17.18	92.86	15.08	85.05	13.87	74.45	12.17	64.75	10.54
84	124.09	19.92	105.89	17.06	92.19	14.98	84.45	13.78	73.92	12.07	64.28	10.46

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.24	3.75	21.67	3.38	19.60	3.08	18.63	2.96	16.98	2.71	15.60	2.49
41	25.31	3.92	22.53	3.51	20.26	3.19	19.13	3.03	17.35	2.76	15.85	2.52
42	25.64	3.97	22.78	3.54	20.45	3.22	19.27	3.05	17.47	2.78	15.92	2.53
43	25.96	4.02	23.05	3.60	20.64	3.25	19.42	3.07	17.57	2.79	15.98	2.54
44	26.29	4.08	23.30	3.63	20.83	3.28	19.57	3.09	17.68	2.82	16.06	2.55
45	26.61	4.13	23.55	3.66	21.03	3.31	19.70	3.12	17.78	2.83	16.13	2.56
46	26.95	4.17	23.80	3.71	21.22	3.33	19.86	3.15	17.88	2.85	16.19	2.57
47	27.26	4.22	24.06	3.74	21.42	3.38	20.00	3.17	17.99	2.86	16.26	2.59
48	27.58	4.28	24.31	3.78	21.62	3.41	20.14	3.19	18.08	2.89	16.32	2.60
49	27.91	4.32	24.56	3.83	21.79	3.43	20.28	3.21	18.19	2.90	16.39	2.61
50	28.23	4.37	24.82	3.87	21.98	3.47	20.42	3.23	18.29	2.92	16.46	2.62
51	28.51	4.41	25.08	3.91	22.21	3.50	20.64	3.27	18.49	2.95	16.63	2.64
52	30.12	4.66	26.50	4.13	23.47	3.70	21.79	3.45	19.54	3.10	17.57	2.79
53	31.05	4.81	27.31	4.25	24.20	3.82	22.47	3.55	20.13	3.21	18.11	2.89
54	31.96	4.95	28.11	4.38	24.89	3.92	23.12	3.66	20.72	3.30	18.65	2.97
55	34.08	5.28	29.96	4.66	26.54	4.18	24.66	3.91	22.10	3.52	19.87	3.17
56	34.85	5.39	30.65	4.77	27.15	4.28	25.21	3.99	22.59	3.61	20.32	3.23
57	36.29	5.62	31.69	4.93	27.82	4.38	25.67	4.07	23.00	3.66	20.43	3.26
58	38.10	5.91	33.28	5.18	29.23	4.60	26.96	4.28	24.16	3.85	21.46	3.42
59	40.43	6.26	35.31	5.50	31.00	4.88	28.60	4.53	25.63	4.09	22.77	3.63
60	42.11	6.52	36.77	5.73	32.30	5.08	29.79	4.72	26.70	4.25	23.72	3.77
61	45.40	7.03	39.64	6.17	34.80	5.49	32.11	5.08	28.78	4.59	25.56	4.07
62	48.82	7.57	42.31	6.59	37.15	5.85	34.14	5.40	30.59	4.87	26.84	4.28
63	50.82	7.87	44.04	6.86	38.65	6.08	35.54	5.62	31.85	5.07	27.93	4.44
64	53.69	8.32	46.52	7.24	40.85	6.44	37.55	5.95	33.65	5.36	29.51	4.70
65	55.83	8.64	48.37	7.54	42.47	6.69	39.04	6.18	34.97	5.58	30.68	4.88
66	59.24	9.17	51.33	8.00	45.07	7.11	41.43	6.56	37.13	5.92	32.56	5.18
67	65.16	10.10	56.05	8.72	49.20	7.76	45.25	7.17	39.64	6.31	35.12	5.59
68	70.32	10.89	60.48	9.42	53.10	8.36	48.83	7.74	42.78	6.82	37.90	6.03
69	75.89	11.76	65.26	10.16	57.29	9.02	52.70	8.35	46.17	7.36	40.90	6.51
70	81.72	12.66	70.27	10.93	61.69	9.71	56.75	8.99	49.71	7.92	44.04	7.01
71	88.34	13.68	75.97	11.83	66.70	10.52	61.36	9.72	53.75	8.57	47.61	7.58
72	94.91	14.70	81.60	12.71	71.64	11.29	66.28	10.49	58.06	9.25	50.78	8.09
73	102.40	15.86	88.04	13.71	77.31	12.18	71.52	11.33	62.65	9.98	54.78	8.72
74	109.25	16.92	93.95	14.62	82.48	12.99	76.30	12.09	66.84	10.65	58.45	9.31
75	116.55	18.05	100.21	15.61	87.98	13.86	81.38	12.89	71.30	11.36	62.35	9.92
76	123.32	19.10	106.04	16.50	93.09	14.65	86.12	13.64	75.45	12.02	65.98	10.49
77	127.00	19.67	110.17	17.15	95.88	15.09	88.45	14.01	77.48	12.34	67.76	10.79
78	132.02	20.45	114.52	17.83	99.66	15.70	91.95	14.56	80.55	12.84	70.44	11.22
79	135.78	21.03	117.79	18.34	102.51	16.15	94.57	14.98	82.85	13.20	72.46	11.54
80	137.51	21.30	119.28	18.57	103.81	16.36	95.79	15.18	83.91	13.38	73.38	11.68
81	138.86	21.51	120.47	18.76	104.84	16.52	96.72	15.32	84.73	13.50	74.11	11.79
82	136.20	21.09	117.26	18.25	102.05	16.07	94.61	14.99	82.89	13.21	72.48	11.54
83	135.67	21.01	116.80	18.18	101.65	16.01	94.25	14.94	82.56	13.16	72.20	11.50
84	134.71	20.86	115.96	18.05	100.93	15.90	93.57	14.82	81.97	13.07	71.68	11.41

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	32.13	4.52	28.85	4.06	26.37	3.71	24.95	3.51	22.68	3.19	20.98	2.95
41	33.58	4.72	30.02	4.22	27.28	3.84	25.69	3.62	23.25	3.27	21.38	3.00
42	34.03	4.79	30.38	4.28	27.54	3.87	25.91	3.64	23.41	3.29	21.48	3.03
43	34.47	4.85	30.72	4.32	27.82	3.92	26.13	3.67	23.57	3.31	21.60	3.04
44	34.93	4.91	31.09	4.38	28.09	3.95	26.33	3.71	23.74	3.33	21.70	3.05
45	35.37	4.98	31.44	4.42	28.37	3.98	26.55	3.73	23.89	3.37	21.81	3.07
46	35.81	5.04	31.79	4.47	28.63	4.03	26.77	3.76	24.06	3.39	21.92	3.08
47	36.25	5.09	32.13	4.52	28.90	4.07	26.98	3.80	24.21	3.41	22.03	3.09
48	36.69	5.16	32.48	4.58	29.16	4.10	27.20	3.83	24.38	3.43	22.14	3.12
49	37.13	5.23	32.84	4.62	29.43	4.14	27.41	3.86	24.53	3.45	22.25	3.14
50	37.57	5.28	33.19	4.66	29.70	4.18	27.63	3.88	24.68	3.48	22.36	3.15
51	37.95	5.34	33.52	4.71	30.01	4.21	27.92	3.93	24.95	3.51	22.59	3.18
52	40.10	5.63	35.41	4.98	31.70	4.46	29.49	4.15	26.36	3.71	23.86	3.37
53	41.33	5.81	36.51	5.14	32.67	4.60	30.40	4.28	27.17	3.83	24.61	3.47
54	42.53	5.98	37.58	5.29	33.64	4.74	31.27	4.40	27.95	3.93	25.32	3.55
55	45.34	6.38	40.05	5.63	35.85	5.05	33.34	4.69	29.81	4.19	26.99	3.80
56	46.38	6.52	40.96	5.76	36.67	5.16	34.11	4.80	30.48	4.29	27.61	3.88
57	49.12	6.91	42.76	6.02	37.94	5.34	35.27	4.95	31.16	4.38	27.82	3.92
58	51.57	7.25	44.90	6.31	39.83	5.60	37.03	5.21	32.73	4.60	29.23	4.11
59	54.71	7.69	47.64	6.70	42.26	5.95	39.28	5.52	34.72	4.88	31.00	4.37
60	56.99	8.02	49.62	6.97	44.03	6.19	40.92	5.75	36.17	5.08	32.30	4.54
61	61.44	8.64	53.49	7.52	47.45	6.68	44.11	6.20	38.97	5.49	34.82	4.90
62	64.68	9.10	56.39	7.93	49.59	6.97	46.39	6.52	40.51	5.70	35.66	5.02
63	67.32	9.47	58.69	8.26	51.60	7.25	48.28	6.79	42.19	5.94	37.13	5.23
64	71.14	10.00	62.01	8.72	54.53	7.67	51.01	7.17	44.56	6.27	39.23	5.52
65	73.94	10.41	64.46	9.06	56.68	7.98	53.03	7.46	46.33	6.51	40.78	5.74
66	78.49	11.04	68.41	9.63	60.16	8.47	56.28	7.91	49.17	6.92	43.27	6.08
67	88.23	12.42	76.43	10.76	66.62	9.37	62.76	8.82	54.81	7.71	48.26	6.79
68	95.22	13.40	82.47	11.59	71.90	10.12	67.72	9.53	59.16	8.32	52.06	7.33
69	102.75	14.45	88.99	12.52	77.58	10.91	73.07	10.29	63.83	8.98	56.19	7.90
70	110.64	15.55	95.83	13.48	83.55	11.75	78.68	11.07	68.75	9.67	60.50	8.51
71	119.63	16.83	103.61	14.58	90.32	12.71	85.06	11.97	74.33	10.45	65.42	9.21
72	126.48	17.79	109.54	15.41	95.49	13.43	89.53	12.60	78.22	11.00	67.94	9.55
73	136.47	19.20	118.20	16.62	103.04	14.50	96.59	13.59	84.38	11.87	73.29	10.32
74	145.60	20.48	126.10	17.74	109.93	15.47	103.06	14.50	90.04	12.66	78.21	11.00
75	155.30	21.85	134.51	18.92	117.27	16.49	109.92	15.47	96.04	13.52	83.41	11.74
76	164.33	23.11	142.33	20.02	124.08	17.46	116.33	16.37	101.63	14.30	88.26	12.42
77	169.88	23.89	146.04	20.55	127.31	17.91	118.33	16.64	103.38	14.54	89.79	12.63
78	176.61	24.85	151.81	21.35	132.35	18.62	123.01	17.30	107.46	15.11	93.34	13.13
79	181.63	25.55	156.15	21.97	136.13	19.15	126.51	17.80	110.54	15.54	96.01	13.50
80	183.95	25.87	158.15	22.24	137.86	19.39	128.13	18.02	111.95	15.74	97.23	13.67
81	185.77	26.13	159.69	22.46	139.22	19.58	129.38	18.21	113.04	15.91	98.19	13.82
82	177.20	24.93	152.33	21.43	132.80	18.68	124.77	17.56	107.77	15.16	94.69	13.32
83	176.52	24.84	151.75	21.34	132.29	18.61	124.29	17.49	107.35	15.09	94.31	13.27
84	175.25	24.65	150.66	21.20	131.34	18.47	123.40	17.36	106.57	14.99	93.64	13.17

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

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Security Rider Form R965 100% HCC - Proposed Rates

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.57
41	0.59
42	0.61
43	0.62
44	0.62
45	0.63
46	0.64
47	0.64
48	0.65
49	0.66
50	0.67
51	0.68
52	0.73
53	0.76
54	0.79
55	0.85
56	0.88
57	0.91
58	0.97
59	1.05
60	1.11
61	1.21
62	1.35
63	1.43
64	1.54
65	1.63
66	1.76
67	1.94
68	2.16
69	2.40
70	2.67
71	3.01
72	3.40
73	3.84
74	4.28
75	4.80
76	5.34
77	5.89
78	6.47
79	7.08
80	7.70
81	8.43
82	9.33
83	10.27
84	11.41

Physicians Mutual Insurance Company
Exhibit 4
Long Term Care Policy Form P104 - Proposed Rates
Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R977 (Inflation Protection Rider)	Yes
R978 (Optional Inflation Protection Rider)	No
R982 (Inflation Protection Rider)	No
R965 (Security Rider)	Yes
R967 (Surviving Spouse Waiver of Premium Rider)	Yes
R968 (Joint Spouse Waiver of Premium Rider)	Yes
75% Home Health Care Option	Yes
R969 (Spouse Discount)	Yes
10% Franchise Discount	Yes
10-Pay	No
Payment Mode	Monthly
Risk Class	Standard

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	85.22
5 Additional $300 Units @ 74.46 per unit	64.30
A Total Base Premium	149.52
R977 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	65.65
5 Additional $300 Units @ 8.1 per unit	40.50
B Total Rider Premium	106.15
R978 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.64 per unit	-
C Total Rider Premium	-
R982 Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 6.46 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.48 per Month	1.48
E Total Rider Premium	1.48
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	56.57
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	5.14
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(12.86)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	306.00
Spouse Discount (20%)	(61.20)
Total Monthly Premium	244.80
Franchise Discount (10%)	(24.48)
Discounted Monthly Premium	220.32
Multiply by 10-Pay Factor of 1	220.32
Multiply by Standard Risk Class Adjustment of 1	220.32
Multiply by Monthly Modal Factor of 1	220.32

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	93.74
5 Additional $300 Units @ 81.91 per unit	70.75
A Total Base Premium	164.49
R977 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	72.22
5 Additional $300 Units @ 8.91 per unit	44.55
B Total Rider Premium	116.77
R978 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.7 per unit	-
C Total Rider Premium	-
R982 Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 7.11 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.63 per Month	1.63
E Total Rider Premium	1.63
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	62.24
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	5.66
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facte	(14.14)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	336.65
Spouse Discount (20%)	(67.33)
Total Monthly Premium	269.32
Franchise Discount (10%)	(26.93)
Discounted Monthly Premium	242.39
Multiply by 10-Pay Factor of 1	242.39
Multiply by Standard Risk Class Adjustment of 1	242.39
Multiply by Monthly Modal Factor of 1	242.39

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.10 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	20.12	3.59	18.12	3.24	16.43	2.95	14.35	2.59	13.13	2.36	12.14	2.14
41	20.88	3.73	18.71	3.35	16.85	3.03	14.87	2.68	13.54	2.44	12.42	2.19
42	21.13	3.77	18.91	3.38	16.99	3.05	15.04	2.71	13.67	2.46	12.51	2.21
43	21.39	3.82	19.11	3.42	17.12	3.08	15.21	2.74	13.81	2.49	12.60	2.22
44	21.64	3.87	19.31	3.45	17.26	3.10	15.38	2.77	13.94	2.51	12.69	2.24
45	21.89	3.91	19.51	3.49	17.40	3.13	15.55	2.80	14.08	2.54	12.79	2.26
46	22.15	3.96	19.71	3.52	17.54	3.15	15.72	2.83	14.21	2.56	12.88	2.27
47	22.40	4.00	19.91	3.56	17.67	3.18	15.89	2.86	14.35	2.58	12.97	2.29
48	22.65	4.05	20.11	3.60	17.81	3.20	16.06	2.89	14.48	2.61	13.06	2.30
49	22.91	4.09	20.31	3.63	17.95	3.23	16.23	2.93	14.62	2.63	13.16	2.32
50	23.16	4.14	20.51	3.67	18.09	3.25	16.40	2.96	14.75	2.66	13.25	2.34
51	23.62	4.22	20.92	3.74	18.45	3.32	16.73	3.02	15.05	2.71	13.51	2.38
52	24.57	4.39	21.76	3.89	19.19	3.45	17.40	3.14	15.65	2.82	14.06	2.48
53	25.31	4.52	22.41	4.01	19.76	3.55	17.92	3.23	16.12	2.90	14.48	2.55
54	26.07	4.66	23.08	4.13	20.36	3.66	18.46	3.33	16.60	2.99	14.91	2.63
55	27.63	4.94	24.47	4.37	21.58	3.88	19.57	3.53	17.44	3.14	15.66	2.76
56	28.73	5.13	25.45	4.55	22.44	4.03	20.35	3.67	18.13	3.27	16.13	2.85
57	31.85	5.69	27.79	4.97	24.29	4.37	21.02	3.79	18.70	3.37	16.56	2.92
58	33.91	6.06	29.58	5.29	25.86	4.65	22.37	4.03	19.90	3.58	17.63	3.11
59	36.48	6.52	31.82	5.69	27.82	5.00	24.07	4.34	21.41	3.86	18.97	3.35
60	38.53	6.88	33.61	6.01	29.38	5.28	25.42	4.58	22.62	4.07	20.03	3.53
61	42.13	7.53	36.75	6.57	32.13	5.77	27.80	5.01	24.73	4.45	21.90	3.86
62	48.50	8.66	41.98	7.51	36.69	6.60	32.81	5.91	28.86	5.20	25.53	4.50
63	51.22	9.15	44.34	7.93	38.76	6.97	34.65	6.24	30.48	5.49	26.96	4.76
64	55.04	9.83	47.64	8.52	41.64	7.49	37.23	6.71	32.75	5.90	28.97	5.11
65	58.31	10.42	50.47	9.02	44.11	7.93	39.44	7.11	34.70	6.25	30.69	5.42
66	63.21	11.29	54.71	9.78	47.83	8.60	42.76	7.71	37.62	6.77	33.28	5.87
67	69.38	12.39	59.12	10.57	51.68	9.29	46.65	8.41	40.57	7.31	35.38	6.24
68	77.02	13.76	65.64	11.74	57.38	10.31	51.79	9.33	45.05	8.11	39.28	6.93
69	85.77	15.32	73.09	13.07	63.89	11.48	57.67	10.39	50.16	9.03	43.74	7.72
70	95.60	17.08	81.47	14.57	71.21	12.80	64.28	11.58	55.91	10.07	48.75	8.60
71	107.62	19.22	91.71	16.40	80.17	14.41	72.36	13.04	62.94	11.34	54.88	9.68
72	120.25	21.48	102.59	18.34	88.89	15.98	80.48	14.50	69.21	12.46	60.25	10.63
73	135.55	24.21	115.65	20.68	100.21	18.01	90.72	16.35	78.02	14.05	67.92	11.98
74	151.40	27.04	129.17	23.10	111.92	20.12	101.33	18.26	87.14	15.69	75.86	13.38
75	169.44	30.27	144.56	25.85	125.26	22.52	113.40	20.44	97.52	17.56	84.90	14.98
76	188.57	33.68	160.88	28.77	139.40	25.06	126.21	22.75	108.53	19.55	94.48	16.67
77	204.99	36.62	173.57	31.03	150.39	27.03	134.82	24.30	114.60	20.64	99.60	17.57
78	225.38	40.26	190.84	34.12	165.35	29.72	148.23	26.71	126.00	22.69	109.51	19.32
79	246.85	44.09	209.01	37.37	181.10	32.55	162.34	29.26	138.00	24.85	119.94	21.16
80	268.31	47.93	227.19	40.62	196.85	35.38	176.46	31.80	150.00	27.01	130.37	23.00
81	293.54	52.43	248.54	44.44	215.35	38.71	193.05	34.79	164.10	29.55	142.62	25.16
82	326.86	58.39	276.76	49.49	239.80	43.10	218.88	39.45	186.06	33.51	161.71	28.53
83	360.04	64.31	304.85	54.51	264.14	47.48	241.10	43.45	204.95	36.91	178.12	31.43
84	399.74	71.40	338.47	60.52	293.27	52.72	267.68	48.24	227.55	40.98	197.76	34.89
85	NA	79.26	NA	67.18	NA	58.51	NA	53.55	NA	45.49	NA	38.73
86	NA	87.19	NA	73.89	NA	64.37	NA	58.91	NA	50.04	NA	42.60
87	NA	95.03	NA	80.54	NA	70.16	NA	64.21	NA	54.54	NA	46.44
88	NA	102.63	NA	86.99	NA	75.77	NA	69.34	NA	58.90	NA	50.15
89	NA	109.82	NA	93.08	NA	81.08	NA	74.20	NA	63.03	NA	53.66
90	NA	116.41	NA	98.66	NA	85.94	NA	78.65	NA	66.81	NA	56.88
91	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
92	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
93	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
94	NA	141.49	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
95	NA	148.57	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
96	NA	156.00	NA	132.21	NA	115.17	NA	105.40	NA	89.53	NA	76.22
97	NA	163.80	NA	138.83	NA	120.93	NA	110.67	NA	94.01	NA	80.04
98	NA	171.99	NA	145.77	NA	126.97	NA	116.20	NA	98.71	NA	84.04
99	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.64	NA	88.24
100	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.43	4.16	21.68	3.73	19.75	3.43	18.06	3.18	16.55	2.91	15.37	2.68
41	26.12	4.44	23.07	3.97	20.89	3.63	18.67	3.29	17.00	2.99	15.70	2.74
42	26.68	4.54	23.53	4.05	21.27	3.70	18.88	3.32	17.15	3.02	15.81	2.76
43	27.24	4.63	24.00	4.13	21.65	3.76	19.08	3.36	17.29	3.05	15.92	2.78
44	27.80	4.73	24.46	4.21	22.03	3.83	19.29	3.39	17.44	3.07	16.03	2.80
45	28.37	4.83	24.92	4.29	22.41	3.89	19.49	3.43	17.59	3.10	16.14	2.81
46	28.93	4.92	25.39	4.37	22.79	3.96	19.70	3.47	17.74	3.12	16.25	2.83
47	29.49	5.02	25.85	4.45	23.17	4.02	19.91	3.50	17.89	3.15	16.35	2.85
48	30.06	5.11	26.31	4.52	23.55	4.09	20.11	3.54	18.04	3.18	16.46	2.87
49	30.62	5.21	26.77	4.60	23.92	4.16	20.32	3.57	18.19	3.20	16.57	2.89
50	31.18	5.31	27.24	4.68	24.30	4.22	20.52	3.61	18.34	3.23	16.68	2.91
51	31.81	5.41	27.78	4.78	24.79	4.31	20.93	3.68	18.70	3.29	17.02	2.97
52	33.08	5.63	28.89	4.97	25.78	4.48	21.77	3.83	19.45	3.43	17.70	3.09
53	34.07	5.80	29.76	5.12	26.55	4.61	22.42	3.95	20.03	3.53	18.23	3.18
54	35.09	5.97	30.65	5.27	27.35	4.75	23.09	4.06	20.63	3.63	18.77	3.27
55	37.20	6.33	32.49	5.59	28.99	5.04	24.48	4.31	21.87	3.85	19.90	3.47
56	38.69	6.58	33.79	5.81	30.15	5.24	25.46	4.48	22.75	4.01	20.70	3.61
57	42.47	7.22	36.84	6.34	32.58	5.66	27.70	4.87	24.48	4.31	21.97	3.83
58	45.21	7.69	39.21	6.74	34.68	6.02	29.49	5.19	26.06	4.59	23.39	4.08
59	48.63	8.27	42.18	7.25	37.31	6.48	31.72	5.58	28.03	4.94	25.16	4.39
60	51.37	8.74	44.56	7.66	39.41	6.85	33.51	5.90	29.61	5.21	26.58	4.64
61	56.16	9.56	48.72	8.38	43.09	7.49	36.64	6.45	32.37	5.70	29.06	5.07
62	61.82	10.52	53.68	9.23	47.06	8.17	40.02	7.04	35.36	6.23	31.34	5.47
63	65.29	11.11	56.70	9.75	49.70	8.63	42.26	7.44	37.34	6.58	33.10	5.77
64	70.16	11.94	60.92	10.48	53.40	9.28	45.41	7.99	40.12	7.07	35.57	6.20
65	74.33	12.65	64.54	11.10	56.57	9.83	48.11	8.47	42.51	7.49	37.68	6.57
66	80.58	13.71	69.97	12.03	61.33	10.65	52.16	9.18	46.08	8.12	40.85	7.12
67	90.38	15.38	77.87	13.39	68.26	11.86	57.97	10.20	51.22	9.02	45.40	7.92
68	100.34	17.07	86.45	14.87	75.78	13.17	64.36	11.33	56.87	10.02	50.41	8.79
69	111.72	19.01	96.26	16.56	84.38	14.66	71.67	12.61	63.32	11.15	56.13	9.79
70	124.53	21.19	107.30	18.45	94.06	16.34	79.88	14.06	70.58	12.43	62.56	10.91
71	140.19	23.85	120.79	20.77	105.88	18.39	89.92	15.82	79.46	13.99	70.43	12.28
72	157.31	26.76	134.50	23.13	117.90	20.48	100.55	17.69	88.85	15.65	78.75	13.74
73	177.34	30.17	151.62	26.08	132.90	23.09	113.35	19.95	100.15	17.64	88.77	15.48
74	198.07	33.70	169.35	29.13	148.45	25.79	126.60	22.28	111.87	19.70	99.15	17.30
75	221.67	37.71	189.52	32.59	166.13	28.86	141.69	24.93	125.19	22.05	110.97	19.36
76	246.70	41.97	210.92	36.27	184.89	32.12	157.68	27.75	139.33	24.54	123.50	21.54
77	271.86	46.25	232.70	40.02	202.19	35.12	171.86	30.24	151.85	26.74	134.60	23.48
78	298.90	50.85	255.85	44.00	222.30	38.62	188.96	33.25	166.96	29.40	147.99	25.81
79	327.37	55.70	280.21	48.19	243.47	42.30	206.95	36.42	182.86	32.20	162.08	28.27
80	355.83	60.54	304.58	52.38	264.64	45.97	224.95	39.58	198.76	35.00	176.18	30.73
81	389.28	66.23	333.21	57.31	289.52	50.30	246.10	43.30	217.45	38.29	192.74	33.62
82	428.99	72.99	367.20	63.15	319.05	55.43	272.41	47.93	240.70	42.39	213.35	37.21
83	472.53	80.39	404.47	69.56	351.43	61.05	300.06	52.80	265.13	46.69	235.00	40.99
84	524.64	89.26	449.07	77.23	390.19	67.78	333.15	58.62	294.37	51.84	260.92	45.51
85	NA	99.08	NA	85.73	NA	75.24	NA	65.07	NA	57.54	NA	50.52
86	NA	108.99	NA	94.30	NA	82.77	NA	71.58	NA	63.30	NA	55.57
87	NA	118.79	NA	102.79	NA	90.21	NA	78.02	NA	68.99	NA	60.57
88	NA	128.30	NA	111.01	NA	97.43	NA	84.26	NA	74.51	NA	65.42
89	NA	137.28	NA	118.78	NA	104.25	NA	90.16	NA	79.73	NA	70.00
90	NA	145.51	NA	125.91	NA	110.51	NA	95.57	NA	84.51	NA	74.20
91	NA	152.79	NA	132.20	NA	116.03	NA	100.35	NA	88.74	NA	77.91
92	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.80
93	NA	168.45	NA	145.75	NA	127.93	NA	110.63	NA	97.84	NA	85.89
94	NA	176.87	NA	153.04	NA	134.32	NA	116.17	NA	102.73	NA	90.19
95	NA	185.72	NA	160.69	NA	141.04	NA	121.97	NA	107.86	NA	94.70
96	NA	195.00	NA	168.73	NA	148.09	NA	128.07	NA	113.26	NA	99.43
97	NA	204.75	NA	177.17	NA	155.49	NA	134.48	NA	118.92	NA	104.40
98	NA	214.99	NA	186.02	NA	163.27	NA	141.20	NA	124.87	NA	109.62
99	NA	225.74	NA	195.33	NA	171.43	NA	148.26	NA	131.11	NA	115.10
100	NA	237.03	NA	205.09	NA	180.00	NA	155.67	NA	137.66	NA	120.86

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	28.02	4.80	24.97	4.29	22.64	3.92	20.35	3.54	18.33	3.19	16.68	2.90
41	29.23	5.01	25.87	4.45	23.37	4.05	20.98	3.65	18.81	3.28	16.97	2.95
42	29.63	5.08	26.18	4.50	23.62	4.09	21.18	3.69	18.96	3.30	17.07	2.96
43	30.03	5.15	26.48	4.55	23.86	4.14	21.39	3.72	19.12	3.33	17.16	2.98
44	30.43	5.21	26.78	4.60	24.10	4.18	21.60	3.76	19.28	3.36	17.26	3.00
45	30.83	5.28	27.08	4.66	24.35	4.22	21.81	3.80	19.44	3.39	17.36	3.01
46	31.24	5.35	27.38	4.71	24.59	4.26	22.02	3.83	19.59	3.41	17.45	3.03
47	31.64	5.42	27.69	4.76	24.83	4.30	22.22	3.87	19.75	3.44	17.55	3.05
48	32.04	5.49	27.99	4.81	25.08	4.35	22.43	3.90	19.91	3.47	17.65	3.06
49	32.44	5.56	28.29	4.86	25.32	4.39	22.64	3.94	20.07	3.50	17.75	3.08
50	32.85	5.63	28.59	4.92	25.56	4.43	22.85	3.98	20.22	3.52	17.84	3.10
51	33.50	5.74	29.16	5.01	26.08	4.52	23.30	4.06	20.63	3.59	18.20	3.16
52	35.79	6.13	31.15	5.36	27.85	4.83	24.89	4.33	22.04	3.84	19.44	3.38
53	37.31	6.39	32.48	5.58	29.04	5.03	25.95	4.52	22.97	4.00	20.27	3.52
54	38.83	6.65	33.80	5.81	30.22	5.24	27.01	4.70	23.91	4.17	21.10	3.66
55	41.88	7.18	36.45	6.27	32.59	5.65	29.13	5.07	25.79	4.49	22.75	3.95
56	43.40	7.44	37.78	6.50	33.78	5.85	30.19	5.25	26.72	4.66	23.58	4.09
57	44.94	7.70	38.86	6.68	34.43	5.97	32.19	5.60	28.18	4.91	24.82	4.31
58	47.84	8.20	41.36	7.11	36.66	6.35	34.27	5.96	30.00	5.23	26.43	4.59
59	51.47	8.82	44.50	7.65	39.43	6.83	36.86	6.42	32.27	5.62	28.43	4.94
60	54.37	9.32	47.00	8.08	41.65	7.22	38.94	6.78	34.09	5.94	30.03	5.21
61	59.44	10.19	51.39	8.84	45.54	7.89	42.58	7.41	37.27	6.49	32.83	5.70
62	66.57	11.41	57.62	9.91	50.61	8.77	46.21	8.04	40.45	7.05	35.64	6.19
63	70.31	12.05	60.85	10.46	53.45	9.26	48.81	8.49	42.72	7.44	37.64	6.53
64	75.54	12.94	65.39	11.24	57.43	9.95	52.44	9.13	45.90	8.00	40.44	7.02
65	80.03	13.71	69.27	11.91	60.84	10.54	55.56	9.67	48.63	8.47	42.84	7.44
66	86.76	14.87	75.10	12.91	65.96	11.43	60.23	10.48	52.72	9.19	46.45	8.06
67	95.44	16.35	81.97	14.09	72.00	12.48	65.94	11.48	57.72	10.06	50.85	8.83
68	105.96	18.16	91.01	15.65	79.93	13.85	73.21	12.74	64.08	11.17	56.46	9.80
69	117.98	20.22	101.33	17.42	89.01	15.43	81.52	14.19	71.35	12.43	62.86	10.91
70	131.51	22.53	112.95	19.42	99.21	17.19	90.86	15.81	79.53	13.86	70.07	12.16
71	148.04	25.37	127.15	21.86	111.68	19.36	102.29	17.80	89.53	15.60	78.88	13.69
72	167.26	28.66	143.82	24.73	125.21	21.70	114.23	19.88	99.99	17.42	88.09	15.29
73	188.55	32.31	162.12	27.87	141.15	24.46	128.77	22.41	112.71	19.64	99.30	17.24
74	210.59	36.09	181.08	31.13	157.66	27.32	143.82	25.03	125.89	21.93	110.91	19.25
75	235.68	40.38	202.65	34.84	176.44	30.58	160.96	28.01	140.89	24.55	124.12	21.55
76	262.29	44.94	225.53	38.78	196.36	34.03	179.13	31.17	156.80	27.32	138.14	23.98
77	289.22	49.56	248.69	42.76	216.52	37.52	198.34	34.52	173.61	30.25	150.99	26.21
78	317.99	54.49	273.43	47.01	238.05	41.26	218.07	37.95	190.88	33.26	166.01	28.82
79	348.27	59.68	299.47	51.49	260.73	45.19	238.84	41.57	209.06	36.43	181.82	31.57
80	378.56	64.87	325.51	55.97	283.40	49.12	259.61	45.18	227.24	39.59	197.63	34.31
81	414.14	70.96	356.10	61.23	310.04	53.73	284.02	49.43	248.60	43.31	216.21	37.54
82	458.56	78.57	391.31	67.28	340.69	59.04	312.05	54.31	273.14	47.59	237.55	41.24
83	505.10	86.55	431.03	74.11	375.27	65.04	343.73	59.82	300.87	52.42	261.67	45.43
84	560.80	96.09	478.56	82.28	416.65	72.21	381.63	66.42	334.04	58.20	290.52	50.44
85	NA	106.66	NA	91.33	NA	80.15	NA	73.72	NA	64.60	NA	55.98
86	NA	117.33	NA	100.46	NA	88.17	NA	81.09	NA	71.06	NA	61.58
87	NA	127.89	NA	109.51	NA	96.10	NA	88.39	NA	77.46	NA	67.13
88	NA	138.12	NA	118.27	NA	103.79	NA	95.46	NA	83.66	NA	72.50
89	NA	147.79	NA	126.54	NA	111.05	NA	102.15	NA	89.51	NA	77.57
90	NA	156.66	NA	134.14	NA	117.72	NA	108.27	NA	94.88	NA	82.22
91	NA	164.49	NA	140.84	NA	123.60	NA	113.69	NA	99.63	NA	86.34
92	NA	172.72	NA	147.89	NA	129.78	NA	119.37	NA	104.61	NA	90.65
93	NA	181.35	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.19
94	NA	190.42	NA	163.04	NA	143.09	NA	131.61	NA	115.33	NA	99.94
95	NA	199.94	NA	171.20	NA	150.24	NA	138.19	NA	121.10	NA	104.94
96	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.15	NA	110.19
97	NA	220.43	NA	188.74	NA	165.64	NA	152.35	NA	133.51	NA	115.70
98	NA	231.46	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.48
99	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.56
100	NA	255.18	NA	218.50	NA	191.75	NA	176.37	NA	154.55	NA	133.94

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	31.35	5.19	28.03	4.66	25.35	4.26	24.09	4.08	21.96	3.74	20.16	3.43
41	32.78	5.43	29.17	4.85	26.23	4.41	24.77	4.19	22.48	3.82	20.52	3.49
42	33.26	5.50	29.55	4.92	26.53	4.46	25.00	4.23	22.65	3.85	20.65	3.51
43	33.73	5.58	29.93	4.98	26.82	4.51	25.23	4.27	22.82	3.88	20.77	3.53
44	34.21	5.66	30.31	5.04	27.11	4.56	25.46	4.31	22.99	3.91	20.89	3.55
45	34.69	5.74	30.69	5.11	27.41	4.61	25.68	4.35	23.17	3.94	21.01	3.57
46	35.16	5.82	31.07	5.17	27.70	4.66	25.91	4.38	23.34	3.97	21.13	3.59
47	35.64	5.90	31.45	5.23	27.99	4.71	26.14	4.42	23.51	4.00	21.25	3.61
48	36.12	5.98	31.84	5.30	28.29	4.76	26.37	4.46	23.69	4.03	21.37	3.63
49	36.59	6.06	32.22	5.36	28.58	4.81	26.60	4.50	23.86	4.06	21.50	3.65
50	37.07	6.14	32.60	5.42	28.88	4.86	26.82	4.54	24.03	4.09	21.62	3.67
51	37.81	6.26	33.25	5.53	29.45	4.95	27.36	4.63	24.51	4.17	22.05	3.75
52	40.39	6.68	35.52	5.91	31.46	5.29	29.22	4.94	26.18	4.45	23.55	4.00
53	42.11	6.97	37.03	6.16	32.80	5.52	30.47	5.15	27.30	4.64	24.55	4.17
54	43.83	7.25	38.54	6.41	34.14	5.74	31.71	5.36	28.41	4.83	25.56	4.34
55	47.27	7.82	41.56	6.91	36.82	6.19	34.20	5.79	30.64	5.21	27.56	4.69
56	48.98	8.11	43.07	7.17	38.15	6.42	35.44	6.00	31.75	5.40	28.56	4.86
57	51.70	8.56	45.15	7.51	39.64	6.67	36.58	6.19	32.77	5.58	29.11	4.95
58	55.04	9.11	48.06	8.00	42.20	7.10	38.94	6.59	34.88	5.94	30.99	5.27
59	59.21	9.80	51.71	8.60	45.40	7.64	41.89	7.09	37.53	6.38	33.34	5.67
60	62.54	10.35	54.62	9.09	47.95	8.07	44.25	7.49	39.64	6.74	35.22	5.99
61	68.38	11.32	59.72	9.93	52.43	8.82	48.38	8.18	43.34	7.37	38.50	6.55
62	74.62	12.35	64.66	10.76	56.77	9.55	52.18	8.83	46.75	7.95	41.02	6.97
63	78.81	13.04	68.29	11.36	59.96	10.09	55.11	9.32	49.38	8.40	43.32	7.36
64	84.68	14.02	73.38	12.21	64.43	10.84	59.22	10.02	53.06	9.03	46.55	7.91
65	89.71	14.85	77.74	12.93	68.25	11.48	62.74	10.61	56.21	9.56	49.31	8.38
66	97.26	16.10	84.28	14.02	73.99	12.45	68.01	11.51	60.94	10.37	53.46	9.09
67	109.56	18.13	94.21	15.67	82.71	13.91	76.08	12.87	66.65	11.34	59.04	10.04
68	121.63	20.13	104.59	17.40	91.83	15.45	84.47	14.29	74.00	12.59	65.55	11.14
69	135.44	22.42	116.46	19.37	102.25	17.20	94.05	15.91	82.39	14.02	72.99	12.41
70	150.96	24.99	129.81	21.60	113.97	19.17	104.83	17.73	91.84	15.62	81.36	13.83
71	169.94	28.13	146.13	24.31	128.30	21.58	118.01	19.96	103.38	17.59	91.58	15.57
72	189.94	31.44	163.33	27.17	143.40	24.12	132.65	22.44	116.21	19.77	101.62	17.28
73	214.12	35.44	184.11	30.63	161.65	27.19	149.53	25.30	131.00	22.29	114.56	19.47
74	239.16	39.58	205.64	34.21	180.55	30.37	167.02	28.25	146.32	24.89	127.95	21.75
75	267.65	44.30	230.14	38.29	202.06	33.99	186.92	31.62	163.75	27.86	143.20	24.34
76	297.86	49.30	256.13	42.61	224.87	37.83	208.02	35.19	182.23	31.00	159.37	27.09
77	323.49	53.54	280.62	46.68	244.22	41.08	225.31	38.12	197.38	33.58	172.61	29.34
78	355.67	58.86	308.53	51.33	268.51	45.17	247.72	41.91	217.02	36.92	189.78	32.26
79	389.54	64.47	337.92	56.22	294.08	49.47	271.32	45.90	237.68	40.44	207.86	35.33
80	423.41	70.08	367.30	61.10	319.66	53.77	294.91	49.89	258.35	43.95	225.93	38.41
81	463.21	76.66	401.83	66.85	349.70	58.83	322.63	54.58	282.64	48.09	247.17	42.02
82	497.78	82.39	428.52	71.29	372.93	62.73	345.77	58.49	302.91	51.53	264.90	45.03
83	548.30	90.75	472.01	78.52	410.78	69.10	380.86	64.43	333.65	56.77	291.78	49.60
84	608.77	100.75	524.06	87.18	456.08	76.72	422.86	71.54	370.45	63.03	323.96	55.07
85	NA	111.84	NA	96.77	NA	85.16	NA	79.41	NA	69.96	NA	61.13
86	NA	123.02	NA	106.45	NA	93.68	NA	87.35	NA	76.95	NA	67.24
87	NA	134.09	NA	116.03	NA	102.11	NA	95.21	NA	83.88	NA	73.29
88	NA	144.82	NA	125.31	NA	110.28	NA	102.82	NA	90.59	NA	79.15
89	NA	154.96	NA	134.09	NA	118.00	NA	110.02	NA	96.93	NA	84.70
90	NA	164.26	NA	142.13	NA	125.08	NA	116.62	NA	102.75	NA	89.78
91	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.88	NA	94.27
92	NA	181.09	NA	156.70	NA	137.90	NA	128.58	NA	113.28	NA	98.98
93	NA	190.15	NA	164.53	NA	144.79	NA	135.01	NA	118.94	NA	103.93
94	NA	199.65	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.12
95	NA	209.64	NA	181.40	NA	159.63	NA	148.84	NA	131.13	NA	114.58
96	NA	220.12	NA	190.47	NA	167.61	NA	156.29	NA	137.69	NA	120.31
97	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.58	NA	126.33
98	NA	242.68	NA	209.99	NA	184.79	NA	172.30	NA	151.80	NA	132.64
99	NA	254.82	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
100	NA	267.56	NA	231.52	NA	203.73	NA	189.97	NA	167.36	NA	146.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	41.56	6.27	37.31	5.63	34.10	5.15	32.26	4.87	29.34	4.43	27.13	4.09
41	43.50	6.56	38.88	5.87	35.33	5.33	33.27	5.02	30.11	4.54	27.69	4.18
42	44.15	6.66	39.40	5.94	35.74	5.39	33.60	5.07	30.37	4.58	27.87	4.21
43	44.79	6.76	39.92	6.02	36.15	5.45	33.94	5.12	30.62	4.62	28.06	4.23
44	45.44	6.86	40.44	6.10	36.55	5.52	34.27	5.17	30.88	4.66	28.25	4.26
45	46.09	6.95	40.97	6.18	36.96	5.58	34.61	5.22	31.14	4.70	28.43	4.29
46	46.74	7.05	41.49	6.26	37.37	5.64	34.94	5.27	31.40	4.74	28.62	4.32
47	47.39	7.15	42.01	6.34	37.78	5.70	35.28	5.32	31.65	4.78	28.81	4.35
48	48.03	7.25	42.53	6.42	38.19	5.76	35.61	5.37	31.91	4.81	28.99	4.37
49	48.68	7.34	43.05	6.50	38.60	5.82	35.95	5.42	32.17	4.85	29.18	4.40
50	49.33	7.44	43.58	6.57	39.01	5.89	36.28	5.47	32.43	4.89	29.37	4.43
51	50.31	7.59	44.45	6.71	39.79	6.00	37.01	5.58	33.07	4.99	29.95	4.52
52	53.75	8.11	47.48	7.16	42.50	6.41	39.53	5.96	35.33	5.33	32.00	4.83
53	56.03	8.45	49.50	7.47	44.31	6.68	41.21	6.22	36.83	5.56	33.36	5.03
54	58.32	8.80	51.52	7.77	46.12	6.96	42.89	6.47	38.34	5.78	34.72	5.24
55	62.89	9.49	55.56	8.38	49.73	7.50	46.26	6.98	41.34	6.24	37.44	5.65
56	65.18	9.83	57.58	8.69	51.54	7.78	47.94	7.23	42.85	6.46	38.80	5.85
57	69.97	10.56	60.92	9.19	54.05	8.15	50.23	7.58	44.39	6.70	39.64	5.98
58	74.48	11.24	64.85	9.78	57.54	8.68	53.48	8.07	47.26	7.13	42.20	6.37
59	80.13	12.09	69.77	10.53	61.90	9.34	57.53	8.68	50.84	7.67	45.40	6.85
60	84.64	12.77	73.70	11.12	65.38	9.86	60.77	9.17	53.70	8.10	47.96	7.24
61	92.54	13.96	80.58	12.16	71.49	10.79	66.44	10.02	58.71	8.86	52.43	7.91
62	98.86	14.92	86.17	13.00	75.78	11.43	70.89	10.70	61.93	9.34	54.51	8.22
63	104.41	15.75	91.01	13.73	80.04	12.08	74.87	11.30	65.41	9.87	57.57	8.69
64	112.19	16.93	97.79	14.75	86.00	12.98	80.44	12.14	70.28	10.60	61.86	9.33
65	118.85	17.93	103.60	15.63	91.11	13.75	85.22	12.86	74.46	11.23	65.53	9.89
66	128.85	19.44	112.32	16.95	98.77	14.90	92.39	13.94	80.72	12.18	71.04	10.72
67	148.33	22.38	128.48	19.38	112.00	16.90	105.49	15.92	92.16	13.91	81.12	12.24
68	164.69	24.85	142.64	21.52	124.35	18.76	117.12	17.67	102.32	15.44	90.06	13.59
69	183.37	27.67	158.82	23.96	138.46	20.89	130.41	19.68	113.94	17.19	100.28	15.13
70	204.40	30.84	177.03	26.71	154.33	23.29	145.36	21.93	127.00	19.16	111.78	16.86
71	230.09	34.72	199.29	30.07	173.73	26.21	163.64	24.69	142.96	21.57	125.83	18.98
72	253.13	38.19	219.24	33.08	191.13	28.84	179.17	27.03	156.53	23.62	135.96	20.51
73	285.34	43.05	247.14	37.29	215.45	32.51	201.97	30.47	176.46	26.62	153.26	23.12
74	318.71	48.09	276.04	41.65	240.65	36.31	225.59	34.04	197.09	29.74	171.19	25.83
75	356.68	53.81	308.93	46.61	269.32	40.63	252.47	38.09	220.57	33.28	191.58	28.90
76	396.95	59.89	343.81	51.87	299.72	45.22	280.97	42.39	245.47	37.04	213.21	32.17
77	432.74	65.29	372.01	56.13	324.30	48.93	301.41	45.48	263.33	39.73	228.72	34.51
78	475.78	71.78	409.01	61.71	356.56	53.80	331.39	50.00	289.52	43.68	251.47	37.94
79	521.09	78.62	447.96	67.59	390.52	58.92	362.95	54.76	317.09	47.84	275.42	41.55
80	566.41	85.46	486.92	73.46	424.48	64.04	394.51	59.52	344.67	52.00	299.37	45.17
81	619.65	93.49	532.69	80.37	464.38	70.06	431.59	65.12	377.07	56.89	327.51	49.41
82	647.62	97.71	556.73	84.00	485.34	73.23	456.02	68.80	393.82	59.42	346.04	52.21
83	713.35	107.63	613.24	92.52	534.60	80.66	502.30	75.79	433.80	65.45	381.16	57.51
84	792.01	119.50	680.86	102.73	593.55	89.55	557.69	84.14	481.63	72.67	423.19	63.85
85	NA	132.64	NA	114.03	NA	99.40	NA	93.40	NA	80.66	NA	70.87
86	NA	145.90	NA	125.43	NA	109.34	NA	102.74	NA	88.73	NA	77.96
87	NA	159.04	NA	136.72	NA	119.19	NA	111.98	NA	96.71	NA	84.98
88	NA	171.76	NA	147.65	NA	128.72	NA	120.94	NA	104.45	NA	91.78
89	NA	183.78	NA	157.99	NA	137.73	NA	129.41	NA	111.76	NA	98.20
90	NA	194.81	NA	167.47	NA	145.99	NA	137.17	NA	118.47	NA	104.09
91	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.30
92	NA	214.78	NA	184.64	NA	160.96	NA	151.23	NA	130.61	NA	114.76
93	NA	225.52	NA	193.87	NA	169.01	NA	158.80	NA	137.14	NA	120.50
94	NA	236.79	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.52
95	NA	248.63	NA	213.74	NA	186.33	NA	175.07	NA	151.20	NA	132.85
96	NA	261.06	NA	224.43	NA	195.65	NA	183.83	NA	158.76	NA	139.49
97	NA	274.12	NA	235.65	NA	205.43	NA	193.02	NA	166.69	NA	146.47
98	NA	287.82	NA	247.43	NA	215.70	NA	202.67	NA	175.03	NA	153.79
99	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
100	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.56

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	18.84	2.81	16.96	2.53	15.39	2.31	13.44	2.02	12.29	1.85	11.37	1.67
41	19.55	2.91	17.52	2.61	15.78	2.37	13.92	2.09	12.67	1.91	11.63	1.71
42	19.72	2.94	17.65	2.63	15.85	2.38	14.03	2.11	12.76	1.92	11.67	1.72
43	19.84	2.96	17.73	2.64	15.89	2.38	14.11	2.12	12.81	1.93	11.69	1.72
44	20.00	2.98	17.85	2.66	15.96	2.39	14.22	2.14	12.89	1.94	11.73	1.72
45	20.19	3.01	18.00	2.68	16.05	2.41	14.34	2.16	12.98	1.95	11.79	1.73
46	20.30	3.02	18.07	2.70	16.08	2.41	14.41	2.17	13.03	1.96	11.81	1.74
47	20.42	3.04	18.15	2.71	16.11	2.42	14.48	2.18	13.08	1.97	11.82	1.74
48	20.55	3.06	18.24	2.72	16.16	2.42	14.57	2.19	13.14	1.97	11.85	1.74
49	20.73	3.09	18.38	2.74	16.24	2.44	14.69	2.21	13.23	1.99	11.91	1.75
50	20.86	3.11	18.47	2.75	16.29	2.44	14.77	2.22	13.29	2.00	11.93	1.75
51	21.15	3.15	18.73	2.79	16.52	2.48	14.98	2.25	13.47	2.02	12.10	1.78
52	21.81	3.25	19.31	2.88	17.03	2.55	15.44	2.32	13.89	2.09	12.47	1.79
53	22.32	3.33	19.77	2.95	17.43	2.62	15.81	2.38	14.22	2.14	12.77	1.83
54	22.82	3.40	20.21	3.01	17.82	2.67	16.16	2.43	14.54	2.19	13.06	1.89
55	24.04	3.58	21.29	3.17	18.78	2.82	17.03	2.56	15.17	2.28	13.54	1.94
56	24.85	3.70	22.00	3.28	19.41	2.91	17.60	2.65	15.68	2.36	13.82	2.00
57	27.30	4.07	23.82	3.55	20.82	3.12	18.01	2.71	16.03	2.41	14.20	2.09
58	28.85	4.30	25.16	3.75	22.00	3.30	19.03	2.86	16.93	2.54	15.00	2.20
59	30.71	4.58	26.79	4.00	23.42	3.51	20.26	3.05	18.03	2.71	15.97	2.35
60	32.19	4.80	28.08	4.19	24.55	3.68	21.24	3.20	18.90	2.84	16.74	2.46
61	34.74	5.18	30.31	4.52	26.49	3.97	22.92	3.45	20.39	3.07	18.06	2.65
62	39.47	5.88	34.16	5.09	29.86	4.48	26.70	4.02	23.49	3.53	20.78	3.05
63	41.02	6.11	35.50	5.29	31.03	4.65	27.75	4.17	24.41	3.67	21.59	3.17
64	43.00	6.41	37.21	5.55	32.53	4.88	29.08	4.38	25.59	3.85	22.63	3.33
65	44.92	6.69	38.88	5.80	33.98	5.10	30.38	4.57	26.73	4.02	23.64	3.47
66	47.32	7.05	40.96	6.11	35.80	5.37	32.01	4.82	28.16	4.23	24.91	3.66
67	50.43	7.51	42.98	6.41	37.57	5.64	33.91	5.10	29.50	4.43	25.72	3.78
68	54.32	8.09	46.29	6.90	40.47	6.07	36.52	5.49	31.77	4.78	27.70	4.07
69	58.62	8.73	49.96	7.45	43.67	6.55	39.42	5.93	34.29	5.15	29.90	4.39
70	63.27	9.43	53.92	8.04	47.13	7.07	42.54	6.40	37.00	5.56	32.27	4.74
71	67.72	10.09	57.71	8.61	50.45	7.57	45.53	6.85	39.61	5.95	34.54	5.07
72	70.45	10.49	60.11	8.96	52.08	7.81	47.15	7.09	40.55	6.10	35.30	5.19
73	75.01	11.17	63.99	9.54	55.45	8.32	50.20	7.55	43.17	6.49	37.58	5.52
74	78.85	11.75	67.27	10.03	58.29	8.74	52.77	7.94	45.38	6.82	39.51	5.81
75	82.73	12.32	70.58	10.53	61.16	9.17	55.37	8.33	47.61	7.16	41.45	6.09
76	85.93	12.80	73.31	10.93	63.52	9.53	57.51	8.65	49.46	7.43	43.06	6.33
77	86.74	12.92	73.45	10.95	63.64	9.55	57.05	8.58	48.49	7.29	42.15	6.19
78	88.04	13.11	74.54	11.12	64.59	9.69	57.90	8.71	49.22	7.40	42.77	6.28
79	88.38	13.17	74.84	11.16	64.84	9.73	58.13	8.74	49.41	7.43	42.94	6.31
80	87.34	13.01	73.95	11.03	64.07	9.61	57.44	8.64	48.83	7.34	42.43	6.24
81	89.18	13.28	75.51	11.26	65.42	9.81	58.65	8.82	49.85	7.49	43.33	6.37
82	88.66	13.21	75.07	11.20	65.05	9.76	59.37	8.93	50.47	7.59	43.86	6.45
83	89.85	13.38	76.08	11.34	65.92	9.89	60.17	9.05	51.14	7.69	44.45	6.53
84	91.08	13.57	77.12	11.50	66.82	10.02	60.99	9.18	51.85	7.79	45.06	6.62

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	22.87	3.23	20.30	2.90	18.50	2.67	16.91	2.48	15.50	2.27	14.39	2.09
41	24.45	3.45	21.60	3.09	19.56	2.83	17.49	2.56	15.92	2.33	14.70	2.13
42	24.89	3.51	21.96	3.14	19.85	2.87	17.62	2.58	16.00	2.35	14.75	2.14
43	25.27	3.57	22.26	3.18	20.08	2.90	17.70	2.59	16.04	2.35	14.77	2.14
44	25.70	3.63	22.61	3.23	20.36	2.94	17.83	2.61	16.12	2.36	14.82	2.15
45	26.16	3.69	22.98	3.28	20.67	2.99	17.98	2.63	16.22	2.38	14.88	2.16
46	26.52	3.74	23.27	3.32	20.89	3.02	18.06	2.65	16.27	2.39	14.89	2.16
47	26.88	3.79	23.56	3.36	21.11	3.05	18.14	2.66	16.30	2.39	14.91	2.16
48	27.26	3.85	23.86	3.41	21.36	3.08	18.24	2.67	16.36	2.40	14.93	2.17
49	27.71	3.91	24.23	3.46	21.65	3.13	18.38	2.69	16.46	2.41	15.00	2.18
50	28.08	3.96	24.53	3.50	21.89	3.16	18.48	2.71	16.51	2.42	15.02	2.18
51	28.47	4.02	24.87	3.55	22.19	3.21	18.74	2.75	16.74	2.45	15.23	2.21
52	29.36	4.14	25.64	3.66	22.88	3.31	19.32	2.83	17.26	2.53	15.71	2.28
53	30.05	4.24	26.25	3.75	23.42	3.38	19.78	2.90	17.67	2.59	16.08	2.33
54	30.73	4.34	26.84	3.83	23.95	3.46	20.22	2.96	18.07	2.65	16.44	2.39
55	32.37	4.57	28.27	4.04	25.23	3.64	21.30	3.12	19.03	2.79	17.32	2.51
56	33.45	4.72	29.22	4.17	26.07	3.77	22.02	3.23	19.67	2.88	17.90	2.60
57	36.40	5.14	31.57	4.51	27.92	4.03	23.75	3.48	20.98	3.08	18.83	2.73
58	38.45	5.43	33.36	4.76	29.50	4.26	25.09	3.68	22.17	3.25	19.90	2.89
59	40.94	5.78	35.52	5.07	31.41	4.54	26.71	3.91	23.60	3.46	21.18	3.07
60	42.92	6.06	37.23	5.32	32.92	4.76	28.00	4.10	24.74	3.63	22.20	3.22
61	46.31	6.54	40.17	5.74	35.53	5.13	30.21	4.43	26.70	3.91	23.96	3.48
62	50.31	7.10	43.68	6.24	38.29	5.53	32.56	4.77	28.77	4.22	25.50	3.70
63	52.28	7.38	45.40	6.48	39.80	5.75	33.84	4.96	29.90	4.38	26.50	3.85
64	54.81	7.74	47.59	6.80	41.72	6.03	35.48	5.20	31.35	4.60	27.78	4.03
65	57.26	8.08	49.72	7.10	43.58	6.30	37.06	5.43	32.75	4.80	29.03	4.21
66	60.32	8.51	52.38	7.48	45.92	6.63	39.05	5.72	34.50	5.06	30.58	4.44
67	65.70	9.27	56.61	8.09	49.62	7.17	42.14	6.17	37.24	5.46	33.01	4.79
68	70.76	9.99	60.97	8.71	53.45	7.72	45.39	6.65	40.11	5.88	35.55	5.16
69	76.37	10.78	65.80	9.40	57.68	8.33	48.99	7.18	43.28	6.35	38.37	5.57
70	82.42	11.63	71.02	10.14	62.25	8.99	52.87	7.75	46.71	6.85	41.41	6.01
71	88.22	12.45	76.01	10.86	66.63	9.62	56.59	8.29	50.00	7.33	44.32	6.43
72	92.17	13.01	78.80	11.26	69.08	9.98	58.91	8.63	52.06	7.63	46.14	6.69
73	98.13	13.85	83.90	11.98	73.54	10.62	62.72	9.19	55.42	8.13	49.12	7.13
74	103.16	14.56	88.20	12.60	77.31	11.17	65.94	9.66	58.26	8.54	51.64	7.49
75	108.23	15.28	92.53	13.22	81.11	11.72	69.18	10.14	61.13	8.96	54.18	7.86
76	112.42	15.87	96.12	13.73	84.25	12.17	71.86	10.53	63.49	9.31	56.28	8.17
77	115.04	16.24	98.47	14.07	85.56	12.36	72.72	10.65	64.26	9.42	56.96	8.26
78	116.75	16.48	99.93	14.27	86.83	12.54	73.81	10.81	65.21	9.56	57.80	8.39
79	117.21	16.54	100.33	14.33	87.17	12.59	74.10	10.86	65.47	9.60	58.03	8.42
80	115.82	16.35	99.14	14.16	86.14	12.44	73.22	10.73	64.70	9.49	57.35	8.32
81	118.26	16.69	101.23	14.46	87.96	12.70	74.76	10.95	66.06	9.69	58.55	8.50
82	116.36	16.42	99.60	14.23	86.54	12.50	73.89	10.83	65.29	9.57	57.87	8.40
83	117.92	16.64	100.94	14.42	87.70	12.67	74.88	10.97	66.16	9.70	58.65	8.51
84	119.54	16.87	102.32	14.62	88.90	12.84	75.91	11.12	67.07	9.84	59.45	8.63

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.24	3.73	23.38	3.34	21.20	3.05	19.06	2.76	17.17	2.49	15.62	2.25
41	27.37	3.89	24.23	3.46	21.89	3.15	19.64	2.84	17.61	2.55	15.89	2.29
42	27.65	3.93	24.43	3.49	22.04	3.17	19.77	2.86	17.69	2.56	15.92	2.30
43	27.86	3.96	24.56	3.51	22.13	3.19	19.84	2.87	17.74	2.57	15.92	2.30
44	28.13	4.00	24.76	3.54	22.28	3.21	19.97	2.89	17.82	2.58	15.96	2.30
45	28.44	4.05	24.98	3.57	22.45	3.23	20.11	2.91	17.92	2.60	16.01	2.31
46	28.64	4.07	25.11	3.59	22.55	3.25	20.18	2.92	17.96	2.60	16.00	2.31
47	28.84	4.10	25.23	3.60	22.63	3.26	20.25	2.93	18.00	2.61	16.00	2.31
48	29.06	4.13	25.39	3.63	22.75	3.28	20.35	2.94	18.06	2.62	16.01	2.31
49	29.36	4.18	25.60	3.66	22.91	3.30	20.49	2.96	18.16	2.63	16.06	2.32
50	29.58	4.21	25.75	3.68	23.02	3.32	20.57	2.98	18.21	2.64	16.07	2.32
51	29.99	4.27	26.10	3.73	23.34	3.36	20.86	3.02	18.47	2.68	16.29	2.35
52	31.76	4.52	27.65	3.95	24.72	3.56	22.09	3.20	19.56	2.83	17.25	2.49
53	32.91	4.68	28.65	4.09	25.62	3.69	22.89	3.31	20.26	2.94	17.88	2.58
54	34.00	4.84	29.60	4.23	26.46	3.81	23.65	3.42	20.94	3.03	18.47	2.67
55	36.44	5.18	31.72	4.53	28.36	4.09	25.35	3.67	22.44	3.25	19.80	2.86
56	37.53	5.34	32.67	4.66	29.21	4.21	26.10	3.78	23.11	3.35	20.39	2.94
57	38.52	5.48	33.31	4.76	29.51	4.25	27.59	3.99	24.15	3.50	21.28	3.07
58	40.70	5.79	35.19	5.02	31.18	4.49	29.15	4.22	25.52	3.70	22.48	3.24
59	43.33	6.16	37.46	5.35	33.20	4.78	31.04	4.49	27.17	3.94	23.94	3.45
60	45.42	6.46	39.27	5.61	34.80	5.01	32.53	4.71	28.48	4.13	25.09	3.62
61	49.01	6.97	42.38	6.05	37.55	5.41	35.11	5.08	30.73	4.45	27.07	3.91
62	54.17	7.71	46.89	6.70	41.18	5.93	37.60	5.44	32.92	4.77	29.00	4.19
63	56.30	8.01	48.73	6.96	42.80	6.17	39.08	5.66	34.21	4.96	30.14	4.35
64	59.01	8.40	51.08	7.29	44.86	6.46	40.97	5.93	35.86	5.20	31.59	4.56
65	61.65	8.77	53.36	7.62	46.87	6.75	42.80	6.19	37.46	5.43	33.00	4.76
66	64.96	9.24	56.22	8.03	49.38	7.11	45.09	6.53	39.47	5.72	34.77	5.02
67	69.38	9.87	59.59	8.51	52.34	7.54	47.94	6.94	41.96	6.08	36.97	5.34
68	74.73	10.63	64.18	9.17	56.37	8.12	51.63	7.47	45.19	6.55	39.82	5.75
69	80.65	11.47	69.27	9.89	60.84	8.76	55.72	8.06	48.77	7.07	42.97	6.20
70	87.04	12.38	74.76	10.68	65.66	9.46	60.14	8.70	52.64	7.63	46.38	6.69
71	93.16	13.25	80.02	11.43	70.28	10.12	64.37	9.32	56.34	8.16	49.64	7.16
72	98.00	13.94	84.26	12.03	73.36	10.57	66.93	9.69	58.58	8.49	51.61	7.45
73	104.33	14.84	89.71	12.81	78.11	11.25	71.25	10.31	62.37	9.04	54.95	7.93
74	109.68	15.60	94.31	13.47	82.11	11.83	74.90	10.84	65.56	9.50	57.76	8.34
75	115.07	16.37	98.95	14.13	86.15	12.41	78.59	11.37	68.79	9.97	60.60	8.75
76	119.53	17.00	102.78	14.68	89.48	12.89	81.63	11.81	71.45	10.35	62.95	9.09
77	122.38	17.41	105.23	15.03	91.62	13.20	83.93	12.15	73.46	10.65	63.89	9.22
78	124.21	17.67	106.80	15.25	92.98	13.40	85.18	12.33	74.56	10.80	64.84	9.36
79	124.70	17.74	107.22	15.31	93.35	13.45	85.52	12.38	74.85	10.85	65.10	9.40
80	123.22	17.53	105.95	15.13	92.25	13.29	84.50	12.23	73.97	10.72	64.33	9.29
81	125.82	17.90	108.18	15.45	94.19	13.57	86.28	12.49	75.52	10.94	65.68	9.48
82	124.38	17.69	106.14	15.16	92.41	13.31	84.64	12.25	74.09	10.74	64.44	9.30
83	126.05	17.93	107.56	15.36	93.65	13.49	85.78	12.41	75.08	10.88	65.30	9.43
84	127.78	18.18	109.04	15.57	94.93	13.68	86.95	12.58	76.11	11.03	66.20	9.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.35	4.02	26.24	3.61	23.74	3.31	22.56	3.16	20.56	2.90	18.88	2.66
41	30.69	4.20	27.31	3.76	24.56	3.42	23.20	3.25	21.05	2.97	19.22	2.71
42	31.03	4.25	27.57	3.80	24.75	3.45	23.33	3.27	21.13	2.98	19.26	2.72
43	31.29	4.28	27.77	3.82	24.88	3.47	23.40	3.28	21.17	2.99	19.27	2.72
44	31.62	4.33	28.02	3.86	25.06	3.49	23.53	3.30	21.26	3.00	19.31	2.72
45	31.99	4.38	28.31	3.90	25.28	3.52	23.69	3.32	21.37	3.02	19.38	2.73
46	32.24	4.41	28.49	3.92	25.40	3.54	23.76	3.33	21.40	3.02	19.37	2.73
47	32.48	4.45	28.67	3.95	25.51	3.56	23.82	3.34	21.43	3.02	19.37	2.73
48	32.76	4.48	28.88	3.98	25.66	3.58	23.92	3.35	21.48	3.03	19.39	2.73
49	33.11	4.53	29.15	4.01	25.86	3.60	24.07	3.38	21.59	3.05	19.45	2.74
50	33.38	4.57	29.36	4.04	26.00	3.62	24.16	3.39	21.64	3.05	19.47	2.74
51	33.85	4.63	29.76	4.10	26.36	3.67	24.49	3.43	21.94	3.10	19.74	2.78
52	35.85	4.91	31.52	4.34	27.92	3.89	25.94	3.64	23.24	3.28	20.90	2.95
53	37.14	5.08	32.66	4.50	28.93	4.03	26.88	3.77	24.08	3.40	21.66	3.05
54	38.38	5.25	33.74	4.65	29.89	4.17	27.77	3.89	24.88	3.51	22.38	3.16
55	41.13	5.63	36.17	4.98	32.04	4.46	29.76	4.17	26.66	3.76	23.98	3.38
56	42.36	5.80	37.25	5.13	32.99	4.60	30.65	4.30	27.46	3.88	24.70	3.48
57	44.32	6.07	38.70	5.33	33.98	4.74	31.35	4.40	28.09	3.96	24.95	3.52
58	46.82	6.41	40.89	5.63	35.90	5.00	33.12	4.65	29.67	4.19	26.36	3.72
59	49.85	6.82	43.53	5.99	38.22	5.33	35.27	4.95	31.60	4.46	28.07	3.96
60	52.25	7.15	45.63	6.28	40.06	5.58	36.96	5.18	33.12	4.67	29.42	4.15
61	56.39	7.72	49.24	6.78	43.23	6.03	39.89	5.59	35.74	5.04	31.75	4.48
62	60.72	8.31	52.62	7.24	46.20	6.44	42.46	5.96	38.05	5.37	33.38	4.71
63	63.11	8.64	54.69	7.53	48.01	6.69	44.13	6.19	39.54	5.58	34.69	4.89
64	66.15	9.05	57.32	7.89	50.33	7.01	46.26	6.49	41.45	5.85	36.36	5.13
65	69.11	9.46	59.89	8.24	52.58	7.33	48.33	6.78	43.30	6.11	37.99	5.36
66	72.81	9.97	63.09	8.69	55.40	7.72	50.92	7.14	45.62	6.44	40.02	5.64
67	79.64	10.90	68.48	9.43	60.13	8.38	55.31	7.76	48.45	6.84	42.92	6.05
68	85.78	11.74	73.76	10.15	64.76	9.03	59.57	8.35	52.19	7.37	46.23	6.52
69	92.58	12.67	79.61	10.96	69.89	9.74	64.29	9.02	56.32	7.95	49.89	7.03
70	99.92	13.68	85.91	11.83	75.43	10.51	69.38	9.73	60.78	8.58	53.85	7.59
71	106.95	14.64	91.96	12.66	80.74	11.25	74.26	10.42	65.06	9.18	57.63	8.13
72	111.29	15.23	95.69	13.17	84.02	11.71	77.72	10.90	68.09	9.61	59.54	8.40
73	118.48	16.22	101.88	14.02	89.45	12.47	82.74	11.60	72.49	10.23	63.39	8.94
74	124.55	17.05	107.10	14.74	94.03	13.11	86.98	12.20	76.20	10.75	66.64	9.40
75	130.68	17.89	112.37	15.47	98.66	13.75	91.26	12.80	79.95	11.28	69.92	9.86
76	135.74	18.58	116.72	16.07	102.48	14.28	94.79	13.30	83.04	11.72	72.62	10.24
77	136.88	18.74	118.74	16.35	103.34	14.40	95.34	13.37	83.52	11.79	73.04	10.30
78	138.92	19.01	120.51	16.59	104.88	14.62	96.76	13.57	84.77	11.96	74.13	10.45
79	139.47	19.09	120.99	16.66	105.30	14.68	97.14	13.62	85.10	12.01	74.42	10.49
80	137.82	18.86	119.56	16.46	104.05	14.50	95.99	13.46	84.09	11.87	73.54	10.37
81	140.72	19.26	122.07	16.80	106.24	14.81	98.01	13.75	85.87	12.12	75.09	10.59
82	135.02	18.48	116.24	16.00	101.16	14.10	93.79	13.15	82.16	11.60	71.85	10.13
83	136.83	18.73	117.79	16.21	102.51	14.29	95.04	13.33	83.26	11.75	72.81	10.27
84	138.71	18.99	119.41	16.44	103.92	14.48	96.35	13.51	84.41	11.91	73.81	10.41

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	38.91	4.80	34.94	4.31	31.93	3.94	30.21	3.73	27.47	3.39	25.40	3.13
41	40.73	5.03	36.40	4.49	33.08	4.08	31.15	3.84	28.19	3.48	25.92	3.20
42	41.19	5.08	36.76	4.54	33.35	4.11	31.35	3.87	28.33	3.50	26.01	3.21
43	41.55	5.13	37.03	4.57	33.53	4.14	31.48	3.88	28.41	3.51	26.03	3.21
44	42.01	5.18	37.39	4.61	33.79	4.17	31.68	3.91	28.55	3.52	26.11	3.22
45	42.51	5.24	37.78	4.66	34.09	4.21	31.92	3.94	28.72	3.54	26.22	3.24
46	42.85	5.29	38.04	4.69	34.26	4.23	32.03	3.95	28.78	3.55	26.24	3.24
47	43.19	5.33	38.29	4.72	34.43	4.25	32.15	3.97	28.85	3.56	26.25	3.24
48	43.57	5.38	38.58	4.76	34.64	4.27	32.30	3.99	28.94	3.57	26.30	3.24
49	44.05	5.44	38.96	4.81	34.93	4.31	32.53	4.01	29.11	3.59	26.40	3.26
50	44.42	5.48	39.24	4.84	35.13	4.33	32.67	4.03	29.20	3.60	26.45	3.26
51	45.04	5.56	39.79	4.91	35.61	4.39	33.12	4.09	29.61	3.65	26.81	3.31
52	47.70	5.89	42.14	5.20	37.72	4.65	35.08	4.33	31.36	3.87	28.40	3.50
53	49.43	6.10	43.66	5.39	39.08	4.82	36.35	4.49	32.49	4.01	29.42	3.63
54	51.06	6.30	45.11	5.57	40.38	4.98	37.56	4.63	33.57	4.14	30.40	3.75
55	54.73	6.75	48.35	5.97	43.28	5.34	40.25	4.97	35.97	4.44	32.58	4.02
56	56.36	6.95	49.79	6.14	44.57	5.50	41.46	5.12	37.05	4.57	33.55	4.14
57	59.97	7.40	52.22	6.44	46.33	5.72	43.06	5.31	38.05	4.70	33.98	4.19
58	63.36	7.82	55.17	6.81	48.94	6.04	45.49	5.61	40.20	4.96	35.90	4.43
59	67.46	8.32	58.74	7.25	52.11	6.43	48.43	5.98	42.80	5.28	38.22	4.72
60	70.71	8.73	61.57	7.60	54.62	6.74	50.77	6.26	44.86	5.54	40.07	4.94
61	76.31	9.42	66.44	8.20	58.95	7.27	54.79	6.76	48.41	5.97	43.24	5.33
62	80.44	9.93	70.12	8.65	61.67	7.61	57.68	7.12	50.40	6.22	44.36	5.47
63	83.60	10.32	72.88	8.99	64.09	7.91	59.95	7.40	52.38	6.46	46.10	5.69
64	87.64	10.81	76.40	9.43	67.18	8.29	62.84	7.75	54.90	6.77	48.32	5.96
65	91.56	11.30	79.81	9.85	70.19	8.66	65.65	8.10	57.36	7.08	50.48	6.23
66	96.46	11.90	84.09	10.38	73.95	9.12	69.17	8.53	60.43	7.46	53.19	6.56
67	107.83	13.31	93.40	11.52	81.42	10.05	76.69	9.46	67.00	8.27	58.97	7.28
68	116.14	14.33	100.60	12.41	87.70	10.82	82.60	10.19	72.16	8.90	63.51	7.84
69	125.35	15.47	108.56	13.40	94.64	11.68	89.14	11.00	77.88	9.61	68.55	8.46
70	135.28	16.69	117.17	14.46	102.15	12.60	96.21	11.87	84.05	10.37	73.98	9.13
71	144.80	17.87	125.41	15.47	109.33	13.49	102.98	12.71	89.97	11.10	79.18	9.77
72	148.31	18.30	128.45	15.85	111.98	13.82	104.98	12.95	91.71	11.32	79.66	9.83
73	157.90	19.48	136.76	16.87	119.22	14.71	111.76	13.79	97.64	12.05	84.81	10.46
74	165.98	20.48	143.76	17.74	125.33	15.46	117.49	14.50	102.64	12.67	89.15	11.00
75	174.15	21.49	150.83	18.61	131.49	16.22	123.27	15.21	107.69	13.29	93.54	11.54
76	180.89	22.32	156.67	19.33	136.58	16.85	128.04	15.80	111.86	13.80	97.16	11.99
77	183.11	22.59	157.41	19.42	137.23	16.93	127.54	15.74	111.43	13.75	96.78	11.94
78	185.84	22.93	159.76	19.71	139.27	17.18	129.44	15.97	113.09	13.95	98.22	12.12
79	186.58	23.02	160.39	19.79	139.83	17.25	129.95	16.03	113.54	14.01	98.61	12.17
80	184.37	22.75	158.49	19.56	138.17	17.05	128.41	15.84	112.19	13.84	97.44	12.02
81	188.25	23.23	161.83	19.97	141.08	17.41	131.12	16.18	114.55	14.13	99.50	12.28
82	175.67	21.68	151.01	18.63	131.65	16.24	123.69	15.26	106.82	13.18	93.86	11.58
83	178.02	21.97	153.03	18.88	133.41	16.46	125.35	15.47	108.25	13.36	95.12	11.74
84	180.46	22.27	155.13	19.14	135.24	16.69	127.07	15.68	109.74	13.54	96.42	11.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.01	0.18	0.91	0.16	0.82	0.15	0.72	0.13	0.66	0.12	0.61	0.11
41	1.04	0.19	0.94	0.17	0.84	0.15	0.74	0.13	0.68	0.12	0.62	0.11
42	1.06	0.19	0.95	0.17	0.85	0.15	0.75	0.14	0.68	0.12	0.63	0.11
43	1.07	0.19	0.96	0.17	0.86	0.15	0.76	0.14	0.69	0.12	0.63	0.11
44	1.08	0.19	0.97	0.17	0.86	0.16	0.77	0.14	0.70	0.13	0.63	0.11
45	1.09	0.20	0.98	0.17	0.87	0.16	0.78	0.14	0.70	0.13	0.64	0.11
46	1.11	0.20	0.99	0.18	0.88	0.16	0.79	0.14	0.71	0.13	0.64	0.11
47	1.12	0.20	1.00	0.18	0.88	0.16	0.79	0.14	0.72	0.13	0.65	0.11
48	1.13	0.20	1.01	0.18	0.89	0.16	0.80	0.14	0.72	0.13	0.65	0.12
49	1.15	0.20	1.02	0.18	0.90	0.16	0.81	0.15	0.73	0.13	0.66	0.12
50	1.16	0.21	1.03	0.18	0.90	0.16	0.82	0.15	0.74	0.13	0.66	0.12
51	1.18	0.21	1.05	0.19	0.92	0.17	0.84	0.15	0.75	0.14	0.68	0.12
52	1.23	0.22	1.09	0.19	0.96	0.17	0.87	0.16	0.78	0.14	0.70	0.12
53	1.27	0.23	1.12	0.20	0.99	0.18	0.90	0.16	0.81	0.15	0.72	0.13
54	1.30	0.23	1.15	0.21	1.02	0.18	0.92	0.17	0.83	0.15	0.75	0.13
55	1.38	0.25	1.22	0.22	1.08	0.19	0.98	0.18	0.87	0.16	0.78	0.14
56	1.44	0.26	1.27	0.23	1.12	0.20	1.02	0.18	0.91	0.16	0.81	0.14
57	1.59	0.28	1.39	0.25	1.21	0.22	1.05	0.19	0.94	0.17	0.83	0.15
58	1.70	0.30	1.48	0.26	1.29	0.23	1.12	0.20	1.00	0.18	0.88	0.16
59	1.82	0.33	1.59	0.28	1.39	0.25	1.20	0.22	1.07	0.19	0.95	0.17
60	1.93	0.34	1.68	0.30	1.47	0.26	1.27	0.23	1.13	0.20	1.00	0.18
61	2.11	0.38	1.84	0.33	1.61	0.29	1.39	0.25	1.24	0.22	1.10	0.19
62	2.43	0.43	2.10	0.38	1.83	0.33	1.64	0.30	1.44	0.26	1.28	0.23
63	2.56	0.46	2.22	0.40	1.94	0.35	1.73	0.31	1.52	0.27	1.35	0.24
64	2.75	0.49	2.38	0.43	2.08	0.37	1.86	0.34	1.64	0.30	1.45	0.26
65	2.92	0.52	2.52	0.45	2.21	0.40	1.97	0.36	1.74	0.31	1.53	0.27
66	3.16	0.56	2.74	0.49	2.39	0.43	2.14	0.39	1.88	0.34	1.66	0.29
67	3.47	0.62	2.96	0.53	2.58	0.46	2.33	0.42	2.03	0.37	1.77	0.31
68	3.85	0.69	3.28	0.59	2.87	0.52	2.59	0.47	2.25	0.41	1.96	0.35
69	4.29	0.77	3.65	0.65	3.19	0.57	2.88	0.52	2.51	0.45	2.19	0.39
70	4.78	0.85	4.07	0.73	3.56	0.64	3.21	0.58	2.80	0.50	2.44	0.43
71	5.38	0.96	4.59	0.82	4.01	0.72	3.62	0.65	3.15	0.57	2.74	0.48
72	6.01	1.07	5.13	0.92	4.44	0.80	4.02	0.73	3.46	0.62	3.01	0.53
73	6.78	1.21	5.78	1.03	5.01	0.90	4.54	0.82	3.90	0.70	3.40	0.60
74	7.57	1.35	6.46	1.16	5.60	1.01	5.07	0.91	4.36	0.78	3.79	0.67
75	8.47	1.51	7.23	1.29	6.26	1.13	5.67	1.02	4.88	0.88	4.25	0.75
76	9.43	1.68	8.04	1.44	6.97	1.25	6.31	1.14	5.43	0.98	4.72	0.83
77	10.25	1.83	8.68	1.55	7.52	1.35	6.74	1.22	5.73	1.03	4.98	0.88
78	11.27	2.01	9.54	1.71	8.27	1.49	7.41	1.34	6.30	1.13	5.48	0.97
79	12.34	2.20	10.45	1.87	9.06	1.63	8.12	1.46	6.90	1.24	6.00	1.06
80	13.42	2.40	11.36	2.03	9.84	1.77	8.82	1.59	7.50	1.35	6.52	1.15
81	14.68	2.62	12.43	2.22	10.77	1.94	9.65	1.74	8.21	1.48	7.13	1.26
82	16.34	2.92	13.84	2.47	11.99	2.16	10.94	1.97	9.30	1.68	8.09	1.43
83	18.00	3.22	15.24	2.73	13.21	2.37	12.06	2.17	10.25	1.85	8.91	1.57
84	19.99	3.57	16.92	3.03	14.66	2.64	13.38	2.41	11.38	2.05	9.89	1.74

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.22	0.21	1.08	0.19	0.99	0.17	0.90	0.16	0.83	0.15	0.77	0.13
41	1.31	0.22	1.15	0.20	1.04	0.18	0.93	0.16	0.85	0.15	0.79	0.14
42	1.33	0.23	1.18	0.20	1.06	0.19	0.94	0.17	0.86	0.15	0.79	0.14
43	1.36	0.23	1.20	0.21	1.08	0.19	0.95	0.17	0.86	0.15	0.80	0.14
44	1.39	0.24	1.22	0.21	1.10	0.19	0.96	0.17	0.87	0.15	0.80	0.14
45	1.42	0.24	1.25	0.21	1.12	0.19	0.97	0.17	0.88	0.16	0.81	0.14
46	1.45	0.25	1.27	0.22	1.14	0.20	0.99	0.17	0.89	0.16	0.81	0.14
47	1.47	0.25	1.29	0.22	1.16	0.20	1.00	0.18	0.89	0.16	0.82	0.14
48	1.50	0.26	1.32	0.23	1.18	0.20	1.01	0.18	0.90	0.16	0.82	0.14
49	1.53	0.26	1.34	0.23	1.20	0.21	1.02	0.18	0.91	0.16	0.83	0.14
50	1.56	0.27	1.36	0.23	1.22	0.21	1.03	0.18	0.92	0.16	0.83	0.15
51	1.59	0.27	1.39	0.24	1.24	0.22	1.05	0.18	0.94	0.16	0.85	0.15
52	1.65	0.28	1.44	0.25	1.29	0.22	1.09	0.19	0.97	0.17	0.89	0.15
53	1.70	0.29	1.49	0.26	1.33	0.23	1.12	0.20	1.00	0.18	0.91	0.16
54	1.75	0.30	1.53	0.26	1.37	0.24	1.15	0.20	1.03	0.18	0.94	0.16
55	1.86	0.32	1.62	0.28	1.45	0.25	1.22	0.22	1.09	0.19	1.00	0.17
56	1.93	0.33	1.69	0.29	1.51	0.26	1.27	0.22	1.14	0.20	1.04	0.18
57	2.12	0.36	1.84	0.32	1.63	0.28	1.39	0.24	1.22	0.22	1.10	0.19
58	2.26	0.38	1.96	0.34	1.73	0.30	1.47	0.26	1.30	0.23	1.17	0.20
59	2.43	0.41	2.11	0.36	1.87	0.32	1.59	0.28	1.40	0.25	1.26	0.22
60	2.57	0.44	2.23	0.38	1.97	0.34	1.68	0.30	1.48	0.26	1.33	0.23
61	2.81	0.48	2.44	0.42	2.15	0.37	1.83	0.32	1.62	0.29	1.45	0.25
62	3.09	0.53	2.68	0.46	2.35	0.41	2.00	0.35	1.77	0.31	1.57	0.27
63	3.26	0.56	2.84	0.49	2.49	0.43	2.11	0.37	1.87	0.33	1.66	0.29
64	3.51	0.60	3.05	0.52	2.67	0.46	2.27	0.40	2.01	0.35	1.78	0.31
65	3.72	0.63	3.23	0.56	2.83	0.49	2.41	0.42	2.13	0.37	1.88	0.33
66	4.03	0.69	3.50	0.60	3.07	0.53	2.61	0.46	2.30	0.41	2.04	0.36
67	4.52	0.77	3.89	0.67	3.41	0.59	2.90	0.51	2.56	0.45	2.27	0.40
68	5.02	0.85	4.32	0.74	3.79	0.66	3.22	0.57	2.84	0.50	2.52	0.44
69	5.59	0.95	4.81	0.83	4.22	0.73	3.58	0.63	3.17	0.56	2.81	0.49
70	6.23	1.06	5.37	0.92	4.70	0.82	3.99	0.70	3.53	0.62	3.13	0.55
71	7.01	1.19	6.04	1.04	5.29	0.92	4.50	0.79	3.97	0.70	3.52	0.61
72	7.87	1.34	6.73	1.16	5.90	1.02	5.03	0.88	4.44	0.78	3.94	0.69
73	8.87	1.51	7.58	1.30	6.65	1.15	5.67	1.00	5.01	0.88	4.44	0.77
74	9.90	1.69	8.47	1.46	7.42	1.29	6.33	1.11	5.59	0.99	4.96	0.87
75	11.08	1.89	9.48	1.63	8.31	1.44	7.08	1.25	6.26	1.10	5.55	0.97
76	12.34	2.10	10.55	1.81	9.24	1.61	7.88	1.39	6.97	1.23	6.18	1.08
77	13.59	2.31	11.64	2.00	10.11	1.76	8.59	1.51	7.59	1.34	6.73	1.17
78	14.95	2.54	12.79	2.20	11.12	1.93	9.45	1.66	8.35	1.47	7.40	1.29
79	16.37	2.79	14.01	2.41	12.17	2.12	10.35	1.82	9.14	1.61	8.10	1.41
80	17.79	3.03	15.23	2.62	13.23	2.30	11.25	1.98	9.94	1.75	8.81	1.54
81	19.46	3.31	16.66	2.87	14.48	2.52	12.31	2.17	10.87	1.91	9.64	1.68
82	21.45	3.65	18.36	3.16	15.95	2.77	13.62	2.40	12.04	2.12	10.67	1.86
83	23.63	4.02	20.22	3.48	17.57	3.05	15.00	2.64	13.26	2.33	11.75	2.05
84	26.23	4.46	22.45	3.86	19.51	3.39	16.66	2.93	14.72	2.59	13.05	2.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.40	0.24	1.25	0.21	1.13	0.20	1.02	0.18	0.92	0.16	0.83	0.15
41	1.46	0.25	1.29	0.22	1.17	0.20	1.05	0.18	0.94	0.16	0.85	0.15
42	1.48	0.25	1.31	0.23	1.18	0.20	1.06	0.18	0.95	0.17	0.85	0.15
43	1.50	0.26	1.32	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.86	0.15
44	1.52	0.26	1.34	0.23	1.21	0.21	1.08	0.19	0.96	0.17	0.86	0.15
45	1.54	0.26	1.35	0.23	1.22	0.21	1.09	0.19	0.97	0.17	0.87	0.15
46	1.56	0.27	1.37	0.24	1.23	0.21	1.10	0.19	0.98	0.17	0.87	0.15
47	1.58	0.27	1.38	0.24	1.24	0.22	1.11	0.19	0.99	0.17	0.88	0.15
48	1.60	0.27	1.40	0.24	1.25	0.22	1.12	0.20	1.00	0.17	0.88	0.15
49	1.62	0.28	1.41	0.24	1.27	0.22	1.13	0.20	1.00	0.18	0.89	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.14	0.20	1.01	0.18	0.89	0.16
51	1.68	0.29	1.46	0.25	1.30	0.23	1.17	0.20	1.03	0.18	0.91	0.16
52	1.79	0.31	1.56	0.27	1.39	0.24	1.24	0.22	1.10	0.19	0.97	0.17
53	1.87	0.32	1.62	0.28	1.45	0.25	1.30	0.23	1.15	0.20	1.01	0.18
54	1.94	0.33	1.69	0.29	1.51	0.26	1.35	0.24	1.20	0.21	1.06	0.18
55	2.09	0.36	1.82	0.31	1.63	0.28	1.46	0.25	1.29	0.22	1.14	0.20
56	2.17	0.37	1.89	0.33	1.69	0.29	1.51	0.26	1.34	0.23	1.18	0.20
57	2.25	0.39	1.94	0.33	1.72	0.30	1.61	0.28	1.41	0.25	1.24	0.22
58	2.39	0.41	2.07	0.36	1.83	0.32	1.71	0.30	1.50	0.26	1.32	0.23
59	2.57	0.44	2.23	0.38	1.97	0.34	1.84	0.32	1.61	0.28	1.42	0.25
60	2.72	0.47	2.35	0.40	2.08	0.36	1.95	0.34	1.70	0.30	1.50	0.26
61	2.97	0.51	2.57	0.44	2.28	0.39	2.13	0.37	1.86	0.32	1.64	0.29
62	3.33	0.57	2.88	0.50	2.53	0.44	2.31	0.40	2.02	0.35	1.78	0.31
63	3.52	0.60	3.04	0.52	2.67	0.46	2.44	0.42	2.14	0.37	1.88	0.33
64	3.78	0.65	3.27	0.56	2.87	0.50	2.62	0.46	2.30	0.40	2.02	0.35
65	4.00	0.69	3.46	0.60	3.04	0.53	2.78	0.48	2.43	0.42	2.14	0.37
66	4.34	0.74	3.76	0.65	3.30	0.57	3.01	0.52	2.64	0.46	2.32	0.40
67	4.77	0.82	4.10	0.70	3.60	0.62	3.30	0.57	2.89	0.50	2.54	0.44
68	5.30	0.91	4.55	0.78	4.00	0.69	3.66	0.64	3.20	0.56	2.82	0.49
69	5.90	1.01	5.07	0.87	4.45	0.77	4.08	0.71	3.57	0.62	3.14	0.55
70	6.58	1.13	5.65	0.97	4.96	0.86	4.54	0.79	3.98	0.69	3.50	0.61
71	7.40	1.27	6.36	1.09	5.58	0.97	5.11	0.89	4.48	0.78	3.94	0.68
72	8.36	1.43	7.19	1.24	6.26	1.09	5.71	0.99	5.00	0.87	4.40	0.76
73	9.43	1.62	8.11	1.39	7.06	1.22	6.44	1.12	5.64	0.98	4.97	0.86
74	10.53	1.80	9.05	1.56	7.88	1.37	7.19	1.25	6.29	1.10	5.55	0.96
75	11.78	2.02	10.13	1.74	8.82	1.53	8.05	1.40	7.04	1.23	6.21	1.08
76	13.11	2.25	11.28	1.94	9.82	1.70	8.96	1.56	7.84	1.37	6.91	1.20
77	14.46	2.48	12.43	2.14	10.83	1.88	9.92	1.73	8.68	1.51	7.55	1.31
78	15.90	2.72	13.67	2.35	11.90	2.06	10.90	1.90	9.54	1.66	8.30	1.44
79	17.41	2.98	14.97	2.57	13.04	2.26	11.94	2.08	10.45	1.82	9.09	1.58
80	18.93	3.24	16.28	2.80	14.17	2.46	12.98	2.26	11.36	1.98	9.88	1.72
81	20.71	3.55	17.81	3.06	15.50	2.69	14.20	2.47	12.43	2.17	10.81	1.88
82	22.93	3.93	19.57	3.36	17.03	2.95	15.60	2.72	13.66	2.38	11.88	2.06
83	25.26	4.33	21.55	3.71	18.76	3.25	17.19	2.99	15.04	2.62	13.08	2.27
84	28.04	4.80	23.93	4.11	20.83	3.61	19.08	3.32	16.70	2.91	14.53	2.52

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.57	0.26	1.40	0.23	1.27	0.21	1.20	0.20	1.10	0.19	1.01	0.17
41	1.64	0.27	1.46	0.24	1.31	0.22	1.24	0.21	1.12	0.19	1.03	0.17
42	1.66	0.28	1.48	0.25	1.33	0.22	1.25	0.21	1.13	0.19	1.03	0.18
43	1.69	0.28	1.50	0.25	1.34	0.23	1.26	0.21	1.14	0.19	1.04	0.18
44	1.71	0.28	1.52	0.25	1.36	0.23	1.27	0.22	1.15	0.20	1.04	0.18
45	1.73	0.29	1.53	0.26	1.37	0.23	1.28	0.22	1.16	0.20	1.05	0.18
46	1.76	0.29	1.55	0.26	1.39	0.23	1.30	0.22	1.17	0.20	1.06	0.18
47	1.78	0.30	1.57	0.26	1.40	0.24	1.31	0.22	1.18	0.20	1.06	0.18
48	1.81	0.30	1.59	0.27	1.41	0.24	1.32	0.22	1.18	0.20	1.07	0.18
49	1.83	0.30	1.61	0.27	1.43	0.24	1.33	0.23	1.19	0.20	1.08	0.18
50	1.85	0.31	1.63	0.27	1.44	0.24	1.34	0.23	1.20	0.20	1.08	0.18
51	1.89	0.31	1.66	0.28	1.47	0.25	1.37	0.23	1.23	0.21	1.10	0.19
52	2.02	0.33	1.78	0.30	1.57	0.26	1.46	0.25	1.31	0.22	1.18	0.20
53	2.11	0.35	1.85	0.31	1.64	0.28	1.52	0.26	1.37	0.23	1.23	0.21
54	2.19	0.36	1.93	0.32	1.71	0.29	1.59	0.27	1.42	0.24	1.28	0.22
55	2.36	0.39	2.08	0.35	1.84	0.31	1.71	0.29	1.53	0.26	1.38	0.23
56	2.45	0.41	2.15	0.36	1.91	0.32	1.77	0.30	1.59	0.27	1.43	0.24
57	2.59	0.43	2.26	0.38	1.98	0.33	1.83	0.31	1.64	0.28	1.46	0.25
58	2.75	0.46	2.40	0.40	2.11	0.36	1.95	0.33	1.74	0.30	1.55	0.26
59	2.96	0.49	2.59	0.43	2.27	0.38	2.09	0.35	1.88	0.32	1.67	0.28
60	3.13	0.52	2.73	0.45	2.40	0.40	2.21	0.37	1.98	0.34	1.76	0.30
61	3.42	0.57	2.99	0.50	2.62	0.44	2.42	0.41	2.17	0.37	1.93	0.33
62	3.73	0.62	3.23	0.54	2.84	0.48	2.61	0.44	2.34	0.40	2.05	0.35
63	3.94	0.65	3.41	0.57	3.00	0.50	2.76	0.47	2.47	0.42	2.17	0.37
64	4.23	0.70	3.67	0.61	3.22	0.54	2.96	0.50	2.65	0.45	2.33	0.40
65	4.49	0.74	3.89	0.65	3.41	0.57	3.14	0.53	2.81	0.48	2.47	0.42
66	4.86	0.81	4.21	0.70	3.70	0.62	3.40	0.58	3.05	0.52	2.67	0.45
67	5.48	0.91	4.71	0.78	4.14	0.70	3.80	0.64	3.33	0.57	2.95	0.50
68	6.08	1.01	5.23	0.87	4.59	0.77	4.22	0.71	3.70	0.63	3.28	0.56
69	6.77	1.12	5.82	0.97	5.11	0.86	4.70	0.80	4.12	0.70	3.65	0.62
70	7.55	1.25	6.49	1.08	5.70	0.96	5.24	0.89	4.59	0.78	4.07	0.69
71	8.50	1.41	7.31	1.22	6.42	1.08	5.90	1.00	5.17	0.88	4.58	0.78
72	9.50	1.57	8.17	1.36	7.17	1.21	6.63	1.12	5.81	0.99	5.08	0.86
73	10.71	1.77	9.21	1.53	8.08	1.36	7.48	1.27	6.55	1.11	5.73	0.97
74	11.96	1.98	10.28	1.71	9.03	1.52	8.35	1.41	7.32	1.24	6.40	1.09
75	13.38	2.22	11.51	1.91	10.10	1.70	9.35	1.58	8.19	1.39	7.16	1.22
76	14.89	2.47	12.81	2.13	11.24	1.89	10.40	1.76	9.11	1.55	7.97	1.35
77	16.17	2.68	14.03	2.33	12.21	2.05	11.27	1.91	9.87	1.68	8.63	1.47
78	17.78	2.94	15.43	2.57	13.43	2.26	12.39	2.10	10.85	1.85	9.49	1.61
79	19.48	3.22	16.90	2.81	14.70	2.47	13.57	2.30	11.88	2.02	10.39	1.77
80	21.17	3.50	18.37	3.06	15.98	2.69	14.75	2.49	12.92	2.20	11.30	1.92
81	23.16	3.83	20.09	3.34	17.49	2.94	16.13	2.73	14.13	2.40	12.36	2.10
82	24.89	4.12	21.43	3.56	18.65	3.14	17.29	2.92	15.15	2.58	13.25	2.25
83	27.42	4.54	23.60	3.93	20.54	3.46	19.04	3.22	16.68	2.84	14.59	2.48
84	30.44	5.04	26.20	4.36	22.80	3.84	21.14	3.58	18.52	3.15	16.20	2.75

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.08	0.31	1.87	0.28	1.71	0.26	1.61	0.24	1.47	0.22	1.36	0.20
41	2.18	0.33	1.94	0.29	1.77	0.27	1.66	0.25	1.51	0.23	1.38	0.21
42	2.21	0.33	1.97	0.30	1.79	0.27	1.68	0.25	1.52	0.23	1.39	0.21
43	2.24	0.34	2.00	0.30	1.81	0.27	1.70	0.26	1.53	0.23	1.40	0.21
44	2.27	0.34	2.02	0.31	1.83	0.28	1.71	0.26	1.54	0.23	1.41	0.21
45	2.30	0.35	2.05	0.31	1.85	0.28	1.73	0.26	1.56	0.24	1.42	0.21
46	2.34	0.35	2.07	0.31	1.87	0.28	1.75	0.26	1.57	0.24	1.43	0.22
47	2.37	0.36	2.10	0.32	1.89	0.29	1.76	0.27	1.58	0.24	1.44	0.22
48	2.40	0.36	2.13	0.32	1.91	0.29	1.78	0.27	1.60	0.24	1.45	0.22
49	2.43	0.37	2.15	0.33	1.93	0.29	1.80	0.27	1.61	0.24	1.46	0.22
50	2.47	0.37	2.18	0.33	1.95	0.29	1.81	0.27	1.62	0.24	1.47	0.22
51	2.52	0.38	2.22	0.34	1.99	0.30	1.85	0.28	1.65	0.25	1.50	0.23
52	2.69	0.41	2.37	0.36	2.13	0.32	1.98	0.30	1.77	0.27	1.60	0.24
53	2.80	0.42	2.48	0.37	2.22	0.33	2.06	0.31	1.84	0.28	1.67	0.25
54	2.92	0.44	2.58	0.39	2.31	0.35	2.14	0.32	1.92	0.29	1.74	0.26
55	3.14	0.47	2.78	0.42	2.49	0.38	2.31	0.35	2.07	0.31	1.87	0.28
56	3.26	0.49	2.88	0.43	2.58	0.39	2.40	0.36	2.14	0.32	1.94	0.29
57	3.50	0.53	3.05	0.46	2.70	0.41	2.51	0.38	2.22	0.34	1.98	0.30
58	3.72	0.56	3.24	0.49	2.88	0.43	2.67	0.40	2.36	0.36	2.11	0.32
59	4.01	0.60	3.49	0.53	3.10	0.47	2.88	0.43	2.54	0.38	2.27	0.34
60	4.23	0.64	3.69	0.56	3.27	0.49	3.04	0.46	2.69	0.41	2.40	0.36
61	4.63	0.70	4.03	0.61	3.57	0.54	3.32	0.50	2.94	0.44	2.62	0.40
62	4.94	0.75	4.31	0.65	3.79	0.57	3.54	0.54	3.10	0.47	2.73	0.41
63	5.22	0.79	4.55	0.69	4.00	0.60	3.74	0.57	3.27	0.49	2.88	0.43
64	5.61	0.85	4.89	0.74	4.30	0.65	4.02	0.61	3.51	0.53	3.09	0.47
65	5.94	0.90	5.18	0.78	4.56	0.69	4.26	0.64	3.72	0.56	3.28	0.49
66	6.44	0.97	5.62	0.85	4.94	0.75	4.62	0.70	4.04	0.61	3.55	0.54
67	7.42	1.12	6.42	0.97	5.60	0.85	5.27	0.80	4.61	0.70	4.06	0.61
68	8.23	1.24	7.13	1.08	6.22	0.94	5.86	0.88	5.12	0.77	4.50	0.68
69	9.17	1.38	7.94	1.20	6.92	1.04	6.52	0.98	5.70	0.86	5.01	0.76
70	10.22	1.54	8.85	1.34	7.72	1.16	7.27	1.10	6.35	0.96	5.59	0.84
71	11.50	1.74	9.96	1.50	8.69	1.31	8.18	1.23	7.15	1.08	6.29	0.95
72	12.66	1.91	10.96	1.65	9.56	1.44	8.96	1.35	7.83	1.18	6.80	1.03
73	14.27	2.15	12.36	1.86	10.77	1.63	10.10	1.52	8.82	1.33	7.66	1.16
74	15.94	2.40	13.80	2.08	12.03	1.82	11.28	1.70	9.85	1.49	8.56	1.29
75	17.83	2.69	15.45	2.33	13.47	2.03	12.62	1.90	11.03	1.66	9.58	1.45
76	19.85	2.99	17.19	2.59	14.99	2.26	14.05	2.12	12.27	1.85	10.66	1.61
77	21.64	3.26	18.60	2.81	16.22	2.45	15.07	2.27	13.17	1.99	11.44	1.73
78	23.79	3.59	20.45	3.09	17.83	2.69	16.57	2.50	14.48	2.18	12.57	1.90
79	26.05	3.93	22.40	3.38	19.53	2.95	18.15	2.74	15.85	2.39	13.77	2.08
80	28.32	4.27	24.35	3.67	21.22	3.20	19.73	2.98	17.23	2.60	14.97	2.26
81	30.98	4.67	26.63	4.02	23.22	3.50	21.58	3.26	18.85	2.84	16.38	2.47
82	32.38	4.89	27.84	4.20	24.27	3.66	22.80	3.44	19.69	2.97	17.30	2.61
83	35.67	5.38	30.66	4.63	26.73	4.03	25.12	3.79	21.69	3.27	19.06	2.88
84	39.60	5.98	34.04	5.14	29.68	4.48	27.88	4.21	24.08	3.63	21.16	3.19

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	13.47	2.26	12.13	2.03	11.00	1.86	9.61	1.63	8.79	1.49	8.13	1.34
41	13.96	2.34	12.51	2.10	11.26	1.90	9.94	1.68	9.05	1.53	8.30	1.37
42	14.10	2.36	12.62	2.12	11.34	1.91	10.04	1.70	9.12	1.54	8.35	1.38
43	14.25	2.39	12.74	2.14	11.41	1.93	10.13	1.71	9.20	1.56	8.40	1.39
44	14.40	2.41	12.85	2.16	11.49	1.94	10.23	1.73	9.28	1.57	8.45	1.40
45	14.54	2.44	12.96	2.17	11.56	1.95	10.33	1.75	9.35	1.58	8.49	1.41
46	14.69	2.46	13.08	2.19	11.63	1.96	10.43	1.76	9.43	1.59	8.54	1.41
47	14.84	2.49	13.19	2.21	11.71	1.97	10.52	1.78	9.50	1.61	8.59	1.42
48	14.98	2.51	13.30	2.23	11.78	1.99	10.62	1.80	9.58	1.62	8.64	1.43
49	15.12	2.53	13.41	2.25	11.85	2.00	10.72	1.81	9.65	1.63	8.69	1.44
50	15.27	2.56	13.52	2.27	11.92	2.01	10.81	1.83	9.73	1.64	8.73	1.45
51	15.43	2.59	13.66	2.29	12.05	2.03	10.93	1.85	9.83	1.66	8.83	1.46
52	15.87	2.66	14.05	2.36	12.39	2.09	11.24	1.90	10.11	1.71	9.08	1.50
53	16.16	2.71	14.31	2.40	12.62	2.13	11.45	1.94	10.29	1.74	9.24	1.53
54	16.46	2.76	14.57	2.45	12.85	2.17	11.66	1.97	10.48	1.77	9.41	1.56
55	17.25	2.89	15.27	2.56	13.47	2.27	12.21	2.07	10.88	1.84	9.77	1.68
56	17.70	2.97	15.67	2.63	13.82	2.33	12.53	2.12	11.17	1.89	9.93	1.67
57	19.36	3.24	16.89	2.83	14.76	2.49	12.77	2.16	11.36	1.92	10.06	1.67
58	20.33	3.41	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.57	1.75
59	21.57	3.61	18.81	3.16	16.45	2.77	14.23	2.41	12.66	2.14	11.21	1.86
60	22.46	3.77	19.60	3.29	17.13	2.89	14.82	2.51	13.19	2.23	11.68	1.93
61	24.21	4.06	21.12	3.54	18.46	3.11	15.98	2.70	14.21	2.40	12.59	2.08
62	27.48	4.60	23.78	3.99	20.79	3.51	18.59	3.14	16.35	2.76	14.46	2.39
63	28.60	4.79	24.75	4.15	21.64	3.65	19.34	3.27	17.02	2.88	15.05	2.49
64	30.22	5.06	26.15	4.39	22.86	3.86	20.44	3.46	17.98	3.04	15.91	2.63
65	31.41	5.26	27.19	4.56	23.76	4.01	21.25	3.59	18.69	3.16	16.53	2.74
66	33.34	5.59	28.85	4.84	25.22	4.25	22.55	3.81	19.84	3.35	17.55	2.90
67	35.73	5.99	30.45	5.11	26.62	4.49	24.02	4.06	20.90	3.53	18.22	3.01
68	38.56	6.46	32.86	5.51	28.72	4.85	25.92	4.39	22.55	3.81	19.66	3.25
69	41.61	6.97	35.46	5.95	30.99	5.23	27.98	4.73	24.33	4.11	21.22	3.51
70	44.80	7.51	38.18	6.41	33.37	5.63	30.12	5.10	26.20	4.43	22.85	3.78
71	48.44	8.12	41.28	6.93	36.08	6.09	32.57	5.51	28.33	4.79	24.70	4.09
72	52.02	8.72	44.38	7.45	38.45	6.49	34.82	5.89	29.94	5.06	26.06	4.31
73	56.13	9.41	47.89	8.03	41.49	7.00	37.56	6.35	32.30	5.46	28.12	4.65
74	59.88	10.04	51.09	8.57	44.27	7.47	40.08	6.78	34.47	5.83	30.00	4.96
75	63.87	10.71	54.50	9.14	47.22	7.97	42.75	7.23	36.76	6.21	32.00	5.30
76	67.59	11.33	57.67	9.67	49.97	8.43	45.24	7.65	38.90	6.58	33.87	5.60
77	69.68	11.68	59.00	9.90	51.12	8.62	45.82	7.75	38.95	6.58	33.85	5.60
78	72.43	12.14	61.33	10.29	53.14	8.96	47.63	8.06	40.49	6.84	35.19	5.82
79	74.50	12.49	63.08	10.58	54.65	9.22	48.99	8.29	41.65	7.04	36.20	5.99
80	75.45	12.65	63.88	10.72	55.35	9.34	49.62	8.39	42.18	7.13	36.66	6.07
81	76.19	12.77	64.51	10.82	55.90	9.43	50.11	8.48	42.59	7.20	37.02	6.13
82	77.43	12.98	65.56	11.00	56.81	9.58	51.85	8.77	44.08	7.45	38.31	6.34
83	77.13	12.93	65.31	10.96	56.59	9.55	51.65	8.74	43.91	7.42	38.16	6.31
84	76.58	12.84	64.84	10.88	56.18	9.48	51.28	8.67	43.59	7.37	37.89	6.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	16.35	2.61	14.52	2.34	13.22	2.15	12.09	2.00	11.08	1.83	10.29	1.68
41	17.46	2.78	15.42	2.49	13.96	2.27	12.48	2.06	11.36	1.88	10.49	1.72
42	17.81	2.84	15.71	2.53	14.20	2.31	12.60	2.08	11.44	1.89	10.55	1.73
43	18.15	2.89	15.99	2.58	14.43	2.35	12.72	2.10	11.53	1.90	10.61	1.73
44	18.50	2.95	16.28	2.62	14.66	2.39	12.83	2.12	11.61	1.92	10.66	1.74
45	18.85	3.00	16.56	2.67	14.89	2.42	12.95	2.14	11.69	1.93	10.72	1.75
46	19.19	3.06	16.84	2.71	15.12	2.46	13.07	2.16	11.77	1.94	10.78	1.76
47	19.53	3.11	17.12	2.76	15.34	2.50	13.18	2.18	11.85	1.96	10.83	1.77
48	19.87	3.17	17.40	2.80	15.57	2.54	13.30	2.19	11.93	1.97	10.89	1.78
49	20.22	3.22	17.68	2.85	15.80	2.57	13.41	2.21	12.01	1.98	10.94	1.79
50	20.55	3.28	17.95	2.89	16.02	2.61	13.53	2.23	12.09	2.00	11.00	1.80
51	20.77	3.31	18.14	2.92	16.19	2.64	13.67	2.26	12.21	2.02	11.11	1.82
52	21.36	3.40	18.66	3.01	16.65	2.71	14.06	2.32	12.56	2.07	11.43	1.87
53	21.76	3.47	19.00	3.06	16.96	2.76	14.32	2.36	12.79	2.11	11.64	1.90
54	22.16	3.53	19.35	3.12	17.27	2.81	14.58	2.41	13.03	2.15	11.85	1.94
55	23.22	3.70	20.28	3.27	18.10	2.95	15.28	2.52	13.65	2.25	12.42	2.03
56	23.83	3.80	20.81	3.35	18.57	3.02	15.68	2.59	14.01	2.31	12.75	2.08
57	25.81	4.11	22.39	3.61	19.80	3.22	16.84	2.78	14.88	2.46	13.35	2.18
58	27.10	4.32	23.51	3.79	20.79	3.39	17.68	2.92	15.62	2.58	14.02	2.29
59	28.75	4.58	24.94	4.02	22.06	3.59	18.76	3.10	16.57	2.74	14.88	2.43
60	29.95	4.77	25.98	4.19	22.97	3.74	19.54	3.22	17.26	2.85	15.49	2.53
61	32.28	5.14	28.00	4.51	24.76	4.03	21.06	3.47	18.61	3.07	16.70	2.73
62	35.02	5.58	30.41	4.90	26.66	4.34	22.67	3.74	20.03	3.31	17.75	2.90
63	36.45	5.81	31.65	5.10	27.75	4.52	23.59	3.89	20.85	3.44	18.48	3.02
64	38.52	6.14	33.44	5.39	29.32	4.77	24.93	4.11	22.03	3.64	19.52	3.19
65	40.04	6.38	34.77	5.60	30.48	4.96	25.92	4.28	22.90	3.78	20.30	3.32
66	42.49	6.77	36.90	5.95	32.34	5.27	27.50	4.54	24.30	4.01	21.54	3.52
67	46.54	7.42	40.10	6.46	35.15	5.72	29.86	4.93	26.38	4.36	23.38	3.82
68	50.23	8.00	43.28	6.97	37.93	6.18	32.22	5.32	28.47	4.70	25.23	4.13
69	54.20	8.64	46.70	7.53	40.94	6.67	34.77	5.74	30.72	5.07	27.23	4.45
70	58.36	9.30	50.29	8.10	44.08	7.18	37.44	6.18	33.08	5.46	29.32	4.79
71	63.10	10.06	54.37	8.76	47.66	7.76	40.48	6.68	35.76	5.91	31.70	5.18
72	68.05	10.84	58.18	9.38	51.00	8.31	43.50	7.18	38.43	6.35	34.07	5.57
73	73.43	11.70	62.78	10.12	55.03	8.96	46.93	7.74	41.47	6.85	36.76	6.01
74	78.34	12.48	66.98	10.79	58.71	9.56	50.07	8.26	44.25	7.31	39.22	6.41
75	83.57	13.32	71.45	11.51	62.63	10.20	53.41	8.81	47.20	7.79	41.83	6.84
76	88.43	14.09	75.60	12.18	66.27	10.79	56.52	9.33	49.94	8.25	44.27	7.24
77	92.40	14.72	79.09	12.75	68.72	11.19	58.42	9.64	51.62	8.52	45.75	7.48
78	96.05	15.31	82.22	13.25	71.44	11.63	60.72	10.02	53.65	8.86	47.56	7.78
79	98.80	15.74	84.57	13.63	73.48	11.96	62.46	10.31	55.19	9.11	48.92	8.00
80	100.06	15.94	85.64	13.80	74.41	12.12	63.25	10.44	55.89	9.23	49.54	8.10
81	101.04	16.10	86.49	13.94	75.15	12.24	63.88	10.54	56.44	9.32	50.03	8.18
82	101.63	16.19	86.99	14.02	75.58	12.31	64.54	10.65	57.02	9.42	50.54	8.26
83	101.23	16.13	86.65	13.96	75.29	12.26	64.29	10.61	56.80	9.38	50.35	8.23
84	100.51	16.02	86.03	13.86	74.75	12.17	63.83	10.53	56.40	9.31	49.99	8.17

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.76	3.01	16.72	2.69	15.16	2.46	13.63	2.22	12.27	2.00	11.17	1.82
41	19.54	3.14	17.30	2.79	15.62	2.54	14.02	2.29	12.57	2.05	11.34	1.85
42	19.77	3.17	17.47	2.81	15.76	2.56	14.14	2.31	12.66	2.07	11.39	1.85
43	20.01	3.21	17.65	2.84	15.90	2.58	14.26	2.33	12.74	2.08	11.44	1.86
44	20.25	3.25	17.82	2.87	16.04	2.61	14.37	2.34	12.83	2.10	11.48	1.87
45	20.48	3.29	17.99	2.90	16.18	2.63	14.49	2.36	12.91	2.11	11.53	1.88
46	20.72	3.33	18.16	2.93	16.31	2.65	14.60	2.38	13.00	2.12	11.58	1.88
47	20.95	3.36	18.34	2.95	16.45	2.67	14.72	2.40	13.08	2.14	11.62	1.89
48	21.19	3.40	18.51	2.98	16.58	2.69	14.83	2.42	13.17	2.15	11.67	1.90
49	21.42	3.44	18.68	3.01	16.72	2.72	14.95	2.44	13.25	2.16	11.72	1.91
50	21.65	3.48	18.85	3.04	16.85	2.74	15.06	2.46	13.33	2.18	11.76	1.91
51	21.88	3.51	19.04	3.07	17.03	2.77	15.22	2.48	13.47	2.20	11.89	1.93
52	23.11	3.71	20.12	3.24	17.99	2.92	16.08	2.62	14.23	2.32	12.56	2.04
53	23.83	3.82	20.74	3.34	18.54	3.01	16.57	2.70	14.67	2.40	12.94	2.11
54	24.52	3.94	21.34	3.44	19.08	3.10	17.05	2.78	15.10	2.47	13.32	2.17
55	26.14	4.20	22.75	3.67	20.35	3.30	18.18	2.97	16.10	2.63	14.20	2.31
56	26.73	4.29	23.27	3.75	20.81	3.38	18.59	3.03	16.46	2.69	14.52	2.36
57	27.31	4.38	23.61	3.80	20.93	3.40	19.56	3.19	17.12	2.80	15.09	2.45
58	28.68	4.60	24.80	3.99	21.97	3.57	20.54	3.35	17.98	2.94	15.84	2.58
59	30.43	4.88	26.31	4.24	23.31	3.79	21.80	3.56	19.08	3.12	16.81	2.74
60	31.69	5.09	27.40	4.41	24.28	3.94	22.70	3.70	19.87	3.25	17.51	2.85
61	34.16	5.48	29.54	4.76	26.17	4.25	24.47	3.99	21.42	3.50	18.87	3.07
62	37.71	6.05	32.64	5.26	28.67	4.66	26.18	4.27	22.91	3.74	20.19	3.29
63	39.25	6.30	33.97	5.47	29.84	4.85	27.25	4.44	23.85	3.90	21.01	3.42
64	41.47	6.66	35.90	5.78	31.53	5.12	28.79	4.70	25.20	4.12	22.20	3.61
65	43.11	6.92	37.32	6.01	32.78	5.32	29.93	4.88	26.20	4.28	23.08	3.76
66	45.76	7.35	39.60	6.38	34.78	5.65	31.76	5.18	27.80	4.54	24.49	3.99
67	49.15	7.89	42.21	6.80	37.08	6.02	33.96	5.54	29.73	4.86	26.19	4.26
68	53.04	8.52	45.56	7.34	40.01	6.50	36.65	5.98	32.08	5.24	28.26	4.60
69	57.24	9.19	49.16	7.92	43.18	7.01	39.55	6.45	34.62	5.65	30.50	4.96
70	61.63	9.89	52.93	8.53	46.49	7.55	42.58	6.95	37.27	6.09	32.84	5.34
71	66.64	10.70	57.23	9.22	50.27	8.17	46.04	7.51	40.30	6.58	35.50	5.78
72	72.36	11.62	62.22	10.02	54.17	8.80	49.42	8.06	43.25	7.06	38.11	6.20
73	78.07	12.53	67.13	10.81	58.44	9.49	53.32	8.70	46.67	7.62	41.12	6.69
74	83.29	13.37	71.62	11.54	62.36	10.13	56.89	9.28	49.79	8.13	43.87	7.14
75	88.85	14.26	76.40	12.31	66.51	10.80	60.68	9.90	53.11	8.68	46.79	7.61
76	94.02	15.09	80.84	13.02	70.38	11.43	64.21	10.47	56.20	9.18	49.51	8.06
77	98.31	15.78	84.53	13.62	73.59	11.95	67.42	11.00	59.01	9.64	51.32	8.35
78	102.19	16.41	87.87	14.16	76.50	12.43	70.08	11.43	61.34	10.02	53.35	8.68
79	105.11	16.87	90.38	14.56	78.68	12.78	72.08	11.76	63.09	10.31	54.87	8.93
80	106.45	17.09	91.53	14.75	79.69	12.94	73.00	11.91	63.90	10.44	55.57	9.04
81	107.49	17.26	92.43	14.89	80.47	13.07	73.72	12.03	64.53	10.54	56.12	9.13
82	108.63	17.44	92.70	14.93	80.71	13.11	73.93	12.06	64.71	10.57	56.28	9.16
83	108.21	17.37	92.34	14.88	80.40	13.06	73.64	12.01	64.46	10.53	56.06	9.12
84	107.44	17.25	91.68	14.77	79.82	12.97	73.11	11.93	64.00	10.45	55.66	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.99	3.25	18.76	2.92	16.97	2.67	16.13	2.56	14.70	2.34	13.50	2.15
41	21.91	3.39	19.50	3.04	17.54	2.76	16.56	2.62	15.02	2.39	13.72	2.18
42	22.20	3.44	19.72	3.07	17.70	2.79	16.69	2.64	15.12	2.41	13.78	2.19
43	22.48	3.48	19.95	3.11	17.87	2.81	16.81	2.66	15.21	2.42	13.84	2.20
44	22.76	3.53	20.17	3.14	18.04	2.84	16.94	2.68	15.30	2.44	13.90	2.21
45	23.04	3.57	20.39	3.17	18.21	2.87	17.06	2.70	15.39	2.45	13.96	2.22
46	23.33	3.61	20.61	3.21	18.37	2.89	17.19	2.72	15.48	2.47	14.02	2.23
47	23.60	3.66	20.83	3.24	18.54	2.92	17.31	2.74	15.57	2.48	14.08	2.24
48	23.88	3.70	21.05	3.28	18.71	2.95	17.44	2.76	15.66	2.50	14.13	2.25
49	24.16	3.74	21.27	3.31	18.87	2.97	17.56	2.78	15.75	2.51	14.19	2.26
50	24.44	3.78	21.49	3.35	19.03	3.00	17.68	2.80	15.84	2.52	14.25	2.27
51	24.69	3.82	21.71	3.38	19.23	3.03	17.87	2.83	16.01	2.55	14.40	2.29
52	26.08	4.04	22.94	3.57	20.32	3.20	18.87	2.99	16.91	2.69	15.21	2.42
53	26.89	4.16	23.65	3.68	20.95	3.30	19.46	3.08	17.43	2.78	15.68	2.50
54	27.67	4.29	24.33	3.79	21.55	3.39	20.02	3.17	17.94	2.86	16.14	2.57
55	29.50	4.57	25.94	4.04	22.98	3.62	21.35	3.38	19.13	3.05	17.20	2.74
56	30.17	4.67	26.53	4.13	23.50	3.70	21.83	3.46	19.56	3.12	17.59	2.80
57	31.42	4.87	27.44	4.27	24.09	3.79	22.23	3.52	19.91	3.17	17.69	2.82
58	32.99	5.11	28.81	4.49	25.30	3.98	23.34	3.70	20.91	3.33	18.58	2.96
59	35.00	5.42	30.57	4.76	26.84	4.23	24.76	3.92	22.19	3.54	19.71	3.14
60	36.46	5.65	31.84	4.96	27.96	4.40	25.79	4.09	23.11	3.68	20.53	3.27
61	39.30	6.09	34.32	5.34	30.13	4.75	27.80	4.40	24.91	3.97	22.13	3.52
62	42.27	6.55	36.63	5.70	32.16	5.07	29.56	4.68	26.49	4.22	23.24	3.70
63	44.00	6.81	38.13	5.94	33.47	5.27	30.77	4.87	27.57	4.39	24.18	3.85
64	46.49	7.20	40.28	6.27	35.37	5.57	32.51	5.15	29.13	4.64	25.55	4.07
65	48.33	7.48	41.88	6.52	36.77	5.79	33.80	5.35	30.28	4.83	26.56	4.23
66	51.29	7.94	44.44	6.92	39.02	6.15	35.87	5.68	32.14	5.12	28.19	4.49
67	56.42	8.74	48.52	7.55	42.60	6.71	39.18	6.21	34.32	5.47	30.41	4.84
68	60.89	9.43	52.36	8.15	45.97	7.24	42.28	6.70	37.04	5.90	32.81	5.22
69	65.70	10.18	56.50	8.80	49.60	7.81	45.63	7.23	39.97	6.37	35.41	5.64
70	70.75	10.96	60.84	9.47	53.41	8.41	49.13	7.78	43.04	6.86	38.13	6.07
71	76.49	11.85	65.77	10.24	57.75	9.10	53.12	8.42	46.53	7.42	41.22	6.56
72	82.17	12.72	70.65	11.00	62.03	9.77	57.38	9.09	50.27	8.01	43.96	7.00
73	88.66	13.73	76.23	11.87	66.93	10.54	61.92	9.81	54.24	8.64	47.43	7.55
74	94.59	14.65	81.34	12.66	71.41	11.25	66.06	10.47	57.87	9.22	50.61	8.06
75	100.90	15.63	86.76	13.51	76.17	12.00	70.46	11.16	61.73	9.84	53.98	8.59
76	106.77	16.53	91.81	14.29	80.60	12.69	74.56	11.81	65.32	10.41	57.12	9.09
77	109.95	17.03	95.38	14.85	83.01	13.07	76.58	12.13	67.09	10.69	58.67	9.34
78	114.30	17.70	99.15	15.44	86.29	13.59	79.61	12.61	69.74	11.11	60.99	9.71
79	117.56	18.21	101.98	15.88	88.75	13.98	81.88	12.97	71.73	11.43	62.73	9.99
80	119.06	18.44	103.28	16.08	89.88	14.16	82.93	13.14	72.65	11.58	63.53	10.11
81	120.23	18.62	104.30	16.24	90.77	14.30	83.74	13.27	73.36	11.69	64.16	10.21
82	117.92	18.26	101.52	15.80	88.35	13.91	81.91	12.98	71.76	11.44	62.75	9.99
83	117.47	18.19	101.12	15.74	88.01	13.86	81.60	12.93	71.48	11.39	62.51	9.95
84	116.63	18.06	100.40	15.63	87.38	13.76	81.01	12.83	70.97	11.31	62.06	9.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.82	3.91	24.98	3.51	22.83	3.21	21.60	3.04	19.64	2.76	18.16	2.55
41	29.08	4.09	25.99	3.66	23.62	3.32	22.24	3.13	20.13	2.83	18.51	2.60
42	29.47	4.14	26.30	3.70	23.85	3.35	22.43	3.15	20.27	2.85	18.60	2.62
43	29.85	4.20	26.60	3.74	24.09	3.39	22.62	3.18	20.41	2.87	18.70	2.63
44	30.24	4.25	26.91	3.79	24.32	3.42	22.80	3.21	20.55	2.89	18.79	2.64
45	30.62	4.31	27.22	3.83	24.56	3.45	22.99	3.23	20.69	2.91	18.89	2.66
46	31.00	4.36	27.52	3.87	24.79	3.49	23.18	3.26	20.83	2.93	18.98	2.67
47	31.38	4.41	27.82	3.91	25.02	3.52	23.36	3.29	20.96	2.95	19.08	2.68
48	31.76	4.47	28.12	3.96	25.25	3.55	23.55	3.31	21.10	2.97	19.17	2.70
49	32.14	4.52	28.43	4.00	25.48	3.58	23.73	3.34	21.24	2.99	19.27	2.71
50	32.52	4.57	28.73	4.04	25.71	3.62	23.92	3.36	21.37	3.01	19.36	2.72
51	32.86	4.62	29.02	4.08	25.98	3.65	24.17	3.40	21.60	3.04	19.56	2.75
52	34.71	4.88	30.66	4.31	27.45	3.86	25.53	3.59	22.82	3.21	20.66	2.91
53	35.78	5.03	31.61	4.45	28.29	3.98	26.32	3.70	23.52	3.31	21.30	3.00
54	36.82	5.18	32.53	4.58	29.12	4.10	27.08	3.81	24.20	3.40	21.92	3.08
55	39.26	5.52	34.68	4.88	31.04	4.37	28.87	4.06	25.81	3.63	23.37	3.29
56	40.15	5.65	35.47	4.99	31.75	4.47	29.53	4.15	26.39	3.71	23.90	3.36
57	42.52	5.98	37.02	5.21	32.85	4.62	30.53	4.29	26.98	3.79	24.09	3.39
58	44.65	6.28	38.88	5.47	34.49	4.85	32.06	4.51	28.33	3.98	25.30	3.56
59	47.37	6.66	41.25	5.80	36.59	5.15	34.01	4.78	30.06	4.23	26.84	3.78
60	49.34	6.94	42.96	6.04	38.12	5.36	35.43	4.98	31.31	4.40	27.96	3.93
61	53.19	7.48	46.31	6.51	41.09	5.78	38.19	5.37	33.74	4.75	30.14	4.24
62	56.00	7.88	48.82	6.87	42.93	6.04	40.16	5.65	35.08	4.93	30.88	4.34
63	58.29	8.20	50.81	7.15	44.68	6.28	41.80	5.88	36.52	5.14	32.14	4.52
64	61.59	8.66	53.69	7.55	47.21	6.64	44.16	6.21	38.58	5.43	33.96	4.78
65	64.02	9.01	55.81	7.85	49.08	6.90	45.91	6.46	40.11	5.64	35.30	4.97
66	67.95	9.56	59.23	8.33	52.09	7.33	48.72	6.85	42.57	5.99	37.47	5.27
67	76.39	10.75	66.17	9.31	57.68	8.11	54.33	7.64	47.46	6.68	41.78	5.88
68	82.44	11.60	71.40	10.04	62.25	8.76	58.63	8.25	51.22	7.20	45.08	6.34
69	88.96	12.51	77.05	10.84	67.17	9.45	63.27	8.90	55.27	7.77	48.65	6.84
70	95.79	13.47	82.97	11.67	72.33	10.17	68.12	9.58	59.52	8.37	52.38	7.37
71	103.57	14.57	89.70	12.62	78.20	11.00	73.65	10.36	64.35	9.05	56.64	7.97
72	109.50	15.40	94.84	13.34	82.68	11.63	77.51	10.90	67.72	9.52	58.82	8.27
73	118.15	16.62	102.33	14.39	89.21	12.55	83.63	11.76	73.06	10.28	63.46	8.93
74	126.06	17.73	109.18	15.36	95.18	13.39	89.23	12.55	77.95	10.96	67.71	9.52
75	134.46	18.91	116.46	16.38	101.53	14.28	95.17	13.39	83.15	11.70	72.22	10.16
76	142.28	20.01	123.23	17.33	107.43	15.11	100.71	14.17	87.99	12.38	76.42	10.75
77	147.09	20.69	126.44	17.79	110.23	15.50	102.45	14.41	89.50	12.59	77.74	10.93
78	152.90	21.51	131.44	18.49	114.59	16.12	106.50	14.98	93.04	13.09	80.81	11.37
79	157.26	22.12	135.19	19.02	117.86	16.58	109.53	15.41	95.70	13.46	83.12	11.69
80	159.27	22.40	136.92	19.26	119.36	16.79	110.93	15.60	96.92	13.63	84.18	11.84
81	160.84	22.62	138.26	19.45	120.53	16.95	112.02	15.76	97.87	13.77	85.01	11.96
82	153.42	21.58	131.89	18.55	114.98	16.17	108.03	15.20	93.30	13.12	81.98	11.53
83	152.83	21.50	131.38	18.48	114.53	16.11	107.61	15.14	92.94	13.07	81.66	11.49
84	151.73	21.34	130.44	18.35	113.71	15.99	106.84	15.03	92.27	12.98	81.08	11.40

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	22.13	3.95	19.93	3.56	18.07	3.25	15.79	2.85	14.44	2.60	13.35	2.35
41	22.97	4.10	20.58	3.69	18.54	3.33	16.36	2.95	14.89	2.68	13.66	2.41
42	23.24	4.15	20.80	3.72	18.69	3.36	16.54	2.98	15.04	2.71	13.76	2.43
43	23.53	4.20	21.02	3.76	18.83	3.39	16.73	3.01	15.19	2.74	13.86	2.44
44	23.80	4.26	21.24	3.80	18.99	3.41	16.92	3.05	15.33	2.76	13.96	2.46
45	24.08	4.30	21.46	3.84	19.14	3.44	17.11	3.08	15.49	2.79	14.07	2.49
46	24.37	4.36	21.68	3.87	19.29	3.47	17.29	3.11	15.63	2.82	14.17	2.50
47	24.64	4.40	21.90	3.92	19.44	3.50	17.48	3.15	15.79	2.84	14.27	2.52
48	24.92	4.46	22.12	3.96	19.59	3.52	17.67	3.18	15.93	2.87	14.37	2.53
49	25.20	4.50	22.34	3.99	19.75	3.55	17.85	3.22	16.08	2.89	14.48	2.55
50	25.48	4.55	22.56	4.04	19.90	3.58	18.04	3.26	16.23	2.93	14.58	2.57
51	25.98	4.64	23.01	4.11	20.30	3.65	18.40	3.32	16.56	2.98	14.86	2.62
52	27.03	4.83	23.94	4.28	21.11	3.80	19.14	3.45	17.22	3.10	15.47	2.73
53	27.84	4.97	24.65	4.41	21.74	3.91	19.71	3.55	17.73	3.19	15.93	2.81
54	28.68	5.13	25.39	4.54	22.40	4.03	20.31	3.66	18.26	3.29	16.40	2.89
55	30.39	5.43	26.92	4.81	23.74	4.27	21.53	3.88	19.18	3.45	17.23	3.04
56	31.60	5.64	28.00	5.01	24.68	4.43	22.39	4.04	19.94	3.60	17.74	3.14
57	35.04	6.26	30.57	5.47	26.72	4.81	23.12	4.17	20.57	3.71	18.22	3.21
58	37.30	6.67	32.54	5.82	28.45	5.12	24.61	4.43	21.89	3.94	19.39	3.42
59	40.13	7.17	35.00	6.26	30.60	5.50	26.48	4.77	23.55	4.25	20.87	3.69
60	42.38	7.57	36.97	6.61	32.32	5.81	27.96	5.04	24.88	4.48	22.03	3.88
61	46.34	8.28	40.43	7.23	35.34	6.35	30.58	5.51	27.20	4.90	24.09	4.25
62	53.35	9.53	46.18	8.26	40.36	7.26	36.09	6.50	31.75	5.72	28.08	4.95
63	56.34	10.07	48.77	8.72	42.64	7.67	38.12	6.86	33.53	6.04	29.66	5.24
64	60.54	10.81	52.40	9.37	45.80	8.24	40.95	7.38	36.03	6.49	31.87	5.62
65	64.14	11.46	55.52	9.92	48.52	8.72	43.38	7.82	38.17	6.88	33.76	5.96
66	69.53	12.42	60.18	10.76	52.61	9.46	47.04	8.48	41.38	7.45	36.61	6.46
67	76.32	13.63	65.03	11.63	56.85	10.22	51.32	9.25	44.63	8.04	38.92	6.86
68	84.72	15.14	72.20	12.91	63.12	11.34	56.97	10.26	49.56	8.92	43.21	7.62
69	94.35	16.85	80.40	14.38	70.28	12.63	63.44	11.43	55.18	9.93	48.11	8.49
70	105.16	18.79	89.62	16.03	78.33	14.08	70.71	12.74	61.50	11.08	53.63	9.46
71	118.38	21.14	100.88	18.04	88.19	15.85	79.60	14.34	69.23	12.47	60.37	10.65
72	132.28	23.63	112.85	20.17	97.78	17.58	88.53	15.95	76.13	13.71	66.28	11.69
73	149.11	26.63	127.22	22.75	110.23	19.81	99.79	17.99	85.82	15.46	74.71	13.18
74	166.54	29.74	142.09	25.41	123.11	22.13	111.46	20.09	95.85	17.26	83.45	14.72
75	186.38	33.30	159.02	28.44	137.79	24.77	124.74	22.48	107.27	19.32	93.39	16.48
76	207.43	37.05	176.97	31.65	153.34	27.57	138.83	25.03	119.38	21.51	103.93	18.34
77	225.49	40.28	190.93	34.13	165.43	29.73	148.30	26.73	126.06	22.70	109.56	19.33
78	247.92	44.29	209.92	37.53	181.89	32.69	163.05	29.38	138.60	24.96	120.46	21.25
79	271.54	48.50	229.91	41.11	199.21	35.81	178.57	32.19	151.80	27.34	131.93	23.28
80	295.14	52.72	249.91	44.68	216.54	38.92	194.11	34.98	165.00	29.71	143.41	25.30
81	322.89	57.67	273.39	48.88	236.89	42.58	212.36	38.27	180.51	32.51	156.88	27.68
82	359.55	64.23	304.44	54.44	263.78	47.41	240.77	43.40	204.67	36.86	177.88	31.38
83	396.04	70.74	335.34	59.96	290.55	52.23	265.21	47.80	225.45	40.60	195.93	34.57
84	439.71	78.54	372.32	66.57	322.60	57.99	294.45	53.06	250.31	45.08	217.54	38.38
85	NA	87.19	NA	73.90	NA	64.36	NA	58.91	NA	50.04	NA	42.60
86	NA	95.91	NA	81.28	NA	70.81	NA	64.80	NA	55.04	NA	46.86
87	NA	104.53	NA	88.59	NA	77.18	NA	70.63	NA	59.99	NA	51.08
88	NA	112.89	NA	95.69	NA	83.35	NA	76.27	NA	64.79	NA	55.17
89	NA	120.80	NA	102.39	NA	89.19	NA	81.62	NA	69.33	NA	59.03
90	NA	128.05	NA	108.53	NA	94.53	NA	86.52	NA	73.49	NA	62.57
91	NA	134.45	NA	113.95	NA	99.26	NA	90.84	NA	77.17	NA	65.69
92	NA	141.17	NA	119.65	NA	104.23	NA	95.38	NA	81.03	NA	68.98
93	NA	148.24	NA	125.63	NA	109.44	NA	100.16	NA	85.07	NA	72.44
94	NA	155.64	NA	131.91	NA	114.91	NA	105.16	NA	89.33	NA	76.05
95	NA	163.43	NA	138.51	NA	120.65	NA	110.42	NA	93.80	NA	79.86
96	NA	171.60	NA	145.43	NA	126.69	NA	115.94	NA	98.48	NA	83.84
97	NA	180.18	NA	152.71	NA	133.02	NA	121.74	NA	103.41	NA	88.04
98	NA	189.19	NA	160.35	NA	139.67	NA	127.82	NA	108.58	NA	92.44
99	NA	198.65	NA	168.37	NA	146.65	NA	134.21	NA	114.00	NA	97.06
100	NA	208.58	NA	176.78	NA	153.99	NA	140.92	NA	119.70	NA	101.92

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.87	4.58	23.85	4.10	21.73	3.77	19.87	3.50	18.21	3.20	16.91	2.95
41	28.73	4.88	25.38	4.37	22.98	3.99	20.54	3.62	18.70	3.29	17.27	3.01
42	29.35	4.99	25.88	4.46	23.40	4.07	20.77	3.65	18.87	3.32	17.39	3.04
43	29.96	5.09	26.40	4.54	23.82	4.14	20.99	3.70	19.02	3.36	17.51	3.06
44	30.58	5.20	26.91	4.63	24.23	4.21	21.22	3.73	19.18	3.38	17.63	3.08
45	31.21	5.31	27.41	4.72	24.65	4.28	21.44	3.77	19.35	3.41	17.75	3.09
46	31.82	5.41	27.93	4.81	25.07	4.36	21.67	3.82	19.51	3.43	17.88	3.11
47	32.44	5.52	28.44	4.90	25.49	4.42	21.90	3.85	19.68	3.47	17.99	3.14
48	33.07	5.62	28.94	4.97	25.91	4.50	22.12	3.89	19.84	3.50	18.11	3.16
49	33.68	5.73	29.45	5.06	26.31	4.58	22.35	3.93	20.01	3.52	18.23	3.18
50	34.30	5.84	29.96	5.15	26.73	4.64	22.57	3.97	20.17	3.55	18.35	3.20
51	34.99	5.95	30.56	5.26	27.27	4.74	23.02	4.05	20.57	3.62	18.72	3.27
52	36.39	6.19	31.78	5.47	28.36	4.93	23.95	4.21	21.40	3.77	19.47	3.40
53	37.48	6.38	32.74	5.63	29.21	5.07	24.66	4.35	22.03	3.88	20.05	3.50
54	38.60	6.57	33.72	5.80	30.09	5.23	25.40	4.47	22.69	3.99	20.65	3.60
55	40.92	6.96	35.74	6.15	31.89	5.54	26.93	4.74	24.06	4.24	21.89	3.82
56	42.56	7.24	37.17	6.39	33.17	5.76	28.01	4.93	25.03	4.41	22.77	3.97
57	46.72	7.94	40.52	6.97	35.84	6.23	30.47	5.36	26.93	4.74	24.17	4.21
58	49.73	8.46	43.13	7.41	38.15	6.62	32.44	5.71	28.67	5.05	25.73	4.49
59	53.49	9.10	46.40	7.98	41.04	7.13	34.89	6.14	30.83	5.43	27.68	4.83
60	56.51	9.61	49.02	8.43	43.35	7.54	36.86	6.49	32.57	5.73	29.24	5.10
61	61.78	10.52	53.59	9.22	47.40	8.24	40.30	7.10	35.61	6.27	31.97	5.58
62	68.00	11.57	59.05	10.15	51.77	8.99	44.02	7.74	38.90	6.85	34.47	6.02
63	71.82	12.22	62.37	10.73	54.67	9.49	46.49	8.18	41.07	7.24	36.41	6.35
64	77.18	13.13	67.01	11.53	58.74	10.21	49.95	8.79	44.13	7.78	39.13	6.82
65	81.76	13.92	70.99	12.21	62.23	10.81	52.92	9.32	46.76	8.24	41.45	7.23
66	88.64	15.08	76.97	13.23	67.46	11.72	57.38	10.10	50.69	8.93	44.94	7.83
67	99.42	16.92	85.66	14.73	75.09	13.05	63.77	11.22	56.34	9.92	49.94	8.71
68	110.37	18.78	95.10	16.36	83.36	14.49	70.80	12.46	62.56	11.02	55.45	9.67
69	122.89	20.91	105.89	18.22	92.82	16.13	78.84	13.87	69.65	12.27	61.74	10.77
70	136.98	23.31	118.03	20.30	103.47	17.97	87.87	15.47	77.64	13.67	68.82	12.00
71	154.21	26.24	132.87	22.85	116.47	20.23	98.91	17.40	87.41	15.39	77.47	13.51
72	173.04	29.44	147.95	25.44	129.69	22.53	110.61	19.46	97.74	17.22	86.63	15.11
73	195.07	33.19	166.78	28.69	146.19	25.40	124.69	21.95	110.17	19.40	97.65	17.03
74	217.88	37.07	186.29	32.04	163.30	28.37	139.26	24.51	123.06	21.67	109.07	19.03
75	243.84	41.48	208.47	35.85	182.74	31.75	155.86	27.42	137.71	24.26	122.07	21.30
76	271.37	46.17	232.01	39.90	203.38	35.33	173.45	30.53	153.26	26.99	135.85	23.69
77	299.05	50.88	255.97	44.02	222.41	38.63	189.05	33.26	167.04	29.41	148.06	25.83
78	328.79	55.94	281.44	48.40	244.53	42.48	207.86	36.58	183.66	32.34	162.79	28.39
79	360.11	61.27	308.23	53.01	267.82	46.53	227.65	40.06	201.15	35.42	178.29	31.10
80	391.41	66.59	335.04	57.62	291.10	50.57	247.45	43.54	218.64	38.50	193.80	33.80
81	428.21	72.85	366.53	63.04	318.47	55.33	270.71	47.63	239.20	42.12	212.01	36.98
82	471.89	80.29	403.92	69.47	350.96	60.97	299.65	52.72	264.77	46.63	234.69	40.93
83	519.78	88.43	444.92	76.52	386.57	67.16	330.07	58.08	291.64	51.36	258.50	45.09
84	577.10	98.19	493.98	84.95	429.21	74.56	366.47	64.48	323.81	57.02	287.01	50.06
85	NA	108.99	NA	94.30	NA	82.76	NA	71.58	NA	63.29	NA	55.57
86	NA	119.89	NA	103.73	NA	91.05	NA	78.74	NA	69.63	NA	61.13
87	NA	130.67	NA	113.07	NA	99.23	NA	85.82	NA	75.89	NA	66.63
88	NA	141.13	NA	122.11	NA	107.17	NA	92.69	NA	81.96	NA	71.96
89	NA	151.01	NA	130.66	NA	114.68	NA	99.18	NA	87.70	NA	77.00
90	NA	160.06	NA	138.50	NA	121.56	NA	105.13	NA	92.96	NA	81.62
91	NA	168.07	NA	145.42	NA	127.63	NA	110.39	NA	97.61	NA	85.70
92	NA	176.47	NA	152.69	NA	134.01	NA	115.91	NA	102.50	NA	89.98
93	NA	185.30	NA	160.33	NA	140.72	NA	121.69	NA	107.62	NA	94.48
94	NA	194.56	NA	168.34	NA	147.75	NA	127.79	NA	113.00	NA	99.21
95	NA	204.29	NA	176.76	NA	155.14	NA	134.17	NA	118.65	NA	104.17
96	NA	214.50	NA	185.60	NA	162.90	NA	140.88	NA	124.59	NA	109.37
97	NA	225.23	NA	194.89	NA	171.04	NA	147.93	NA	130.81	NA	114.84
98	NA	236.49	NA	204.62	NA	179.60	NA	155.32	NA	137.36	NA	120.58
99	NA	248.31	NA	214.86	NA	188.57	NA	163.09	NA	144.22	NA	126.61
100	NA	260.73	NA	225.60	NA	198.00	NA	171.24	NA	151.43	NA	132.95

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	30.82	5.28	27.47	4.72	24.90	4.31	22.39	3.89	20.16	3.51	18.35	3.19
41	32.15	5.51	28.46	4.90	25.71	4.46	23.08	4.02	20.69	3.61	18.67	3.25
42	32.59	5.59	28.80	4.95	25.98	4.50	23.30	4.06	20.86	3.63	18.78	3.26
43	33.03	5.67	29.13	5.01	26.25	4.55	23.53	4.09	21.03	3.66	18.88	3.28
44	33.47	5.73	29.46	5.06	26.51	4.60	23.76	4.14	21.21	3.70	18.99	3.30
45	33.91	5.81	29.79	5.13	26.79	4.64	23.99	4.18	21.38	3.73	19.10	3.31
46	34.36	5.89	30.12	5.18	27.05	4.69	24.22	4.21	21.55	3.75	19.20	3.33
47	34.80	5.96	30.46	5.24	27.31	4.73	24.44	4.26	21.73	3.78	19.31	3.36
48	35.24	6.04	30.79	5.29	27.59	4.79	24.67	4.29	21.90	3.82	19.42	3.37
49	35.68	6.12	31.12	5.35	27.85	4.83	24.90	4.33	22.08	3.85	19.53	3.39
50	36.14	6.19	31.45	5.41	28.12	4.87	25.14	4.38	22.24	3.87	19.62	3.41
51	36.85	6.31	32.08	5.51	28.69	4.97	25.63	4.47	22.69	3.95	20.02	3.48
52	39.37	6.74	34.27	5.90	30.64	5.31	27.38	4.76	24.24	4.22	21.38	3.72
53	41.04	7.03	35.73	6.14	31.94	5.53	28.55	4.97	25.27	4.40	22.30	3.87
54	42.71	7.32	37.18	6.39	33.24	5.76	29.71	5.17	26.30	4.59	23.21	4.03
55	46.07	7.90	40.10	6.90	35.85	6.22	32.04	5.58	28.37	4.94	25.03	4.35
56	47.74	8.18	41.56	7.15	37.16	6.44	33.21	5.78	29.39	5.13	25.94	4.50
57	49.43	8.47	42.75	7.35	37.87	6.57	35.41	6.16	31.00	5.40	27.30	4.74
58	52.62	9.02	45.50	7.82	40.33	6.99	37.70	6.56	33.00	5.75	29.07	5.05
59	56.62	9.70	48.95	8.42	43.37	7.51	40.55	7.06	35.50	6.18	31.27	5.43
60	59.81	10.25	51.70	8.89	45.82	7.94	42.83	7.46	37.50	6.53	33.03	5.73
61	65.38	11.21	56.53	9.72	50.09	8.68	46.84	8.15	41.00	7.14	36.11	6.27
62	73.23	12.55	63.38	10.90	55.67	9.65	50.83	8.84	44.50	7.76	39.20	6.81
63	77.34	13.26	66.94	11.51	58.80	10.19	53.69	9.34	46.99	8.18	41.40	7.18
64	83.09	14.23	71.93	12.36	63.17	10.95	57.68	10.04	50.49	8.80	44.48	7.72
65	88.03	15.08	76.20	13.10	66.92	11.59	61.12	10.64	53.49	9.32	47.12	8.18
66	95.44	16.36	82.61	14.20	72.56	12.57	66.25	11.53	57.99	10.11	51.10	8.87
67	104.98	17.99	90.17	15.50	79.20	13.73	72.53	12.63	63.49	11.07	55.94	9.71
68	116.56	19.98	100.11	17.22	87.92	15.24	80.53	14.01	70.49	12.29	62.11	10.78
69	129.78	22.24	111.46	19.16	97.91	16.97	89.67	15.61	78.49	13.67	69.15	12.00
70	144.66	24.78	124.25	21.36	109.13	18.91	99.95	17.39	87.48	15.25	77.08	13.38
71	162.84	27.91	139.87	24.05	122.85	21.30	112.52	19.58	98.48	17.16	86.77	15.06
72	183.99	31.53	158.20	27.20	137.73	23.87	125.65	21.87	109.99	19.16	96.90	16.82
73	207.41	35.54	178.33	30.66	155.27	26.91	141.65	24.65	123.98	21.60	109.23	18.96
74	231.65	39.70	199.19	34.24	173.43	30.05	158.20	27.53	138.48	24.12	122.00	21.18
75	259.25	44.42	222.92	38.32	194.08	33.64	177.06	30.81	154.98	27.01	136.53	23.71
76	288.52	49.43	248.08	42.66	216.00	37.43	197.04	34.29	172.48	30.05	151.95	26.38
77	318.14	54.52	273.56	47.04	238.17	41.27	218.17	37.97	190.97	33.28	166.09	28.83
78	349.79	59.94	300.77	51.71	261.86	45.39	239.88	41.75	209.97	36.59	182.61	31.70
79	383.10	65.65	329.42	56.64	286.80	49.71	262.72	45.73	229.97	40.07	200.00	34.73
80	416.42	71.36	358.06	61.57	311.74	54.03	285.57	49.70	249.96	43.55	217.39	37.74
81	455.55	78.06	391.71	67.35	341.04	59.10	312.42	54.37	273.46	47.64	237.83	41.29
82	504.42	86.43	430.44	74.01	374.76	64.94	343.26	59.74	300.45	52.35	261.31	45.36
83	555.61	95.21	474.13	81.52	412.80	71.54	378.10	65.80	330.96	57.66	287.84	49.97
84	616.88	105.70	526.42	90.51	458.32	79.43	419.79	73.06	367.44	64.02	319.57	55.48
85	NA	117.33	NA	100.46	NA	88.17	NA	81.09	NA	71.06	NA	61.58
86	NA	129.06	NA	110.51	NA	96.99	NA	89.20	NA	78.17	NA	67.74
87	NA	140.68	NA	120.46	NA	105.71	NA	97.23	NA	85.21	NA	73.84
88	NA	151.93	NA	130.10	NA	114.17	NA	105.01	NA	92.03	NA	79.75
89	NA	162.57	NA	139.19	NA	122.16	NA	112.37	NA	98.46	NA	85.33
90	NA	172.33	NA	147.55	NA	129.49	NA	119.10	NA	104.37	NA	90.44
91	NA	180.94	NA	154.92	NA	135.96	NA	125.06	NA	109.59	NA	94.97
92	NA	189.99	NA	162.68	NA	142.76	NA	131.31	NA	115.07	NA	99.72
93	NA	199.49	NA	170.81	NA	149.90	NA	137.87	NA	120.82	NA	104.71
94	NA	209.46	NA	179.34	NA	157.40	NA	144.77	NA	126.86	NA	109.93
95	NA	219.93	NA	188.32	NA	165.26	NA	152.01	NA	133.21	NA	115.43
96	NA	230.93	NA	197.74	NA	173.53	NA	159.61	NA	139.87	NA	121.21
97	NA	242.47	NA	207.61	NA	182.20	NA	167.59	NA	146.86	NA	127.27
98	NA	254.61	NA	218.00	NA	191.31	NA	175.97	NA	154.21	NA	133.63
99	NA	267.33	NA	228.90	NA	200.88	NA	184.77	NA	161.92	NA	140.32
100	NA	280.70	NA	240.35	NA	210.93	NA	194.01	NA	170.01	NA	147.33

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	34.49	5.71	30.83	5.13	27.89	4.69	26.50	4.49	24.16	4.11	22.18	3.77
41	36.06	5.97	32.09	5.34	28.85	4.85	27.25	4.61	24.73	4.20	22.57	3.84
42	36.59	6.05	32.51	5.41	29.18	4.91	27.50	4.65	24.92	4.24	22.72	3.86
43	37.10	6.14	32.92	5.48	29.50	4.96	27.75	4.70	25.10	4.27	22.85	3.88
44	37.63	6.23	33.34	5.54	29.82	5.02	28.01	4.74	25.29	4.30	22.98	3.91
45	38.16	6.31	33.76	5.62	30.15	5.07	28.25	4.79	25.49	4.33	23.11	3.93
46	38.68	6.40	34.18	5.69	30.47	5.13	28.50	4.82	25.67	4.37	23.24	3.95
47	39.20	6.49	34.60	5.75	30.79	5.18	28.75	4.86	25.86	4.40	23.38	3.97
48	39.73	6.58	35.02	5.83	31.12	5.24	29.01	4.91	26.06	4.43	23.51	3.99
49	40.25	6.67	35.44	5.90	31.44	5.29	29.26	4.95	26.25	4.47	23.65	4.02
50	40.78	6.75	35.86	5.96	31.77	5.35	29.50	4.99	26.43	4.50	23.78	4.04
51	41.59	6.89	36.58	6.08	32.40	5.45	30.10	5.09	26.96	4.59	24.26	4.13
52	44.43	7.35	39.07	6.50	34.61	5.82	32.14	5.43	28.80	4.90	25.91	4.40
53	46.32	7.67	40.73	6.78	36.08	6.07	33.52	5.67	30.03	5.10	27.01	4.59
54	48.21	7.98	42.39	7.05	37.55	6.31	34.88	5.90	31.25	5.31	28.12	4.77
55	52.00	8.60	45.72	7.60	40.50	6.81	37.62	6.37	33.70	5.73	30.32	5.16
56	53.88	8.92	47.38	7.89	41.97	7.06	38.98	6.60	34.93	5.94	31.42	5.35
57	56.87	9.42	49.67	8.26	43.60	7.34	40.24	6.81	36.05	6.14	32.02	5.45
58	60.54	10.02	52.87	8.80	46.42	7.81	42.83	7.25	38.37	6.53	34.09	5.80
59	65.13	10.78	56.88	9.46	49.94	8.40	46.08	7.80	41.28	7.02	36.67	6.24
60	68.79	11.39	60.08	10.00	52.75	8.88	48.68	8.24	43.60	7.41	38.74	6.59
61	75.22	12.45	65.69	10.92	57.67	9.70	53.22	9.00	47.67	8.11	42.35	7.21
62	82.08	13.59	71.13	11.84	62.45	10.51	57.40	9.71	51.43	8.75	45.12	7.67
63	86.69	14.34	75.12	12.50	65.96	11.10	60.62	10.25	54.32	9.24	47.65	8.10
64	93.15	15.42	80.72	13.43	70.87	11.92	65.14	11.02	58.37	9.93	51.21	8.70
65	98.68	16.34	85.51	14.22	75.08	12.63	69.01	11.67	61.83	10.52	54.24	9.22
66	106.99	17.71	92.71	15.42	81.39	13.70	74.81	12.66	67.03	11.41	58.81	10.00
67	120.52	19.94	103.63	17.24	90.98	15.30	83.69	14.16	73.32	12.47	64.94	11.04
68	133.79	22.14	115.05	19.14	101.01	17.00	92.92	15.72	81.40	13.85	72.11	12.25
69	148.98	24.66	128.11	21.31	112.48	18.92	103.46	17.50	90.63	15.42	80.29	13.65
70	166.06	27.49	142.79	23.76	125.37	21.09	115.31	19.50	101.02	17.18	89.50	15.21
71	186.93	30.94	160.74	26.74	141.13	23.74	129.81	21.96	113.72	19.35	100.74	17.13
72	208.93	34.58	179.66	29.89	157.74	26.53	145.92	24.68	127.83	21.75	111.78	19.01
73	235.53	38.98	202.52	33.69	177.82	29.91	164.48	27.83	144.10	24.52	126.02	21.42
74	263.08	43.54	226.20	37.63	198.61	33.41	183.72	31.08	160.95	27.38	140.75	23.93
75	294.42	48.73	253.15	42.12	222.27	37.39	205.61	34.78	180.13	30.65	157.52	26.77
76	327.65	54.23	281.74	46.87	247.36	41.61	228.82	38.71	200.45	34.10	175.31	29.80
77	355.84	58.89	308.68	51.35	268.64	45.19	247.84	41.93	217.12	36.94	189.87	32.27
78	391.24	64.75	339.38	56.46	295.36	49.69	272.49	46.10	238.72	40.61	208.76	35.49
79	428.49	70.92	371.71	61.84	323.49	54.42	298.45	50.49	261.45	44.48	228.65	38.86
80	465.75	77.09	404.03	67.21	351.63	59.15	324.40	54.88	284.19	48.35	248.52	42.25
81	509.53	84.33	442.01	73.54	384.67	64.71	354.89	60.04	310.90	52.90	271.89	46.22
82	547.56	90.63	471.37	78.42	410.22	69.00	380.35	64.34	333.20	56.68	291.39	49.53
83	603.13	99.83	519.21	86.37	451.86	76.01	418.95	70.87	367.02	62.45	320.96	54.56
84	669.65	110.83	576.47	95.90	501.69	84.39	465.15	78.69	407.50	69.33	356.36	60.58
85	NA	123.02	NA	106.45	NA	93.68	NA	87.35	NA	76.96	NA	67.24
86	NA	135.32	NA	117.10	NA	103.05	NA	96.09	NA	84.65	NA	73.96
87	NA	147.50	NA	127.63	NA	112.32	NA	104.73	NA	92.27	NA	80.62
88	NA	159.30	NA	137.84	NA	121.31	NA	113.10	NA	99.65	NA	87.07
89	NA	170.46	NA	147.50	NA	129.80	NA	121.02	NA	106.62	NA	93.17
90	NA	180.69	NA	156.34	NA	137.59	NA	128.28	NA	113.03	NA	98.76
91	NA	189.72	NA	164.16	NA	144.46	NA	134.70	NA	118.67	NA	103.70
92	NA	199.20	NA	172.37	NA	151.69	NA	141.44	NA	124.61	NA	108.88
93	NA	209.17	NA	180.98	NA	159.27	NA	148.51	NA	130.83	NA	114.32
94	NA	219.62	NA	190.04	NA	167.23	NA	155.94	NA	137.38	NA	120.03
95	NA	230.60	NA	199.54	NA	175.59	NA	163.72	NA	144.24	NA	126.04
96	NA	242.13	NA	209.52	NA	184.37	NA	171.92	NA	151.46	NA	132.34
97	NA	254.24	NA	219.99	NA	193.59	NA	180.51	NA	159.04	NA	138.96
98	NA	266.95	NA	230.99	NA	203.27	NA	189.53	NA	166.98	NA	145.90
99	NA	280.30	NA	242.54	NA	213.43	NA	199.01	NA	175.33	NA	153.20
100	NA	294.32	NA	254.67	NA	224.10	NA	208.97	NA	184.10	NA	160.86

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	45.72	6.90	41.04	6.19	37.51	5.67	35.49	5.36	32.27	4.87	29.84	4.50
41	47.85	7.22	42.77	6.46	38.86	5.86	36.60	5.52	33.12	4.99	30.46	4.60
42	48.57	7.33	43.34	6.53	39.31	5.93	36.96	5.58	33.41	5.04	30.66	4.63
43	49.27	7.44	43.91	6.62	39.77	6.00	37.33	5.63	33.68	5.08	30.87	4.65
44	49.98	7.55	44.48	6.71	40.21	6.07	37.70	5.69	33.97	5.13	31.08	4.69
45	50.70	7.65	45.07	6.80	40.66	6.14	38.07	5.74	34.25	5.17	31.27	4.72
46	51.41	7.76	45.64	6.89	41.11	6.20	38.43	5.80	34.54	5.21	31.48	4.75
47	52.13	7.87	46.21	6.97	41.56	6.27	38.81	5.85	34.82	5.26	31.69	4.79
48	52.83	7.98	46.78	7.06	42.01	6.34	39.17	5.91	35.10	5.29	31.89	4.81
49	53.55	8.07	47.36	7.15	42.46	6.40	39.55	5.96	35.39	5.34	32.10	4.84
50	54.26	8.18	47.94	7.23	42.91	6.48	39.91	6.02	35.67	5.38	32.31	4.87
51	55.34	8.35	48.90	7.38	43.77	6.60	40.71	6.14	36.38	5.49	32.95	4.97
52	59.13	8.92	52.23	7.88	46.75	7.05	43.48	6.56	38.86	5.86	35.20	5.31
53	61.63	9.30	54.45	8.22	48.74	7.35	45.33	6.84	40.51	6.12	36.70	5.53
54	64.15	9.68	56.67	8.55	50.73	7.66	47.18	7.12	42.17	6.36	38.19	5.76
55	69.18	10.44	61.12	9.22	54.70	8.25	50.89	7.68	45.47	6.86	41.18	6.22
56	71.70	10.81	63.34	9.56	56.69	8.56	52.73	7.95	47.14	7.11	42.68	6.44
57	76.97	11.62	67.01	10.11	59.46	8.97	55.25	8.34	48.83	7.37	43.60	6.58
58	81.93	12.36	71.34	10.76	63.29	9.55	58.83	8.88	51.99	7.84	46.42	7.01
59	88.14	13.30	76.75	11.58	68.09	10.27	63.28	9.55	55.92	8.44	49.94	7.54
60	93.10	14.05	81.07	12.23	71.92	10.85	66.85	10.09	59.07	8.91	52.76	7.96
61	101.79	15.36	88.64	13.38	78.64	11.87	73.08	11.02	64.58	9.75	57.67	8.70
62	108.75	16.41	94.79	14.30	83.36	12.57	77.98	11.77	68.12	10.27	59.96	9.04
63	114.85	17.33	100.11	15.10	88.04	13.29	82.36	12.43	71.95	10.86	63.33	9.56
64	123.41	18.62	107.57	16.23	94.60	14.28	88.48	13.35	77.31	11.66	68.05	10.26
65	130.74	19.72	113.96	17.19	100.22	15.13	93.74	14.15	81.91	12.35	72.08	10.88
66	141.74	21.38	123.55	18.65	108.65	16.39	101.63	15.33	88.79	13.40	78.14	11.79
67	163.16	24.62	141.33	21.32	123.20	18.59	116.04	17.51	101.38	15.30	89.23	13.46
68	181.16	27.34	156.90	23.67	136.79	20.64	128.83	19.44	112.55	16.98	99.07	14.95
69	201.71	30.44	174.70	26.36	152.31	22.98	143.45	21.65	125.33	18.91	110.31	16.64
70	224.84	33.92	194.73	29.38	169.76	25.62	159.90	24.12	139.70	21.08	122.96	18.55
71	253.10	38.19	219.22	33.08	191.10	28.83	180.00	27.16	157.26	23.73	138.41	20.88
72	278.44	42.01	241.16	36.39	210.24	31.72	197.09	29.73	172.18	25.98	149.56	22.56
73	313.87	47.36	271.85	41.02	237.00	35.76	222.17	33.52	194.11	29.28	168.59	25.43
74	350.58	52.90	303.64	45.82	264.72	39.94	248.15	37.44	216.80	32.71	188.31	28.41
75	392.35	59.19	339.82	51.27	296.25	44.69	277.72	41.90	242.63	36.61	210.74	31.79
76	436.65	65.88	378.19	57.06	329.69	49.74	309.07	46.63	270.02	40.74	234.53	35.39
77	476.01	71.82	409.21	61.74	356.73	53.82	331.55	50.03	289.66	43.70	251.59	37.96
78	523.36	78.96	449.91	67.88	392.22	59.18	364.53	55.00	318.47	48.05	276.62	41.73
79	573.20	86.48	492.76	74.35	429.57	64.81	399.25	60.24	348.80	52.62	302.96	45.71
80	623.05	94.01	535.61	80.81	466.93	70.44	433.96	65.47	379.14	57.20	329.31	49.69
81	681.62	102.84	585.96	88.41	510.82	77.07	474.75	71.63	414.78	62.58	360.26	54.35
82	712.38	107.48	612.40	92.40	533.87	80.55	501.62	75.68	433.20	65.36	380.64	57.43
83	784.69	118.39	674.56	101.77	588.06	88.73	552.53	83.37	477.18	72.00	419.28	63.26
84	871.21	131.45	748.95	113.00	652.91	98.51	613.46	92.55	529.79	79.94	465.51	70.24
85	NA	145.90	NA	125.43	NA	109.34	NA	102.74	NA	88.73	NA	77.96
86	NA	160.49	NA	137.97	NA	120.27	NA	113.01	NA	97.60	NA	85.76
87	NA	174.94	NA	150.39	NA	131.11	NA	123.18	NA	106.38	NA	93.48
88	NA	188.94	NA	162.42	NA	141.59	NA	133.03	NA	114.90	NA	100.96
89	NA	202.16	NA	173.79	NA	151.50	NA	142.35	NA	122.94	NA	108.02
90	NA	214.29	NA	184.22	NA	160.59	NA	150.89	NA	130.32	NA	114.50
91	NA	225.01	NA	193.42	NA	168.62	NA	158.43	NA	136.83	NA	120.23
92	NA	236.26	NA	203.10	NA	177.06	NA	166.35	NA	143.67	NA	126.24
93	NA	248.07	NA	213.26	NA	185.91	NA	174.68	NA	150.85	NA	132.55
94	NA	260.47	NA	223.92	NA	195.21	NA	183.41	NA	158.40	NA	139.17
95	NA	273.49	NA	235.11	NA	204.96	NA	192.58	NA	166.32	NA	146.14
96	NA	287.17	NA	246.87	NA	215.22	NA	202.21	NA	174.64	NA	153.44
97	NA	301.53	NA	259.22	NA	225.97	NA	212.32	NA	183.36	NA	161.12
98	NA	316.60	NA	272.17	NA	237.27	NA	222.94	NA	192.53	NA	169.17
99	NA	332.43	NA	285.78	NA	249.14	NA	234.08	NA	202.16	NA	177.63
100	NA	349.05	NA	300.07	NA	261.59	NA	245.78	NA	212.27	NA	186.52

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.72	3.09	18.66	2.78	16.93	2.54	14.78	2.22	13.52	2.04	12.51	1.84
41	21.51	3.20	19.27	2.87	17.36	2.61	15.31	2.30	13.94	2.10	12.79	1.88
42	21.69	3.23	19.42	2.89	17.44	2.62	15.43	2.32	14.04	2.11	12.84	1.89
43	21.82	3.26	19.50	2.90	17.48	2.62	15.52	2.33	14.09	2.12	12.86	1.89
44	22.00	3.28	19.64	2.93	17.56	2.63	15.64	2.35	14.18	2.13	12.90	1.89
45	22.21	3.31	19.80	2.95	17.66	2.65	15.77	2.38	14.28	2.15	12.97	1.90
46	22.33	3.32	19.88	2.97	17.69	2.65	15.85	2.39	14.33	2.16	12.99	1.91
47	22.46	3.34	19.97	2.98	17.72	2.66	15.93	2.40	14.39	2.17	13.00	1.91
48	22.61	3.37	20.06	2.99	17.78	2.66	16.03	2.41	14.45	2.17	13.04	1.91
49	22.80	3.40	20.22	3.01	17.86	2.68	16.16	2.43	14.55	2.19	13.10	1.93
50	22.95	3.42	20.32	3.03	17.92	2.68	16.25	2.44	14.62	2.20	13.12	1.93
51	23.27	3.47	20.60	3.07	18.17	2.73	16.48	2.48	14.82	2.22	13.31	1.96
52	23.99	3.58	21.24	3.17	18.73	2.81	16.98	2.55	15.28	2.30	13.72	1.97
53	24.55	3.66	21.75	3.25	19.17	2.88	17.39	2.62	15.64	2.35	14.05	2.01
54	25.10	3.74	22.23	3.31	19.60	2.94	17.78	2.67	15.99	2.41	14.37	2.08
55	26.44	3.94	23.42	3.49	20.66	3.10	18.73	2.82	16.69	2.51	14.89	2.13
56	27.34	4.07	24.20	3.61	21.35	3.20	19.36	2.92	17.25	2.60	15.20	2.20
57	30.03	4.48	26.20	3.91	22.90	3.43	19.81	2.98	17.63	2.65	15.62	2.30
58	31.74	4.73	27.68	4.13	24.20	3.63	20.93	3.15	18.62	2.79	16.50	2.42
59	33.78	5.04	29.47	4.40	25.76	3.86	22.29	3.36	19.83	2.98	17.57	2.59
60	35.41	5.28	30.89	4.61	27.01	4.05	23.36	3.52	20.79	3.12	18.41	2.71
61	38.21	5.70	33.34	4.97	29.14	4.37	25.21	3.80	22.43	3.38	19.87	2.92
62	43.42	6.47	37.58	5.60	32.85	4.93	29.37	4.42	25.84	3.88	22.86	3.36
63	45.12	6.72	39.05	5.82	34.13	5.12	30.53	4.59	26.85	4.04	23.75	3.49
64	47.30	7.05	40.93	6.11	35.78	5.37	31.99	4.82	28.15	4.24	24.89	3.66
65	49.41	7.36	42.77	6.38	37.38	5.61	33.42	5.03	29.40	4.42	26.00	3.82
66	52.05	7.76	45.06	6.72	39.38	5.91	35.21	5.30	30.98	4.65	27.40	4.03
67	55.47	8.26	47.28	7.05	41.33	6.20	37.30	5.61	32.45	4.87	28.29	4.16
68	59.75	8.90	50.92	7.59	44.52	6.68	40.17	6.04	34.95	5.26	30.47	4.48
69	64.48	9.60	54.96	8.20	48.04	7.21	43.36	6.52	37.72	5.67	32.89	4.83
70	69.60	10.37	59.31	8.84	51.84	7.78	46.79	7.04	40.70	6.12	35.50	5.21
71	74.49	11.10	63.48	9.47	55.50	8.33	50.08	7.54	43.57	6.55	37.99	5.58
72	77.50	11.54	66.12	9.86	57.29	8.59	51.87	7.80	44.61	6.71	38.83	5.71
73	82.51	12.29	70.39	10.49	61.00	9.15	55.22	8.31	47.49	7.14	41.34	6.07
74	86.74	12.93	74.00	11.03	64.12	9.61	58.05	8.73	49.92	7.50	43.46	6.39
75	91.00	13.55	77.64	11.58	67.28	10.09	60.91	9.16	52.37	7.88	45.60	6.70
76	94.52	14.08	80.64	12.02	69.87	10.48	63.26	9.52	54.41	8.17	47.37	6.96
77	95.41	14.21	80.80	12.05	70.00	10.51	62.76	9.44	53.34	8.02	46.37	6.81
78	96.84	14.42	81.99	12.23	71.05	10.66	63.69	9.58	54.14	8.14	47.05	6.91
79	97.22	14.49	82.32	12.28	71.32	10.70	63.94	9.61	54.35	8.17	47.23	6.94
80	96.07	14.31	81.35	12.13	70.48	10.57	63.18	9.50	53.71	8.07	46.67	6.86
81	98.10	14.61	83.06	12.39	71.96	10.79	64.52	9.70	54.84	8.24	47.66	7.01
82	97.53	14.53	82.58	12.32	71.56	10.74	65.31	9.82	55.52	8.35	48.25	7.10
83	98.84	14.72	83.69	12.47	72.51	10.88	66.19	9.96	56.25	8.46	48.90	7.18
84	100.19	14.93	84.83	12.65	73.50	11.02	67.09	10.10	57.04	8.57	49.57	7.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	25.16	3.55	22.33	3.19	20.35	2.94	18.60	2.73	17.05	2.50	15.83	2.30
41	26.90	3.80	23.76	3.40	21.52	3.11	19.24	2.82	17.51	2.56	16.17	2.34
42	27.38	3.86	24.16	3.45	21.84	3.16	19.38	2.84	17.60	2.59	16.23	2.35
43	27.80	3.93	24.49	3.50	22.09	3.19	19.47	2.85	17.64	2.59	16.25	2.35
44	28.27	3.99	24.87	3.55	22.40	3.23	19.61	2.87	17.73	2.60	16.30	2.37
45	28.78	4.06	25.28	3.61	22.74	3.29	19.78	2.89	17.84	2.62	16.37	2.38
46	29.17	4.11	25.60	3.65	22.98	3.32	19.87	2.92	17.90	2.63	16.38	2.38
47	29.57	4.17	25.92	3.70	23.22	3.36	19.95	2.93	17.93	2.63	16.40	2.38
48	29.99	4.24	26.25	3.75	23.50	3.39	20.06	2.94	18.00	2.64	16.42	2.39
49	30.48	4.30	26.65	3.81	23.82	3.44	20.22	2.96	18.11	2.65	16.50	2.40
50	30.89	4.36	26.98	3.85	24.08	3.48	20.33	2.98	18.16	2.66	16.52	2.40
51	31.32	4.42	27.36	3.91	24.41	3.53	20.61	3.03	18.41	2.70	16.75	2.43
52	32.30	4.55	28.20	4.03	25.17	3.64	21.25	3.11	18.99	2.78	17.28	2.51
53	33.06	4.66	28.88	4.13	25.76	3.72	21.76	3.19	19.44	2.85	17.69	2.56
54	33.80	4.77	29.52	4.21	26.35	3.81	22.24	3.26	19.88	2.92	18.08	2.63
55	35.61	5.03	31.10	4.44	27.75	4.00	23.43	3.43	20.93	3.07	19.05	2.76
56	36.80	5.19	32.14	4.59	28.68	4.15	24.22	3.55	21.64	3.17	19.69	2.86
57	40.04	5.65	34.73	4.96	30.71	4.43	26.13	3.83	23.08	3.39	20.71	3.00
58	42.30	5.97	36.70	5.24	32.45	4.69	27.60	4.05	24.39	3.58	21.89	3.18
59	45.03	6.36	39.07	5.58	34.55	4.99	29.38	4.30	25.96	3.81	23.30	3.38
60	47.21	6.67	40.95	5.85	36.21	5.24	30.80	4.51	27.21	3.99	24.42	3.54
61	50.94	7.19	44.19	6.31	39.08	5.64	33.23	4.87	29.37	4.30	26.36	3.83
62	55.34	7.81	48.05	6.86	42.12	6.08	35.82	5.25	31.65	4.64	28.05	4.07
63	57.51	8.12	49.94	7.13	43.78	6.33	37.22	5.46	32.89	4.82	29.15	4.24
64	60.29	8.51	52.35	7.48	45.89	6.63	39.03	5.72	34.49	5.06	30.56	4.43
65	62.99	8.89	54.69	7.81	47.94	6.93	40.77	5.97	36.03	5.28	31.93	4.63
66	66.35	9.36	57.62	8.23	50.51	7.29	42.96	6.29	37.95	5.57	33.64	4.88
67	72.27	10.20	62.27	8.90	54.58	7.89	46.35	6.79	40.96	6.01	36.31	5.27
68	77.84	10.99	67.07	9.58	58.80	8.49	49.93	7.32	44.12	6.47	39.11	5.68
69	84.01	11.86	72.38	10.34	63.45	9.16	53.89	7.90	47.61	6.99	42.21	6.13
70	90.66	12.79	78.12	11.15	68.48	9.89	58.16	8.53	51.38	7.54	45.55	6.61
71	97.04	13.70	83.61	11.95	73.29	10.58	62.25	9.12	55.00	8.06	48.75	7.07
72	101.39	14.31	86.68	12.39	75.99	10.98	64.80	9.49	57.27	8.39	50.75	7.36
73	107.94	15.24	92.29	13.18	80.89	11.68	68.99	10.11	60.96	8.94	54.03	7.84
74	113.48	16.02	97.02	13.86	85.04	12.29	72.53	10.63	64.09	9.39	56.80	8.24
75	119.05	16.81	101.78	14.54	89.22	12.89	76.10	11.15	67.24	9.86	59.60	8.65
76	123.66	17.46	105.73	15.10	92.68	13.39	79.05	11.58	69.84	10.24	61.91	8.99
77	126.54	17.86	108.32	15.48	94.12	13.60	79.99	11.72	70.69	10.36	62.66	9.09
78	128.43	18.13	109.92	15.70	95.51	13.79	81.19	11.89	71.73	10.52	63.58	9.23
79	128.93	18.19	110.36	15.76	95.89	13.85	81.51	11.95	72.02	10.56	63.83	9.26
80	127.40	17.99	109.05	15.58	94.75	13.68	80.54	11.80	71.17	10.44	63.09	9.15
81	130.09	18.36	111.35	15.91	96.76	13.97	82.24	12.05	72.67	10.66	64.41	9.35
82	128.00	18.06	109.56	15.65	95.19	13.75	81.28	11.91	71.82	10.53	63.66	9.24
83	129.71	18.30	111.03	15.86	96.47	13.94	82.37	12.07	72.78	10.67	64.52	9.36
84	131.49	18.56	112.55	16.08	97.79	14.12	83.50	12.23	73.78	10.82	65.40	9.49

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	28.86	4.10	25.72	3.67	23.32	3.36	20.97	3.04	18.89	2.74	17.18	2.48
41	30.11	4.28	26.65	3.81	24.08	3.47	21.60	3.12	19.37	2.81	17.48	2.52
42	30.42	4.32	26.87	3.84	24.24	3.49	21.75	3.15	19.46	2.82	17.51	2.53
43	30.65	4.36	27.02	3.86	24.34	3.51	21.82	3.16	19.51	2.83	17.51	2.53
44	30.94	4.40	27.24	3.89	24.51	3.53	21.97	3.18	19.60	2.84	17.56	2.53
45	31.28	4.46	27.48	3.93	24.70	3.55	22.12	3.20	19.71	2.86	17.61	2.54
46	31.50	4.48	27.62	3.95	24.81	3.58	22.20	3.21	19.76	2.86	17.60	2.54
47	31.72	4.51	27.75	3.96	24.89	3.59	22.28	3.22	19.80	2.87	17.60	2.54
48	31.97	4.54	27.93	3.99	25.03	3.61	22.39	3.23	19.87	2.88	17.61	2.54
49	32.30	4.60	28.16	4.03	25.20	3.63	22.54	3.26	19.98	2.89	17.67	2.55
50	32.54	4.63	28.33	4.05	25.32	3.65	22.63	3.28	20.03	2.90	17.68	2.55
51	32.99	4.70	28.71	4.10	25.67	3.70	22.95	3.32	20.32	2.95	17.92	2.59
52	34.94	4.97	30.42	4.35	27.19	3.92	24.30	3.52	21.52	3.11	18.98	2.74
53	36.20	5.15	31.52	4.50	28.18	4.06	25.18	3.64	22.29	3.23	19.67	2.84
54	37.40	5.32	32.56	4.65	29.11	4.19	26.02	3.76	23.03	3.33	20.32	2.94
55	40.08	5.70	34.89	4.98	31.20	4.50	27.89	4.04	24.68	3.58	21.78	3.15
56	41.28	5.87	35.94	5.13	32.13	4.63	28.71	4.16	25.42	3.69	22.43	3.23
57	42.37	6.03	36.64	5.24	32.46	4.68	30.35	4.39	26.57	3.85	23.41	3.38
58	44.77	6.37	38.71	5.52	34.30	4.94	32.07	4.64	28.07	4.07	24.73	3.56
59	47.66	6.78	41.21	5.89	36.52	5.26	34.14	4.94	29.89	4.33	26.33	3.80
60	49.96	7.11	43.20	6.17	38.28	5.51	35.78	5.18	31.33	4.54	27.60	3.98
61	53.91	7.67	46.62	6.66	41.31	5.95	38.62	5.59	33.80	4.90	29.78	4.30
62	59.59	8.48	51.58	7.37	45.30	6.52	41.36	5.98	36.21	5.25	31.90	4.61
63	61.93	8.81	53.60	7.66	47.08	6.79	42.99	6.23	37.63	5.46	33.15	4.79
64	64.91	9.24	56.19	8.02	49.35	7.11	45.07	6.52	39.45	5.72	34.75	5.02
65	67.82	9.65	58.70	8.38	51.56	7.43	47.08	6.81	41.21	5.97	36.30	5.24
66	71.46	10.16	61.84	8.83	54.32	7.82	49.60	7.18	43.42	6.29	38.25	5.52
67	76.32	10.86	65.55	9.36	57.57	8.29	52.73	7.63	46.16	6.69	40.67	5.87
68	82.20	11.69	70.60	10.09	62.01	8.93	56.79	8.22	49.71	7.21	43.80	6.33
69	88.72	12.62	76.20	10.88	66.92	9.64	61.29	8.87	53.65	7.78	47.27	6.82
70	95.74	13.62	82.24	11.75	72.23	10.41	66.15	9.57	57.90	8.39	51.02	7.36
71	102.48	14.58	88.02	12.57	77.31	11.13	70.81	10.25	61.97	8.98	54.60	7.88
72	107.80	15.33	92.69	13.23	80.70	11.63	73.62	10.66	64.44	9.34	56.77	8.20
73	114.76	16.32	98.68	14.09	85.92	12.38	78.38	11.34	68.61	9.94	60.45	8.72
74	120.65	17.16	103.74	14.82	90.32	13.01	82.39	11.92	72.12	10.45	63.54	9.17
75	126.58	18.01	108.85	15.54	94.77	13.65	86.45	12.51	75.67	10.97	66.66	9.63
76	131.48	18.70	113.06	16.15	98.43	14.18	89.79	12.99	78.60	11.39	69.25	10.00
77	134.62	19.15	115.75	16.53	100.78	14.52	92.32	13.37	80.81	11.72	70.28	10.14
78	136.63	19.44	117.48	16.78	102.28	14.74	93.70	13.56	82.02	11.88	71.32	10.30
79	137.17	19.51	117.94	16.84	102.69	14.80	94.07	13.62	82.34	11.94	71.61	10.34
80	135.54	19.28	116.55	16.64	101.48	14.62	92.95	13.45	81.37	11.79	70.76	10.22
81	138.40	19.69	119.00	17.00	103.61	14.93	94.91	13.74	83.07	12.03	72.25	10.43
82	136.82	19.46	116.75	16.68	101.65	14.64	93.10	13.48	81.50	11.81	70.88	10.23
83	138.66	19.72	118.32	16.90	103.02	14.84	94.36	13.65	82.59	11.97	71.83	10.37
84	140.56	20.00	119.94	17.13	104.42	15.05	95.65	13.84	83.72	12.13	72.82	10.51

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	32.29	4.42	28.86	3.97	26.11	3.64	24.82	3.48	22.62	3.19	20.77	2.93
41	33.76	4.62	30.04	4.14	27.02	3.76	25.52	3.58	23.16	3.27	21.14	2.98
42	34.13	4.68	30.33	4.18	27.23	3.80	25.66	3.60	23.24	3.28	21.19	2.99
43	34.42	4.71	30.55	4.20	27.37	3.82	25.74	3.61	23.29	3.29	21.20	2.99
44	34.78	4.76	30.82	4.25	27.57	3.84	25.88	3.63	23.39	3.30	21.24	2.99
45	35.19	4.82	31.14	4.29	27.81	3.87	26.06	3.65	23.51	3.32	21.32	3.00
46	35.46	4.85	31.34	4.31	27.94	3.89	26.14	3.66	23.54	3.32	21.31	3.00
47	35.73	4.90	31.54	4.35	28.06	3.92	26.20	3.67	23.57	3.32	21.31	3.00
48	36.04	4.93	31.77	4.38	28.23	3.94	26.31	3.69	23.63	3.33	21.33	3.00
49	36.42	4.98	32.07	4.41	28.45	3.96	26.48	3.72	23.75	3.36	21.40	3.01
50	36.72	5.03	32.30	4.44	28.60	3.98	26.58	3.73	23.80	3.36	21.42	3.01
51	37.24	5.09	32.74	4.51	29.00	4.04	26.94	3.77	24.13	3.41	21.71	3.06
52	39.44	5.40	34.67	4.77	30.71	4.28	28.53	4.00	25.56	3.61	22.99	3.25
53	40.85	5.59	35.93	4.95	31.82	4.43	29.57	4.15	26.49	3.74	23.83	3.36
54	42.22	5.78	37.11	5.12	32.88	4.59	30.55	4.28	27.37	3.86	24.62	3.48
55	45.24	6.19	39.79	5.48	35.24	4.91	32.74	4.59	29.33	4.14	26.38	3.72
56	46.60	6.38	40.98	5.64	36.29	5.06	33.72	4.73	30.21	4.27	27.17	3.83
57	48.75	6.68	42.57	5.86	37.38	5.21	34.49	4.84	30.90	4.36	27.45	3.87
58	51.50	7.05	44.98	6.19	39.49	5.50	36.43	5.12	32.64	4.61	29.00	4.09
59	54.84	7.50	47.88	6.59	42.04	5.86	38.80	5.45	34.76	4.91	30.88	4.36
60	57.48	7.87	50.19	6.91	44.07	6.14	40.66	5.70	36.43	5.14	32.36	4.57
61	62.03	8.49	54.16	7.46	47.55	6.63	43.88	6.15	39.31	5.54	34.93	4.93
62	66.79	9.14	57.88	7.96	50.82	7.08	46.71	6.56	41.86	5.91	36.72	5.18
63	69.42	9.50	60.16	8.28	52.81	7.36	48.54	6.81	43.49	6.14	38.16	5.38
64	72.77	9.96	63.05	8.68	55.36	7.71	50.89	7.14	45.60	6.44	40.00	5.64
65	76.02	10.41	65.88	9.06	57.84	8.06	53.16	7.46	47.63	6.72	41.79	5.90
66	80.09	10.97	69.40	9.56	60.94	8.49	56.01	7.85	50.18	7.08	44.02	6.20
67	87.60	11.99	75.33	10.37	66.14	9.22	60.84	8.54	53.30	7.52	47.21	6.66
68	94.36	12.91	81.14	11.17	71.24	9.93	65.53	9.19	57.41	8.11	50.85	7.17
69	101.84	13.94	87.57	12.06	76.88	10.71	70.72	9.92	61.95	8.75	54.88	7.73
70	109.91	15.05	94.50	13.01	82.97	11.56	76.32	10.70	66.86	9.44	59.24	8.35
71	117.65	16.10	101.16	13.93	88.81	12.38	81.69	11.46	71.57	10.10	63.39	8.94
72	122.42	16.75	105.26	14.49	92.42	12.88	85.49	11.99	74.90	10.57	65.49	9.24
73	130.33	17.84	112.07	15.42	98.40	13.72	91.01	12.76	79.74	11.25	69.73	9.83
74	137.01	18.76	117.81	16.21	103.43	14.42	95.68	13.42	83.82	11.83	73.30	10.34
75	143.75	19.68	123.61	17.02	108.53	15.13	100.39	14.08	87.95	12.41	76.91	10.85
76	149.31	20.44	128.39	17.68	112.73	15.71	104.27	14.63	91.34	12.89	79.88	11.26
77	150.57	20.61	130.61	17.99	113.67	15.84	104.87	14.71	91.87	12.97	80.34	11.33
78	152.81	20.91	132.56	18.25	115.37	16.08	106.44	14.93	93.25	13.16	81.54	11.50
79	153.42	21.00	133.09	18.33	115.83	16.15	106.85	14.98	93.61	13.21	81.86	11.54
80	151.60	20.75	131.52	18.11	114.46	15.95	105.59	14.81	92.50	13.06	80.89	11.41
81	154.79	21.19	134.28	18.48	116.86	16.29	107.81	15.13	94.46	13.33	82.60	11.65
82	148.52	20.33	127.86	17.60	111.28	15.51	103.17	14.47	90.38	12.76	79.04	11.14
83	150.51	20.60	129.57	17.83	112.76	15.72	104.54	14.66	91.59	12.93	80.09	11.30
84	152.58	20.89	131.35	18.08	114.31	15.93	105.99	14.86	92.85	13.10	81.19	11.45

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	42.80	5.28	38.43	4.74	35.12	4.33	33.23	4.10	30.22	3.73	27.94	3.44
41	44.80	5.53	40.04	4.94	36.39	4.49	34.27	4.22	31.01	3.83	28.51	3.52
42	45.31	5.59	40.44	4.99	36.69	4.52	34.49	4.26	31.16	3.85	28.61	3.53
43	45.71	5.64	40.73	5.03	36.88	4.55	34.63	4.27	31.25	3.86	28.63	3.53
44	46.21	5.70	41.13	5.07	37.17	4.59	34.85	4.30	31.41	3.87	28.72	3.54
45	46.76	5.76	41.56	5.13	37.50	4.63	35.11	4.33	31.59	3.89	28.84	3.56
46	47.14	5.82	41.84	5.16	37.69	4.65	35.23	4.35	31.66	3.91	28.86	3.56
47	47.51	5.86	42.12	5.19	37.87	4.68	35.37	4.37	31.74	3.92	28.88	3.56
48	47.93	5.92	42.44	5.24	38.10	4.70	35.53	4.39	31.83	3.93	28.93	3.56
49	48.46	5.98	42.86	5.29	38.42	4.74	35.78	4.41	32.02	3.95	29.04	3.59
50	48.86	6.03	43.16	5.32	38.64	4.76	35.94	4.43	32.12	3.96	29.10	3.59
51	49.54	6.12	43.77	5.40	39.17	4.83	36.43	4.50	32.57	4.02	29.49	3.64
52	52.47	6.48	46.35	5.72	41.49	5.12	38.59	4.76	34.50	4.26	31.24	3.85
53	54.37	6.71	48.03	5.93	42.99	5.30	39.99	4.94	35.74	4.41	32.36	3.99
54	56.17	6.93	49.62	6.13	44.42	5.48	41.32	5.09	36.93	4.55	33.44	4.13
55	60.20	7.43	53.19	6.57	47.61	5.87	44.28	5.47	39.57	4.88	35.84	4.42
56	62.00	7.65	54.77	6.75	49.03	6.05	45.61	5.63	40.76	5.03	36.91	4.55
57	65.97	8.14	57.44	7.08	50.96	6.29	47.37	5.84	41.86	5.17	37.38	4.61
58	69.70	8.60	60.69	7.49	53.83	6.64	50.04	6.17	44.22	5.46	39.49	4.87
59	74.21	9.15	64.61	7.98	57.32	7.07	53.27	6.58	47.08	5.81	42.04	5.19
60	77.78	9.60	67.73	8.36	60.08	7.41	55.85	6.89	49.35	6.09	44.08	5.43
61	83.94	10.36	73.08	9.02	64.85	8.00	60.27	7.44	53.25	6.57	47.56	5.86
62	88.48	10.92	77.13	9.52	67.84	8.37	63.45	7.83	55.44	6.84	48.80	6.02
63	91.96	11.35	80.17	9.89	70.50	8.70	65.95	8.14	57.62	7.11	50.71	6.26
64	96.40	11.89	84.04	10.37	73.90	9.12	69.12	8.53	60.39	7.45	53.15	6.56
65	100.72	12.43	87.79	10.84	77.21	9.53	72.22	8.91	63.10	7.79	55.53	6.85
66	106.11	13.09	92.50	11.42	81.35	10.03	76.09	9.38	66.47	8.21	58.51	7.22
67	118.61	14.64	102.74	12.67	89.56	11.06	84.36	10.41	73.70	9.10	64.87	8.01
68	127.75	15.76	110.66	13.65	96.47	11.90	90.86	11.21	79.38	9.79	69.86	8.62
69	137.89	17.02	119.42	14.74	104.10	12.85	98.05	12.10	85.67	10.57	75.41	9.31
70	148.81	18.36	128.89	15.91	112.37	13.86	105.83	13.06	92.46	11.41	81.38	10.04
71	159.28	19.66	137.95	17.02	120.26	14.84	113.28	13.98	98.97	12.21	87.10	10.75
72	163.14	20.13	141.30	17.44	123.18	15.20	115.48	14.25	100.88	12.45	87.63	10.81
73	173.69	21.43	150.44	18.56	131.14	16.18	122.94	15.17	107.40	13.26	93.29	11.51
74	182.58	22.53	158.14	19.51	137.86	17.01	129.24	15.95	112.90	13.94	98.07	12.10
75	191.57	23.64	165.91	20.47	144.64	17.84	135.60	16.73	118.46	14.62	102.89	12.69
76	198.98	24.55	172.34	21.26	150.24	18.54	140.84	17.38	123.05	15.18	106.88	13.19
77	201.42	24.85	173.15	21.36	150.95	18.62	140.29	17.31	122.57	15.13	106.46	13.13
78	204.42	25.22	175.74	21.68	153.20	18.90	142.38	17.57	124.40	15.35	108.04	13.33
79	205.24	25.32	176.43	21.77	153.81	18.98	142.95	17.63	124.89	15.41	108.47	13.39
80	202.81	25.03	174.34	21.52	151.99	18.76	141.25	17.42	123.41	15.22	107.18	13.22
81	207.08	25.55	178.01	21.97	155.19	19.15	144.23	17.80	126.01	15.54	109.45	13.51
82	193.24	23.85	166.11	20.49	144.82	17.86	136.06	16.79	117.50	14.50	103.25	12.74
83	195.82	24.17	168.33	20.77	146.75	18.11	137.89	17.02	119.08	14.70	104.63	12.91
84	198.51	24.50	170.64	21.05	148.76	18.36	139.78	17.25	120.71	14.89	106.06	13.09

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R977-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.11	0.20	1.00	0.18	0.90	0.17	0.79	0.14	0.73	0.13	0.67	0.12
41	1.14	0.21	1.03	0.19	0.92	0.17	0.81	0.14	0.75	0.13	0.68	0.12
42	1.17	0.21	1.05	0.19	0.94	0.17	0.83	0.15	0.75	0.13	0.69	0.12
43	1.18	0.21	1.06	0.19	0.95	0.17	0.84	0.15	0.76	0.13	0.69	0.12
44	1.19	0.21	1.07	0.19	0.95	0.18	0.85	0.15	0.77	0.14	0.69	0.12
45	1.20	0.22	1.08	0.19	0.96	0.18	0.86	0.15	0.77	0.14	0.70	0.12
46	1.22	0.22	1.09	0.20	0.97	0.18	0.87	0.15	0.78	0.14	0.70	0.12
47	1.23	0.22	1.10	0.20	0.97	0.18	0.87	0.15	0.79	0.14	0.72	0.12
48	1.24	0.22	1.11	0.20	0.98	0.18	0.88	0.15	0.79	0.14	0.72	0.13
49	1.27	0.22	1.12	0.20	0.99	0.18	0.89	0.17	0.80	0.14	0.73	0.13
50	1.28	0.23	1.13	0.20	0.99	0.18	0.90	0.17	0.81	0.14	0.73	0.13
51	1.30	0.23	1.16	0.21	1.01	0.19	0.92	0.17	0.83	0.15	0.75	0.13
52	1.35	0.24	1.20	0.21	1.06	0.19	0.96	0.18	0.86	0.15	0.77	0.13
53	1.40	0.25	1.23	0.22	1.09	0.20	0.99	0.18	0.89	0.17	0.79	0.14
54	1.43	0.25	1.27	0.23	1.12	0.20	1.01	0.19	0.91	0.17	0.83	0.14
55	1.52	0.28	1.34	0.24	1.19	0.21	1.08	0.20	0.96	0.18	0.86	0.15
56	1.58	0.29	1.40	0.25	1.23	0.22	1.12	0.20	1.00	0.18	0.89	0.15
57	1.75	0.31	1.53	0.28	1.33	0.24	1.16	0.21	1.03	0.19	0.91	0.17
58	1.87	0.33	1.63	0.29	1.42	0.25	1.23	0.22	1.10	0.20	0.97	0.18
59	2.00	0.36	1.75	0.31	1.53	0.28	1.32	0.24	1.18	0.21	1.05	0.19
60	2.12	0.37	1.85	0.33	1.62	0.29	1.40	0.25	1.24	0.22	1.10	0.20
61	2.32	0.42	2.02	0.36	1.77	0.32	1.53	0.28	1.36	0.24	1.21	0.21
62	2.67	0.47	2.31	0.42	2.01	0.36	1.80	0.33	1.58	0.29	1.41	0.25
63	2.82	0.51	2.44	0.44	2.13	0.39	1.90	0.34	1.67	0.30	1.49	0.26
64	3.03	0.54	2.62	0.47	2.29	0.41	2.05	0.37	1.80	0.33	1.60	0.29
65	3.21	0.57	2.77	0.50	2.43	0.44	2.17	0.40	1.91	0.34	1.68	0.30
66	3.48	0.62	3.01	0.54	2.63	0.47	2.35	0.43	2.07	0.37	1.83	0.32
67	3.82	0.68	3.26	0.58	2.84	0.51	2.56	0.46	2.23	0.41	1.95	0.34
68	4.24	0.76	3.61	0.65	3.16	0.57	2.85	0.52	2.48	0.45	2.16	0.39
69	4.72	0.85	4.02	0.72	3.51	0.63	3.17	0.57	2.76	0.50	2.41	0.43
70	5.26	0.94	4.48	0.80	3.92	0.70	3.53	0.64	3.08	0.55	2.68	0.47
71	5.92	1.06	5.05	0.90	4.41	0.79	3.98	0.72	3.47	0.63	3.01	0.53
72	6.61	1.18	5.64	1.01	4.88	0.88	4.42	0.80	3.81	0.68	3.31	0.58
73	7.46	1.33	6.36	1.13	5.51	0.99	4.99	0.90	4.29	0.77	3.74	0.66
74	8.33	1.49	7.11	1.28	6.16	1.11	5.58	1.00	4.80	0.86	4.17	0.74
75	9.32	1.66	7.95	1.42	6.89	1.24	6.24	1.12	5.37	0.97	4.68	0.83
76	10.37	1.85	8.84	1.58	7.67	1.38	6.94	1.25	5.97	1.08	5.19	0.91
77	11.28	2.01	9.55	1.71	8.27	1.49	7.41	1.34	6.30	1.13	5.48	0.97
78	12.40	2.21	10.49	1.88	9.10	1.64	8.15	1.47	6.93	1.24	6.03	1.07
79	13.57	2.42	11.50	2.06	9.97	1.79	8.93	1.61	7.59	1.36	6.60	1.17
80	14.76	2.64	12.50	2.23	10.82	1.95	9.70	1.75	8.25	1.49	7.17	1.27
81	16.15	2.88	13.67	2.44	11.85	2.13	10.62	1.91	9.03	1.63	7.84	1.39
82	17.97	3.21	15.22	2.72	13.19	2.38	12.03	2.17	10.23	1.85	8.90	1.57
83	19.80	3.54	16.76	3.00	14.53	2.61	13.27	2.39	11.28	2.04	9.80	1.73
84	21.99	3.93	18.61	3.33	16.13	2.90	14.72	2.65	12.52	2.26	10.88	1.91

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.34	0.23	1.19	0.21	1.09	0.19	0.99	0.18	0.91	0.17	0.85	0.14
41	1.44	0.24	1.27	0.22	1.14	0.20	1.02	0.18	0.94	0.17	0.87	0.15
42	1.46	0.25	1.30	0.22	1.17	0.21	1.03	0.19	0.95	0.17	0.87	0.15
43	1.50	0.25	1.32	0.23	1.19	0.21	1.05	0.19	0.95	0.17	0.88	0.15
44	1.53	0.26	1.34	0.23	1.21	0.21	1.06	0.19	0.96	0.17	0.88	0.15
45	1.56	0.26	1.38	0.23	1.23	0.21	1.07	0.19	0.97	0.18	0.89	0.15
46	1.60	0.28	1.40	0.24	1.25	0.22	1.09	0.19	0.98	0.18	0.89	0.15
47	1.62	0.28	1.42	0.24	1.28	0.22	1.10	0.20	0.98	0.18	0.90	0.15
48	1.65	0.29	1.45	0.25	1.30	0.22	1.11	0.20	0.99	0.18	0.90	0.15
49	1.68	0.29	1.47	0.25	1.32	0.23	1.12	0.20	1.00	0.18	0.91	0.15
50	1.72	0.30	1.50	0.25	1.34	0.23	1.13	0.20	1.01	0.18	0.91	0.17
51	1.75	0.30	1.53	0.26	1.36	0.24	1.16	0.20	1.03	0.18	0.94	0.17
52	1.82	0.31	1.58	0.28	1.42	0.24	1.20	0.21	1.07	0.19	0.98	0.17
53	1.87	0.32	1.64	0.29	1.46	0.25	1.23	0.22	1.10	0.20	1.00	0.18
54	1.93	0.33	1.68	0.29	1.51	0.26	1.27	0.22	1.13	0.20	1.03	0.18
55	2.05	0.35	1.78	0.31	1.60	0.28	1.34	0.24	1.20	0.21	1.10	0.19
56	2.12	0.36	1.86	0.32	1.66	0.29	1.40	0.24	1.25	0.22	1.14	0.20
57	2.33	0.40	2.02	0.35	1.79	0.31	1.53	0.26	1.34	0.24	1.21	0.21
58	2.49	0.42	2.16	0.37	1.90	0.33	1.62	0.29	1.43	0.25	1.29	0.22
59	2.67	0.45	2.32	0.40	2.06	0.35	1.75	0.31	1.54	0.28	1.39	0.24
60	2.83	0.48	2.45	0.42	2.17	0.37	1.85	0.33	1.63	0.29	1.46	0.25
61	3.09	0.53	2.68	0.46	2.37	0.41	2.01	0.35	1.78	0.32	1.60	0.28
62	3.40	0.58	2.95	0.51	2.59	0.45	2.20	0.39	1.95	0.34	1.73	0.30
63	3.59	0.62	3.12	0.54	2.74	0.47	2.32	0.41	2.06	0.36	1.83	0.32
64	3.86	0.66	3.36	0.57	2.94	0.51	2.50	0.44	2.21	0.39	1.96	0.34
65	4.09	0.69	3.55	0.62	3.11	0.54	2.65	0.46	2.34	0.41	2.07	0.36
66	4.43	0.76	3.85	0.66	3.38	0.58	2.87	0.51	2.53	0.45	2.24	0.40
67	4.97	0.85	4.28	0.74	3.75	0.65	3.19	0.56	2.82	0.50	2.50	0.44
68	5.52	0.94	4.75	0.81	4.17	0.73	3.54	0.63	3.12	0.55	2.77	0.48
69	6.15	1.05	5.29	0.91	4.64	0.80	3.94	0.69	3.49	0.62	3.09	0.54
70	6.85	1.17	5.91	1.01	5.17	0.90	4.39	0.77	3.88	0.68	3.44	0.61
71	7.71	1.31	6.64	1.14	5.82	1.01	4.95	0.87	4.37	0.77	3.87	0.67
72	8.66	1.47	7.40	1.28	6.49	1.12	5.53	0.97	4.88	0.86	4.33	0.76
73	9.76	1.66	8.34	1.43	7.32	1.27	6.24	1.10	5.51	0.97	4.88	0.85
74	10.89	1.86	9.32	1.61	8.16	1.42	6.96	1.22	6.15	1.09	5.46	0.96
75	12.19	2.08	10.43	1.79	9.14	1.58	7.79	1.38	6.89	1.21	6.11	1.07
76	13.57	2.31	11.61	1.99	10.16	1.77	8.67	1.53	7.67	1.35	6.80	1.19
77	14.95	2.54	12.80	2.20	11.12	1.94	9.45	1.66	8.35	1.47	7.40	1.29
78	16.45	2.79	14.07	2.42	12.23	2.12	10.40	1.83	9.19	1.62	8.14	1.42
79	18.01	3.07	15.41	2.65	13.39	2.33	11.39	2.00	10.05	1.77	8.91	1.55
80	19.57	3.33	16.75	2.88	14.55	2.53	12.38	2.18	10.93	1.93	9.69	1.69
81	21.41	3.64	18.33	3.16	15.93	2.77	13.54	2.39	11.96	2.10	10.60	1.85
82	23.60	4.02	20.20	3.48	17.55	3.05	14.98	2.64	13.24	2.33	11.74	2.05
83	25.99	4.42	22.24	3.83	19.33	3.36	16.50	2.90	14.59	2.56	12.93	2.26
84	28.85	4.91	24.70	4.25	21.46	3.73	18.33	3.22	16.19	2.85	14.36	2.51

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.54	0.26	1.38	0.23	1.24	0.22	1.12	0.20	1.01	0.18	0.91	0.17
41	1.61	0.28	1.42	0.24	1.29	0.22	1.16	0.20	1.03	0.18	0.94	0.17
42	1.63	0.28	1.44	0.25	1.30	0.22	1.17	0.20	1.05	0.19	0.94	0.17
43	1.65	0.29	1.45	0.25	1.31	0.23	1.18	0.21	1.06	0.19	0.95	0.17
44	1.67	0.29	1.47	0.25	1.33	0.23	1.19	0.21	1.06	0.19	0.95	0.17
45	1.69	0.29	1.49	0.25	1.34	0.23	1.20	0.21	1.07	0.19	0.96	0.17
46	1.72	0.30	1.51	0.26	1.35	0.23	1.21	0.21	1.08	0.19	0.96	0.17
47	1.74	0.30	1.52	0.26	1.36	0.24	1.22	0.21	1.09	0.19	0.97	0.17
48	1.76	0.30	1.54	0.26	1.38	0.24	1.23	0.22	1.10	0.19	0.97	0.17
49	1.78	0.31	1.55	0.26	1.40	0.24	1.24	0.22	1.10	0.20	0.98	0.17
50	1.80	0.31	1.57	0.28	1.41	0.24	1.25	0.22	1.11	0.20	0.98	0.18
51	1.85	0.32	1.61	0.28	1.43	0.25	1.29	0.22	1.13	0.20	1.00	0.18
52	1.97	0.34	1.72	0.30	1.53	0.26	1.36	0.24	1.21	0.21	1.07	0.19
53	2.06	0.35	1.78	0.31	1.60	0.28	1.43	0.25	1.27	0.22	1.11	0.20
54	2.13	0.36	1.86	0.32	1.66	0.29	1.49	0.26	1.32	0.23	1.17	0.20
55	2.30	0.40	2.00	0.34	1.79	0.31	1.61	0.28	1.42	0.24	1.25	0.22
56	2.39	0.41	2.08	0.36	1.86	0.32	1.66	0.29	1.47	0.25	1.30	0.22
57	2.48	0.43	2.13	0.36	1.89	0.33	1.77	0.31	1.55	0.28	1.36	0.24
58	2.63	0.45	2.28	0.40	2.01	0.35	1.88	0.33	1.65	0.29	1.45	0.25
59	2.83	0.48	2.45	0.42	2.17	0.37	2.02	0.35	1.77	0.31	1.56	0.28
60	2.99	0.52	2.59	0.44	2.29	0.40	2.15	0.37	1.87	0.33	1.65	0.29
61	3.27	0.56	2.83	0.48	2.51	0.43	2.34	0.41	2.05	0.35	1.80	0.32
62	3.66	0.63	3.17	0.55	2.78	0.48	2.54	0.44	2.22	0.39	1.96	0.34
63	3.87	0.66	3.34	0.57	2.94	0.51	2.68	0.46	2.35	0.41	2.07	0.36
64	4.16	0.72	3.60	0.62	3.16	0.55	2.88	0.51	2.53	0.44	2.22	0.39
65	4.40	0.76	3.81	0.66	3.34	0.58	3.06	0.53	2.67	0.46	2.35	0.41
66	4.77	0.81	4.14	0.72	3.63	0.63	3.31	0.57	2.90	0.51	2.55	0.44
67	5.25	0.90	4.51	0.77	3.96	0.68	3.63	0.63	3.18	0.55	2.79	0.48
68	5.83	1.00	5.01	0.86	4.40	0.76	4.03	0.70	3.52	0.62	3.10	0.54
69	6.49	1.11	5.58	0.96	4.90	0.85	4.49	0.78	3.93	0.68	3.45	0.61
70	7.24	1.24	6.22	1.07	5.46	0.95	4.99	0.87	4.38	0.76	3.85	0.67
71	8.14	1.40	7.00	1.20	6.14	1.07	5.62	0.98	4.93	0.86	4.33	0.75
72	9.20	1.57	7.91	1.36	6.89	1.20	6.28	1.09	5.50	0.96	4.84	0.84
73	10.37	1.78	8.92	1.53	7.77	1.34	7.08	1.23	6.20	1.08	5.47	0.95
74	11.58	1.98	9.96	1.72	8.67	1.51	7.91	1.38	6.92	1.21	6.11	1.06
75	12.96	2.22	11.14	1.91	9.70	1.68	8.86	1.54	7.74	1.35	6.83	1.19
76	14.42	2.48	12.41	2.13	10.80	1.87	9.86	1.72	8.62	1.51	7.60	1.32
77	15.91	2.73	13.67	2.35	11.91	2.07	10.91	1.90	9.55	1.66	8.31	1.44
78	17.49	2.99	15.04	2.59	13.09	2.27	11.99	2.09	10.49	1.83	9.13	1.58
79	19.15	3.28	16.47	2.83	14.34	2.49	13.13	2.29	11.50	2.00	10.00	1.74
80	20.82	3.56	17.91	3.08	15.59	2.71	14.28	2.49	12.50	2.18	10.87	1.89
81	22.78	3.91	19.59	3.37	17.05	2.96	15.62	2.72	13.67	2.39	11.89	2.07
82	25.22	4.32	21.53	3.70	18.73	3.25	17.16	2.99	15.03	2.62	13.07	2.27
83	27.79	4.76	23.71	4.08	20.64	3.58	18.91	3.29	16.54	2.88	14.39	2.50
84	30.84	5.28	26.32	4.52	22.91	3.97	20.99	3.65	18.37	3.20	15.98	2.77

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.73	0.29	1.54	0.25	1.40	0.23	1.32	0.22	1.21	0.21	1.11	0.19
41	1.80	0.30	1.61	0.26	1.44	0.24	1.36	0.23	1.23	0.21	1.13	0.19
42	1.83	0.31	1.63	0.28	1.46	0.24	1.38	0.23	1.24	0.21	1.13	0.20
43	1.86	0.31	1.65	0.28	1.47	0.25	1.39	0.23	1.25	0.21	1.14	0.20
44	1.88	0.31	1.67	0.28	1.50	0.25	1.40	0.24	1.27	0.22	1.14	0.20
45	1.90	0.32	1.68	0.29	1.51	0.25	1.41	0.24	1.28	0.22	1.16	0.20
46	1.94	0.32	1.71	0.29	1.53	0.25	1.43	0.24	1.29	0.22	1.17	0.20
47	1.96	0.33	1.73	0.29	1.54	0.26	1.44	0.24	1.30	0.22	1.17	0.20
48	1.99	0.33	1.75	0.30	1.55	0.26	1.45	0.24	1.30	0.22	1.18	0.20
49	2.01	0.33	1.77	0.30	1.57	0.26	1.46	0.25	1.31	0.22	1.19	0.20
50	2.04	0.34	1.79	0.30	1.58	0.26	1.47	0.25	1.32	0.22	1.19	0.20
51	2.08	0.34	1.83	0.31	1.62	0.28	1.51	0.25	1.35	0.23	1.21	0.21
52	2.22	0.36	1.96	0.33	1.73	0.29	1.61	0.28	1.44	0.24	1.30	0.22
53	2.32	0.39	2.04	0.34	1.80	0.31	1.67	0.29	1.51	0.25	1.35	0.23
54	2.41	0.40	2.12	0.35	1.88	0.32	1.75	0.30	1.56	0.26	1.41	0.24
55	2.60	0.43	2.29	0.39	2.02	0.34	1.88	0.32	1.68	0.29	1.52	0.25
56	2.70	0.45	2.37	0.40	2.10	0.35	1.95	0.33	1.75	0.30	1.57	0.26
57	2.85	0.47	2.49	0.42	2.18	0.36	2.01	0.34	1.80	0.31	1.61	0.28
58	3.03	0.51	2.64	0.44	2.32	0.40	2.15	0.36	1.91	0.33	1.71	0.29
59	3.26	0.54	2.85	0.47	2.50	0.42	2.30	0.39	2.07	0.35	1.84	0.31
60	3.44	0.57	3.00	0.50	2.64	0.44	2.43	0.41	2.18	0.37	1.94	0.33
61	3.76	0.63	3.29	0.55	2.88	0.48	2.66	0.45	2.39	0.41	2.12	0.36
62	4.10	0.68	3.55	0.59	3.12	0.53	2.87	0.48	2.57	0.44	2.26	0.39
63	4.33	0.72	3.75	0.63	3.30	0.55	3.04	0.52	2.72	0.46	2.39	0.41
64	4.65	0.77	4.04	0.67	3.54	0.59	3.26	0.55	2.92	0.50	2.56	0.44
65	4.94	0.81	4.28	0.72	3.75	0.63	3.45	0.58	3.09	0.53	2.72	0.46
66	5.35	0.89	4.63	0.77	4.07	0.68	3.74	0.64	3.36	0.57	2.94	0.50
67	6.03	1.00	5.18	0.86	4.55	0.77	4.18	0.70	3.66	0.63	3.25	0.55
68	6.69	1.11	5.75	0.96	5.05	0.85	4.64	0.78	4.07	0.69	3.61	0.62
69	7.45	1.23	6.40	1.07	5.62	0.95	5.17	0.88	4.53	0.77	4.02	0.68
70	8.31	1.38	7.14	1.19	6.27	1.06	5.76	0.98	5.05	0.86	4.48	0.76
71	9.35	1.55	8.04	1.34	7.06	1.19	6.49	1.10	5.69	0.97	5.04	0.86
72	10.45	1.73	8.99	1.50	7.89	1.33	7.29	1.23	6.39	1.09	5.59	0.95
73	11.78	1.95	10.13	1.68	8.89	1.50	8.23	1.40	7.21	1.22	6.30	1.07
74	13.16	2.18	11.31	1.88	9.93	1.67	9.19	1.55	8.05	1.36	7.04	1.20
75	14.72	2.44	12.66	2.10	11.11	1.87	10.29	1.74	9.01	1.53	7.88	1.34
76	16.38	2.72	14.09	2.34	12.36	2.08	11.44	1.94	10.02	1.71	8.77	1.49
77	17.79	2.95	15.43	2.56	13.43	2.26	12.40	2.10	10.86	1.85	9.49	1.62
78	19.56	3.23	16.97	2.83	14.77	2.49	13.63	2.31	11.94	2.04	10.44	1.77
79	21.43	3.54	18.59	3.09	16.17	2.72	14.93	2.53	13.07	2.22	11.43	1.95
80	23.29	3.85	20.21	3.37	17.58	2.96	16.23	2.74	14.21	2.42	12.43	2.11
81	25.48	4.21	22.10	3.67	19.24	3.23	17.74	3.00	15.54	2.64	13.60	2.31
82	27.38	4.53	23.57	3.92	20.52	3.45	19.02	3.21	16.67	2.84	14.58	2.48
83	30.16	4.99	25.96	4.32	22.59	3.81	20.94	3.54	18.35	3.12	16.05	2.73
84	33.48	5.54	28.82	4.80	25.08	4.22	23.25	3.94	20.37	3.47	17.82	3.03

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R978-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	2.29	0.34	2.06	0.31	1.88	0.29	1.77	0.26	1.62	0.24	1.50	0.22
41	2.40	0.36	2.13	0.32	1.95	0.30	1.83	0.28	1.66	0.25	1.52	0.23
42	2.43	0.36	2.17	0.33	1.97	0.30	1.85	0.28	1.67	0.25	1.53	0.23
43	2.46	0.37	2.20	0.33	1.99	0.30	1.87	0.29	1.68	0.25	1.54	0.23
44	2.50	0.37	2.22	0.34	2.01	0.31	1.88	0.29	1.69	0.25	1.55	0.23
45	2.53	0.39	2.26	0.34	2.04	0.31	1.90	0.29	1.72	0.26	1.56	0.23
46	2.57	0.39	2.28	0.34	2.06	0.31	1.93	0.29	1.73	0.26	1.57	0.24
47	2.61	0.40	2.31	0.35	2.08	0.32	1.94	0.30	1.74	0.26	1.58	0.24
48	2.64	0.40	2.34	0.35	2.10	0.32	1.96	0.30	1.76	0.26	1.60	0.24
49	2.67	0.41	2.37	0.36	2.12	0.32	1.98	0.30	1.77	0.26	1.61	0.24
50	2.72	0.41	2.40	0.36	2.15	0.32	1.99	0.30	1.78	0.26	1.62	0.24
51	2.77	0.42	2.44	0.37	2.19	0.33	2.04	0.31	1.82	0.28	1.65	0.25
52	2.96	0.45	2.61	0.40	2.34	0.35	2.18	0.33	1.95	0.30	1.76	0.26
53	3.08	0.46	2.73	0.41	2.44	0.36	2.27	0.34	2.02	0.31	1.84	0.28
54	3.21	0.48	2.84	0.43	2.54	0.39	2.35	0.35	2.11	0.32	1.91	0.29
55	3.45	0.52	3.06	0.46	2.74	0.42	2.54	0.39	2.28	0.34	2.06	0.31
56	3.59	0.54	3.17	0.47	2.84	0.43	2.64	0.40	2.35	0.35	2.13	0.32
57	3.85	0.58	3.36	0.51	2.97	0.45	2.76	0.42	2.44	0.37	2.18	0.33
58	4.09	0.62	3.56	0.54	3.17	0.47	2.94	0.44	2.60	0.40	2.32	0.35
59	4.41	0.66	3.84	0.58	3.41	0.52	3.17	0.47	2.79	0.42	2.50	0.37
60	4.65	0.70	4.06	0.62	3.60	0.54	3.34	0.51	2.96	0.45	2.64	0.40
61	5.09	0.77	4.43	0.67	3.93	0.59	3.65	0.55	3.23	0.48	2.88	0.44
62	5.43	0.83	4.74	0.72	4.17	0.63	3.89	0.59	3.41	0.52	3.00	0.45
63	5.74	0.87	5.01	0.76	4.40	0.66	4.11	0.63	3.60	0.54	3.17	0.47
64	6.17	0.94	5.38	0.81	4.73	0.72	4.42	0.67	3.86	0.58	3.40	0.52
65	6.53	0.99	5.70	0.86	5.02	0.76	4.69	0.70	4.09	0.62	3.61	0.54
66	7.08	1.07	6.18	0.94	5.43	0.83	5.08	0.77	4.44	0.67	3.91	0.59
67	8.16	1.23	7.06	1.07	6.16	0.94	5.80	0.88	5.07	0.77	4.47	0.67
68	9.05	1.36	7.84	1.19	6.84	1.03	6.45	0.97	5.63	0.85	4.95	0.75
69	10.09	1.52	8.73	1.32	7.61	1.14	7.17	1.08	6.27	0.95	5.51	0.84
70	11.24	1.69	9.74	1.47	8.49	1.28	8.00	1.21	6.99	1.06	6.15	0.92
71	12.65	1.91	10.96	1.65	9.56	1.44	9.00	1.35	7.87	1.19	6.92	1.05
72	13.93	2.10	12.06	1.82	10.52	1.58	9.86	1.49	8.61	1.30	7.48	1.13
73	15.70	2.37	13.60	2.05	11.85	1.79	11.11	1.67	9.70	1.46	8.43	1.28
74	17.53	2.64	15.18	2.29	13.23	2.00	12.41	1.87	10.84	1.64	9.42	1.42
75	19.61	2.96	17.00	2.56	14.82	2.23	13.88	2.09	12.13	1.83	10.54	1.60
76	21.84	3.29	18.91	2.85	16.49	2.49	15.46	2.33	13.50	2.04	11.73	1.77
77	23.80	3.59	20.46	3.09	17.84	2.70	16.58	2.50	14.49	2.19	12.58	1.90
78	26.17	3.95	22.50	3.40	19.61	2.96	18.23	2.75	15.93	2.40	13.83	2.09
79	28.66	4.32	24.64	3.72	21.48	3.25	19.97	3.01	17.44	2.63	15.15	2.29
80	31.15	4.70	26.79	4.04	23.34	3.52	21.70	3.28	18.95	2.86	16.47	2.49
81	34.08	5.14	29.29	4.42	25.54	3.85	23.74	3.59	20.74	3.12	18.02	2.72
82	35.62	5.38	30.62	4.62	26.70	4.03	25.08	3.78	21.66	3.27	19.03	2.87
83	39.24	5.92	33.73	5.09	29.40	4.43	27.63	4.17	23.86	3.60	20.97	3.17
84	43.56	6.58	37.44	5.65	32.65	4.93	30.67	4.63	26.49	3.99	23.28	3.51

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	14.82	2.49	13.34	2.23	12.10	2.05	10.57	1.79	9.67	1.64	8.94	1.47
41	15.36	2.57	13.76	2.31	12.39	2.09	10.93	1.85	9.96	1.68	9.13	1.51
42	15.51	2.60	13.88	2.33	12.47	2.10	11.04	1.87	10.03	1.69	9.19	1.52
43	15.68	2.63	14.01	2.35	12.55	2.12	11.14	1.88	10.12	1.72	9.24	1.53
44	15.84	2.65	14.14	2.38	12.64	2.13	11.25	1.90	10.21	1.73	9.30	1.54
45	15.99	2.68	14.26	2.39	12.72	2.15	11.36	1.93	10.29	1.74	9.34	1.55
46	16.16	2.71	14.39	2.41	12.79	2.16	11.47	1.94	10.37	1.75	9.39	1.55
47	16.32	2.74	14.51	2.43	12.88	2.17	11.57	1.96	10.45	1.77	9.45	1.56
48	16.48	2.76	14.63	2.45	12.96	2.19	11.68	1.98	10.54	1.78	9.50	1.57
49	16.63	2.78	14.75	2.48	13.04	2.20	11.79	1.99	10.62	1.79	9.56	1.58
50	16.80	2.82	14.87	2.50	13.11	2.21	11.89	2.01	10.70	1.80	9.60	1.60
51	16.97	2.85	15.03	2.52	13.26	2.23	12.02	2.04	10.81	1.83	9.71	1.61
52	17.46	2.93	15.46	2.60	13.63	2.30	12.36	2.09	11.12	1.88	9.99	1.65
53	17.78	2.98	15.74	2.64	13.88	2.34	12.60	2.13	11.32	1.91	10.16	1.68
54	18.11	3.04	16.03	2.70	14.14	2.39	12.83	2.17	11.53	1.95	10.35	1.72
55	18.98	3.18	16.80	2.82	14.82	2.50	13.43	2.28	11.97	2.02	10.75	1.85
56	19.47	3.27	17.24	2.89	15.20	2.56	13.78	2.33	12.29	2.08	10.92	1.84
57	21.30	3.56	18.58	3.11	16.24	2.74	14.05	2.38	12.50	2.11	11.07	1.84
58	22.36	3.75	19.50	3.27	17.05	2.87	14.75	2.50	13.12	2.22	11.63	1.93
59	23.73	3.97	20.69	3.48	18.10	3.05	15.65	2.65	13.93	2.35	12.33	2.05
60	24.71	4.15	21.56	3.62	18.84	3.18	16.30	2.76	14.51	2.45	12.85	2.12
61	26.63	4.47	23.23	3.89	20.31	3.42	17.58	2.97	15.63	2.64	13.85	2.29
62	30.23	5.06	26.16	4.39	22.87	3.86	20.45	3.45	17.99	3.04	15.91	2.63
63	31.46	5.27	27.23	4.57	23.80	4.02	21.27	3.60	18.72	3.17	16.56	2.74
64	33.24	5.57	28.77	4.83	25.15	4.25	22.48	3.81	19.78	3.34	17.50	2.89
65	34.55	5.79	29.91	5.02	26.14	4.41	23.38	3.95	20.56	3.48	18.18	3.01
66	36.67	6.15	31.74	5.32	27.74	4.68	24.81	4.19	21.82	3.69	19.31	3.19
67	39.30	6.59	33.50	5.62	29.28	4.94	26.42	4.47	22.99	3.88	20.04	3.31
68	42.42	7.11	36.15	6.06	31.59	5.34	28.51	4.83	24.81	4.19	21.63	3.58
69	45.77	7.67	39.01	6.55	34.09	5.75	30.78	5.20	26.76	4.52	23.34	3.86
70	49.28	8.26	42.00	7.05	36.71	6.19	33.13	5.61	28.82	4.87	25.14	4.16
71	53.28	8.93	45.41	7.62	39.69	6.70	35.83	6.06	31.16	5.27	27.17	4.50
72	57.22	9.59	48.82	8.20	42.30	7.14	38.30	6.48	32.93	5.57	28.67	4.74
73	61.74	10.35	52.68	8.83	45.64	7.70	41.32	6.99	35.53	6.01	30.93	5.12
74	65.87	11.04	56.20	9.43	48.70	8.22	44.09	7.46	37.92	6.41	33.00	5.46
75	70.26	11.78	59.95	10.05	51.94	8.77	47.03	7.95	40.44	6.83	35.20	5.83
76	74.35	12.46	63.44	10.64	54.97	9.27	49.76	8.42	42.79	7.24	37.26	6.16
77	76.65	12.85	64.90	10.89	56.23	9.48	50.40	8.53	42.85	7.24	37.24	6.16
78	79.67	13.35	67.46	11.32	58.45	9.86	52.39	8.87	44.54	7.52	38.71	6.40
79	81.95	13.74	69.39	11.64	60.12	10.14	53.89	9.12	45.82	7.74	39.82	6.59
80	83.00	13.92	70.27	11.79	60.89	10.27	54.58	9.23	46.40	7.84	40.33	6.68
81	83.81	14.05	70.96	11.90	61.49	10.37	55.12	9.33	46.85	7.92	40.72	6.74
82	85.17	14.28	72.12	12.10	62.49	10.54	57.04	9.65	48.49	8.20	42.14	6.97
83	84.84	14.22	71.84	12.06	62.25	10.51	56.82	9.61	48.30	8.16	41.98	6.94
84	84.24	14.12	71.32	11.97	61.80	10.43	56.41	9.54	47.95	8.11	41.68	6.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	17.99	2.87	15.97	2.57	14.54	2.37	13.30	2.20	12.19	2.01	11.32	1.85
41	19.21	3.06	16.96	2.74	15.36	2.50	13.73	2.27	12.50	2.07	11.54	1.89
42	19.59	3.12	17.28	2.78	15.62	2.54	13.86	2.29	12.58	2.08	11.61	1.90
43	19.97	3.18	17.59	2.84	15.87	2.59	13.99	2.31	12.68	2.09	11.67	1.90
44	20.35	3.25	17.91	2.88	16.13	2.63	14.11	2.33	12.77	2.11	11.73	1.91
45	20.74	3.30	18.22	2.94	16.38	2.66	14.25	2.35	12.86	2.12	11.79	1.93
46	21.11	3.37	18.52	2.98	16.63	2.71	14.38	2.38	12.95	2.13	11.86	1.94
47	21.48	3.42	18.83	3.04	16.87	2.75	14.50	2.40	13.04	2.16	11.91	1.95
48	21.86	3.49	19.14	3.08	17.13	2.79	14.63	2.41	13.12	2.17	11.98	1.96
49	22.24	3.54	19.45	3.14	17.38	2.83	14.75	2.43	13.21	2.18	12.03	1.97
50	22.61	3.61	19.75	3.18	17.62	2.87	14.88	2.45	13.30	2.20	12.10	1.98
51	22.85	3.64	19.95	3.21	17.81	2.90	15.04	2.49	13.43	2.22	12.22	2.00
52	23.50	3.74	20.53	3.31	18.32	2.98	15.47	2.55	13.82	2.28	12.57	2.06
53	23.94	3.82	20.90	3.37	18.66	3.04	15.75	2.60	14.07	2.32	12.80	2.09
54	24.38	3.88	21.29	3.43	19.00	3.09	16.04	2.65	14.33	2.37	13.04	2.13
55	25.54	4.07	22.31	3.60	19.91	3.25	16.81	2.77	15.02	2.48	13.66	2.23
56	26.21	4.18	22.89	3.69	20.43	3.32	17.25	2.85	15.41	2.54	14.03	2.29
57	28.39	4.52	24.63	3.97	21.78	3.54	18.52	3.06	16.37	2.71	14.69	2.40
58	29.81	4.75	25.86	4.17	22.87	3.73	19.45	3.21	17.18	2.84	15.42	2.52
59	31.63	5.04	27.43	4.42	24.27	3.95	20.64	3.41	18.23	3.01	16.37	2.67
60	32.95	5.25	28.58	4.61	25.27	4.11	21.49	3.54	18.99	3.14	17.04	2.78
61	35.51	5.65	30.80	4.96	27.24	4.43	23.17	3.82	20.47	3.38	18.37	3.00
62	38.52	6.14	33.45	5.39	29.33	4.77	24.94	4.11	22.03	3.64	19.53	3.19
63	40.10	6.39	34.82	5.61	30.53	4.97	25.95	4.28	22.94	3.78	20.33	3.32
64	42.37	6.75	36.78	5.93	32.25	5.25	27.42	4.52	24.23	4.00	21.47	3.51
65	44.04	7.02	38.25	6.16	33.53	5.46	28.51	4.71	25.19	4.16	22.33	3.65
66	46.74	7.45	40.59	6.55	35.57	5.80	30.25	4.99	26.73	4.41	23.69	3.87
67	51.19	8.16	44.11	7.11	38.67	6.29	32.85	5.42	29.02	4.80	25.72	4.20
68	55.25	8.80	47.61	7.67	41.72	6.80	35.44	5.85	31.32	5.17	27.75	4.54
69	59.62	9.50	51.37	8.28	45.03	7.34	38.25	6.31	33.79	5.58	29.95	4.90
70	64.20	10.23	55.32	8.91	48.49	7.90	41.18	6.80	36.39	6.01	32.25	5.27
71	69.41	11.07	59.81	9.64	52.43	8.54	44.53	7.35	39.34	6.50	34.87	5.70
72	74.86	11.92	64.00	10.32	56.10	9.14	47.85	7.90	42.27	6.99	37.48	6.13
73	80.77	12.87	69.06	11.13	60.53	9.86	51.62	8.51	45.62	7.54	40.44	6.61
74	86.17	13.73	73.68	11.87	64.58	10.52	55.08	9.09	48.68	8.04	43.14	7.05
75	91.93	14.65	78.60	12.66	68.89	11.22	58.75	9.69	51.92	8.57	46.01	7.52
76	97.27	15.50	83.16	13.40	72.90	11.87	62.17	10.26	54.93	9.08	48.70	7.96
77	101.64	16.19	87.00	14.03	75.59	12.31	64.26	10.60	56.78	9.37	50.33	8.23
78	105.66	16.84	90.44	14.58	78.58	12.79	66.79	11.02	59.02	9.75	52.32	8.56
79	108.68	17.31	93.03	14.99	80.83	13.16	68.71	11.34	60.71	10.02	53.81	8.80
80	110.07	17.53	94.20	15.18	81.85	13.33	69.58	11.48	61.48	10.15	54.49	8.91
81	111.14	17.71	95.14	15.33	82.67	13.46	70.27	11.59	62.08	10.25	55.03	9.00
82	111.79	17.81	95.69	15.42	83.14	13.54	70.99	11.72	62.72	10.36	55.59	9.09
83	111.35	17.74	95.32	15.36	82.82	13.49	70.72	11.67	62.48	10.32	55.39	9.05
84	110.56	17.62	94.63	15.25	82.23	13.39	70.21	11.58	62.04	10.24	54.99	8.99

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.64	3.31	18.39	2.96	16.68	2.71	14.99	2.44	13.50	2.20	12.29	2.00
41	21.49	3.45	19.03	3.07	17.18	2.79	15.42	2.52	13.83	2.26	12.47	2.04
42	21.75	3.49	19.22	3.09	17.34	2.82	15.55	2.54	13.93	2.28	12.53	2.04
43	22.01	3.53	19.42	3.12	17.49	2.84	15.69	2.56	14.01	2.29	12.58	2.05
44	22.28	3.58	19.60	3.16	17.64	2.87	15.81	2.57	14.11	2.31	12.63	2.06
45	22.53	3.62	19.79	3.19	17.80	2.89	15.94	2.60	14.20	2.32	12.68	2.07
46	22.79	3.66	19.98	3.22	17.94	2.92	16.06	2.62	14.30	2.33	12.74	2.07
47	23.05	3.70	20.17	3.25	18.10	2.94	16.19	2.64	14.39	2.35	12.78	2.08
48	23.31	3.74	20.36	3.28	18.24	2.96	16.31	2.66	14.49	2.37	12.84	2.09
49	23.56	3.78	20.55	3.31	18.39	2.99	16.45	2.68	14.58	2.38	12.89	2.10
50	23.82	3.83	20.74	3.34	18.54	3.01	16.57	2.71	14.66	2.40	12.94	2.10
51	24.07	3.86	20.94	3.38	18.73	3.05	16.74	2.73	14.82	2.42	13.08	2.12
52	25.42	4.08	22.13	3.56	19.79	3.21	17.69	2.88	15.65	2.55	13.82	2.24
53	26.21	4.20	22.81	3.67	20.39	3.31	18.23	2.97	16.14	2.64	14.23	2.32
54	26.97	4.33	23.47	3.78	20.99	3.41	18.76	3.06	16.61	2.72	14.65	2.39
55	28.75	4.62	25.03	4.04	22.39	3.63	20.00	3.27	17.71	2.89	15.62	2.54
56	29.40	4.72	25.60	4.13	22.89	3.72	20.45	3.33	18.11	2.96	15.97	2.60
57	30.04	4.82	25.97	4.18	23.02	3.74	21.52	3.51	18.83	3.08	16.60	2.70
58	31.55	5.06	27.28	4.39	24.17	3.93	22.59	3.69	19.78	3.23	17.42	2.84
59	33.47	5.37	28.94	4.66	25.64	4.17	23.98	3.92	20.99	3.43	18.49	3.01
60	34.86	5.60	30.14	4.85	26.71	4.33	24.97	4.07	21.86	3.58	19.26	3.14
61	37.58	6.03	32.49	5.24	28.79	4.68	26.92	4.39	23.56	3.85	20.76	3.38
62	41.48	6.66	35.90	5.79	31.54	5.13	28.80	4.70	25.20	4.11	22.21	3.62
63	43.18	6.93	37.37	6.02	32.82	5.34	29.98	4.88	26.24	4.29	23.11	3.76
64	45.62	7.33	39.49	6.36	34.68	5.63	31.67	5.17	27.72	4.53	24.42	3.97
65	47.42	7.61	41.05	6.61	36.06	5.85	32.92	5.37	28.82	4.71	25.39	4.14
66	50.34	8.09	43.56	7.02	38.26	6.22	34.94	5.70	30.58	4.99	26.94	4.39
67	54.07	8.68	46.43	7.48	40.79	6.62	37.36	6.09	32.70	5.35	28.81	4.69
68	58.34	9.37	50.12	8.07	44.01	7.15	40.32	6.58	35.29	5.76	31.09	5.06
69	62.96	10.11	54.08	8.71	47.50	7.71	43.51	7.10	38.08	6.22	33.55	5.46
70	67.79	10.88	58.22	9.38	51.14	8.31	46.84	7.65	41.00	6.70	36.12	5.87
71	73.30	11.77	62.95	10.14	55.30	8.99	50.64	8.26	44.33	7.24	39.05	6.36
72	79.60	12.78	68.44	11.02	59.59	9.68	54.36	8.87	47.58	7.77	41.92	6.82
73	85.88	13.78	73.84	11.89	64.28	10.44	58.65	9.57	51.34	8.38	45.23	7.36
74	91.62	14.71	78.78	12.69	68.60	11.14	62.58	10.21	54.77	8.94	48.26	7.85
75	97.74	15.69	84.04	13.54	73.16	11.88	66.75	10.89	58.42	9.55	51.47	8.37
76	103.42	16.60	88.92	14.32	77.42	12.57	70.63	11.52	61.82	10.10	54.46	8.87
77	108.14	17.36	92.98	14.98	80.95	13.15	74.16	12.10	64.91	10.60	56.45	9.19
78	112.41	18.05	96.66	15.58	84.15	13.67	77.09	12.57	67.47	11.02	58.69	9.55
79	115.62	18.56	99.42	16.02	86.55	14.06	79.29	12.94	69.40	11.34	60.36	9.82
80	117.10	18.80	100.68	16.23	87.66	14.23	80.30	13.10	70.29	11.48	61.13	9.94
81	118.24	18.99	101.67	16.38	88.52	14.38	81.09	13.23	70.98	11.59	61.73	10.04
82	119.49	19.18	101.97	16.42	88.78	14.42	81.32	13.27	71.18	11.63	61.91	10.08
83	119.03	19.11	101.57	16.37	88.44	14.37	81.00	13.21	70.91	11.58	61.67	10.03
84	118.18	18.98	100.85	16.25	87.80	14.27	80.42	13.12	70.40	11.50	61.23	9.97

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	23.09	3.58	20.64	3.21	18.67	2.94	17.74	2.82	16.17	2.57	14.85	2.37
41	24.10	3.73	21.45	3.34	19.29	3.04	18.22	2.88	16.52	2.63	15.09	2.40
42	24.42	3.78	21.69	3.38	19.47	3.07	18.36	2.90	16.63	2.65	15.16	2.41
43	24.73	3.83	21.95	3.42	19.66	3.09	18.49	2.93	16.73	2.66	15.22	2.42
44	25.04	3.88	22.19	3.45	19.84	3.12	18.63	2.95	16.83	2.68	15.29	2.43
45	25.34	3.93	22.43	3.49	20.03	3.16	18.77	2.97	16.93	2.70	15.36	2.44
46	25.66	3.97	22.67	3.53	20.21	3.18	18.91	2.99	17.03	2.72	15.42	2.45
47	25.96	4.03	22.91	3.56	20.39	3.21	19.04	3.01	17.13	2.73	15.49	2.46
48	26.27	4.07	23.16	3.61	20.58	3.25	19.18	3.04	17.23	2.75	15.54	2.48
49	26.58	4.11	23.40	3.64	20.76	3.27	19.32	3.06	17.33	2.76	15.61	2.49
50	26.88	4.16	23.64	3.69	20.93	3.30	19.45	3.08	17.42	2.77	15.68	2.50
51	27.16	4.20	23.88	3.72	21.15	3.33	19.66	3.11	17.61	2.81	15.84	2.52
52	28.69	4.44	25.23	3.93	22.35	3.52	20.76	3.29	18.60	2.96	16.73	2.66
53	29.58	4.58	26.02	4.05	23.05	3.63	21.41	3.39	19.17	3.06	17.25	2.75
54	30.44	4.72	26.76	4.17	23.71	3.73	22.02	3.49	19.73	3.15	17.75	2.83
55	32.45	5.03	28.53	4.44	25.28	3.98	23.49	3.72	21.04	3.36	18.92	3.01
56	33.19	5.14	29.18	4.54	25.85	4.07	24.01	3.81	21.52	3.43	19.35	3.08
57	34.56	5.36	30.18	4.70	26.50	4.17	24.45	3.87	21.90	3.49	19.46	3.10
58	36.29	5.62	31.69	4.94	27.83	4.38	25.67	4.07	23.00	3.66	20.44	3.26
59	38.50	5.96	33.63	5.24	29.52	4.65	27.24	4.31	24.41	3.89	21.68	3.45
60	40.11	6.22	35.02	5.46	30.76	4.84	28.37	4.50	25.42	4.05	22.58	3.60
61	43.23	6.70	37.75	5.87	33.14	5.23	30.58	4.84	27.40	4.37	24.34	3.87
62	46.50	7.21	40.29	6.27	35.38	5.58	32.52	5.15	29.14	4.64	25.56	4.07
63	48.40	7.49	41.94	6.53	36.82	5.80	33.85	5.36	30.33	4.83	26.60	4.24
64	51.14	7.92	44.31	6.90	38.91	6.13	35.76	5.67	32.04	5.10	28.11	4.48
65	53.16	8.23	46.07	7.17	40.45	6.37	37.18	5.89	33.31	5.31	29.22	4.65
66	56.42	8.73	48.88	7.61	42.92	6.77	39.46	6.25	35.35	5.63	31.01	4.94
67	62.06	9.61	53.37	8.31	46.86	7.38	43.10	6.83	37.75	6.02	33.45	5.32
68	66.98	10.37	57.60	8.97	50.57	7.96	46.51	7.37	40.74	6.49	36.09	5.74
69	72.27	11.20	62.15	9.68	54.56	8.59	50.19	7.95	43.97	7.01	38.95	6.20
70	77.83	12.06	66.92	10.42	58.75	9.25	54.04	8.56	47.34	7.55	41.94	6.68
71	84.14	13.04	72.35	11.26	63.53	10.01	58.43	9.26	51.18	8.16	45.34	7.22
72	90.39	13.99	77.72	12.10	68.23	10.75	63.12	10.00	55.30	8.81	48.36	7.70
73	97.53	15.10	83.85	13.06	73.62	11.59	68.11	10.79	59.66	9.50	52.17	8.31
74	104.05	16.12	89.47	13.93	78.55	12.38	72.67	11.52	63.66	10.14	55.67	8.87
75	110.99	17.19	95.44	14.86	83.79	13.20	77.51	12.28	67.90	10.82	59.38	9.45
76	117.45	18.18	100.99	15.72	88.66	13.96	82.02	12.99	71.85	11.45	62.83	10.00
77	120.95	18.73	104.92	16.34	91.31	14.38	84.24	13.34	73.80	11.76	64.54	10.27
78	125.73	19.47	109.07	16.98	94.92	14.95	87.57	13.87	76.71	12.22	67.09	10.68
79	129.32	20.03	112.18	17.47	97.63	15.38	90.07	14.27	78.90	12.57	69.00	10.99
80	130.97	20.28	113.61	17.69	98.87	15.58	91.22	14.45	79.92	12.74	69.88	11.12
81	132.25	20.48	114.73	17.86	99.85	15.73	92.11	14.60	80.70	12.86	70.58	11.23
82	129.71	20.09	111.67	17.38	97.19	15.30	90.10	14.28	78.94	12.58	69.03	10.99
83	129.22	20.01	111.23	17.31	96.81	15.25	89.76	14.22	78.63	12.53	68.76	10.95
84	128.29	19.87	110.44	17.19	96.12	15.14	89.11	14.11	78.07	12.44	68.27	10.87

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-AR-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	30.60	4.30	27.48	3.86	25.11	3.53	23.76	3.34	21.60	3.04	19.98	2.81
41	31.99	4.50	28.59	4.03	25.98	3.65	24.46	3.44	22.14	3.11	20.36	2.86
42	32.42	4.55	28.93	4.07	26.24	3.69	24.67	3.47	22.30	3.14	20.46	2.88
43	32.84	4.62	29.26	4.11	26.50	3.73	24.88	3.50	22.45	3.16	20.57	2.89
44	33.26	4.68	29.60	4.17	26.75	3.76	25.08	3.53	22.61	3.18	20.67	2.90
45	33.68	4.74	29.94	4.21	27.02	3.80	25.29	3.55	22.76	3.20	20.78	2.93
46	34.10	4.80	30.27	4.26	27.27	3.84	25.50	3.59	22.91	3.22	20.88	2.94
47	34.52	4.85	30.60	4.30	27.52	3.87	25.70	3.62	23.06	3.25	20.99	2.95
48	34.94	4.92	30.93	4.36	27.78	3.91	25.91	3.64	23.21	3.27	21.09	2.97
49	35.35	4.97	31.27	4.40	28.03	3.94	26.10	3.67	23.36	3.29	21.20	2.98
50	35.77	5.03	31.60	4.44	28.28	3.98	26.31	3.70	23.51	3.31	21.30	2.99
51	36.15	5.08	31.92	4.49	28.58	4.02	26.59	3.74	23.76	3.34	21.52	3.03
52	38.18	5.37	33.73	4.74	30.20	4.25	28.08	3.95	25.10	3.53	22.73	3.20
53	39.36	5.53	34.77	4.90	31.12	4.38	28.95	4.07	25.87	3.64	23.43	3.30
54	40.50	5.70	35.78	5.04	32.03	4.51	29.79	4.19	26.62	3.74	24.11	3.39
55	43.19	6.07	38.15	5.37	34.14	4.81	31.76	4.47	28.39	3.99	25.71	3.62
56	44.17	6.22	39.02	5.49	34.93	4.92	32.48	4.57	29.03	4.08	26.29	3.70
57	46.77	6.58	40.72	5.73	36.14	5.08	33.58	4.72	29.68	4.17	26.50	3.73
58	49.12	6.91	42.77	6.02	37.94	5.34	35.27	4.96	31.16	4.38	27.83	3.92
59	52.11	7.33	45.38	6.38	40.25	5.67	37.41	5.26	33.07	4.65	29.52	4.16
60	54.27	7.63	47.26	6.64	41.93	5.90	38.97	5.48	34.44	4.84	30.76	4.32
61	58.51	8.23	50.94	7.16	45.20	6.36	42.01	5.91	37.11	5.23	33.15	4.66
62	61.60	8.67	53.70	7.56	47.22	6.64	44.18	6.22	38.59	5.42	33.97	4.77
63	64.12	9.02	55.89	7.87	49.15	6.91	45.98	6.47	40.17	5.65	35.35	4.97
64	67.75	9.53	59.06	8.31	51.93	7.30	48.58	6.83	42.44	5.97	37.36	5.26
65	70.42	9.91	61.39	8.64	53.99	7.59	50.50	7.11	44.12	6.20	38.83	5.47
66	74.75	10.52	65.15	9.16	57.30	8.06	53.59	7.54	46.83	6.59	41.22	5.80
67	84.03	11.83	72.79	10.24	63.45	8.92	59.76	8.40	52.21	7.35	45.96	6.47
68	90.68	12.76	78.54	11.04	68.48	9.64	64.49	9.08	56.34	7.92	49.59	6.97
69	97.86	13.76	84.76	11.92	73.89	10.40	69.60	9.79	60.80	8.55	53.52	7.52
70	105.37	14.82	91.27	12.84	79.56	11.19	74.93	10.54	65.47	9.21	57.62	8.11
71	113.93	16.03	98.67	13.88	86.02	12.10	81.02	11.40	70.79	9.96	62.30	8.77
72	120.45	16.94	104.32	14.67	90.95	12.79	85.26	11.99	74.49	10.47	64.70	9.10
73	129.97	18.28	112.56	15.83	98.13	13.81	91.99	12.94	80.37	11.31	69.81	9.82
74	138.67	19.50	120.10	16.90	104.70	14.73	98.15	13.81	85.75	12.06	74.48	10.47
75	147.91	20.80	128.11	18.02	111.68	15.71	104.69	14.73	91.47	12.87	79.44	11.18
76	156.51	22.01	135.55	19.06	118.17	16.62	110.78	15.59	96.79	13.62	84.06	11.83
77	161.80	22.76	139.08	19.57	121.25	17.05	112.70	15.85	98.45	13.85	85.51	12.02
78	168.19	23.66	144.58	20.34	126.05	17.73	117.15	16.48	102.34	14.40	88.89	12.51
79	172.99	24.33	148.71	20.92	129.65	18.24	120.48	16.95	105.27	14.81	91.43	12.86
80	175.20	24.64	150.61	21.19	131.30	18.47	122.02	17.16	106.61	14.99	92.60	13.02
81	176.92	24.88	152.09	21.40	132.58	18.65	123.22	17.34	107.66	15.15	93.51	13.16
82	168.76	23.74	145.08	20.41	126.48	17.79	118.83	16.72	102.63	14.43	90.18	12.68
83	168.11	23.65	144.52	20.33	125.98	17.72	118.37	16.65	102.23	14.38	89.83	12.64
84	166.90	23.47	143.48	20.19	125.08	17.59	117.52	16.53	101.50	14.28	89.19	12.54

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-AR-03012009

Security Rider Form R965 100% HCC - Proposed Rates

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.57
41	0.59
42	0.61
43	0.62
44	0.62
45	0.63
46	0.64
47	0.64
48	0.65
49	0.66
50	0.67
51	0.68
52	0.73
53	0.76
54	0.79
55	0.85
56	0.88
57	0.91
58	0.97
59	1.05
60	1.11
61	1.21
62	1.35
63	1.43
64	1.54
65	1.63
66	1.76
67	1.94
68	2.16
69	2.40
70	2.67
71	3.01
72	3.40
73	3.84
74	4.28
75	4.80
76	5.34
77	5.89
78	6.47
79	7.08
80	7.70
81	8.43
82	9.33
83	10.27
84	11.41

SERFF Tracking Number:	*PHYS-126074608*	*State:*	*Arkansas*
Filing Company:	*Physicians Mutual Insurance Company*	*State Tracking Number:*	*42272*
Company Tracking Number:			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.003 Other*
Product Name:	*LTC*		
Project Name/Number:	*/*		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/29/2009	Rate and Rule	Rate Pages	10/02/2009	AR_2009_Exh4_P124 Rates.pdf (Superceded)
04/30/2009	Rate and Rule	Rate Pages	10/02/2009	AR_2009_Exh4_P130 Rates.pdf (Superceded)
04/30/2009	Rate and Rule	Rate Pages	10/02/2009	AR_2009_Exh4_P131 Rates.pdf (Superceded)
04/30/2009	Rate and Rule	Rate Pages	10/02/2009	AR_2009_Exh4_P103 Rates.pdf (Superceded)
04/30/2009	Rate and Rule	Rate Pages	10/02/2009	AR_2009_Exh4_P104 Rates.pdf (Superceded)

Physicians Mutual Insurance Company
Exhibit 4
Long Term Care Policy Form P124 - Proposed Rates
Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R257 (Optional Inflation Protection)	Yes
R256 (Return of Premium)	Yes
R260 (Spouse Discount)	Yes
Payment Mode	Annual

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	18.59
9 Additional $300 Units @ 10.98 per unit	98.82
Spouse Discount	(8.81)
A Total Base Premium	108.60
R297 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	0.84
9 Additional $300 Units @ 0.49 per unit	4.41
B Total Rider Premium	5.25
R256 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	9.06
9 Additional $300 Units @ 5.35 per unit	48.15
C. Total Rider Premium	57.21
Total Monthly Premium = A + B + C	171.06
Multiply by Annual Modal Factor of 11	1,881.66

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	22.12
9 Additional $300 Units @ 13.07 per unit	117.63
Spouse Discount	(10.48)
A Total Base Premium	129.27
R297 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	1.00
9 Additional $300 Units @ 0.58 per unit	5.22
B Total Rider Premium	6.22
R256 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	10.78
9 Additional $300 Units @ 6.37 per unit	57.33
C. Total Rider Premium	68.11
Total Monthly Premium = A + B + C	203.60
Multiply by Modal Factor of 11	2,239.60

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.19 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	7.89	0.56	7.82	0.49	7.75	0.43	7.71	0.39	7.66	0.34
26	7.94	0.61	7.86	0.54	7.79	0.47	7.75	0.43	7.69	0.37
27	7.99	0.66	7.91	0.58	7.83	0.51	7.78	0.46	7.72	0.40
28	8.04	0.72	7.95	0.63	7.86	0.54	7.82	0.50	7.76	0.44
29	8.09	0.77	8.00	0.67	7.90	0.58	7.85	0.53	7.79	0.47
30	8.14	0.82	8.04	0.72	7.94	0.62	7.89	0.57	7.82	0.50
31	8.21	0.89	8.10	0.78	7.99	0.67	7.94	0.62	7.86	0.54
32	8.28	0.96	8.16	0.84	8.05	0.73	7.99	0.67	7.91	0.58
33	8.36	1.03	8.23	0.91	8.10	0.78	8.04	0.72	7.95	0.63
34	8.43	1.10	8.29	0.97	8.16	0.84	8.09	0.77	8.00	0.67
35	8.50	1.17	8.35	1.03	8.21	0.89	8.14	0.82	8.04	0.71
36	8.59	1.26	8.43	1.11	8.28	0.96	8.21	0.88	8.10	0.77
37	8.68	1.36	8.51	1.19	8.35	1.03	8.27	0.95	8.15	0.83
38	8.78	1.45	8.60	1.28	8.43	1.10	8.34	1.01	8.21	0.88
39	8.87	1.55	8.68	1.36	8.50	1.17	8.40	1.08	8.26	0.94
40	8.96	1.64	8.76	1.44	8.57	1.24	8.47	1.14	8.32	1.00
41	9.08	1.76	8.86	1.54	8.66	1.33	8.55	1.22	8.39	1.07
42	9.20	1.88	8.96	1.64	8.75	1.42	8.63	1.30	8.46	1.14
43	9.31	1.99	9.07	1.75	8.83	1.51	8.71	1.39	8.54	1.21
44	9.43	2.11	9.17	1.85	8.92	1.60	8.79	1.47	8.61	1.28
45	9.55	2.23	9.27	1.95	9.01	1.69	8.87	1.55	8.68	1.35
46	9.70	2.38	9.40	2.08	9.12	1.80	8.97	1.65	8.77	1.44
47	9.84	2.52	9.53	2.20	9.23	1.91	9.07	1.75	8.86	1.53
48	9.99	2.67	9.65	2.33	9.35	2.02	9.18	1.86	8.94	1.62
49	10.13	2.81	9.78	2.45	9.46	2.13	9.28	1.96	9.03	1.71
50	10.28	2.96	9.91	2.58	9.57	2.24	9.38	2.06	9.12	1.80
51	10.48	3.15	10.08	2.75	9.71	2.39	9.52	2.20	9.24	1.92
52	10.67	3.35	10.25	2.92	9.86	2.53	9.66	2.33	9.36	2.04
53	10.87	3.54	10.42	3.09	10.00	2.68	9.79	2.47	9.48	2.15
54	11.06	3.74	10.59	3.26	10.15	2.82	9.93	2.60	9.60	2.27
55	11.26	3.93	10.76	3.43	10.29	2.97	10.07	2.74	9.72	2.39
56	11.57	4.24	11.02	3.69	10.52	3.20	10.28	2.95	9.90	2.57
57	11.88	4.55	11.28	3.95	10.76	3.43	10.49	3.16	10.08	2.75
58	12.19	4.86	11.54	4.21	10.99	3.67	10.69	3.36	10.27	2.93
59	12.50	5.17	11.80	4.47	11.23	3.90	10.90	3.57	10.45	3.11
60	12.81	5.48	12.06	4.73	11.46	4.13	11.11	3.78	10.63	3.29
61	13.31	5.92	12.50	5.11	11.85	4.46	11.47	4.08	10.95	3.55
62	13.81	6.37	12.93	5.49	12.23	4.79	11.83	4.38	11.26	3.81
63	14.32	6.81	13.37	5.86	12.62	5.11	12.19	4.69	11.58	4.07
64	14.82	7.26	13.80	6.24	13.00	5.44	12.55	4.99	11.89	4.33
65	15.32	7.70	14.24	6.62	13.39	5.77	12.91	5.29	12.21	4.59
66	16.24	8.61	15.03	7.41	14.08	6.46	13.54	5.92	12.75	5.13
67	17.15	9.52	15.82	8.19	14.77	7.14	14.17	6.55	13.30	5.67
68	18.07	10.44	16.61	8.98	15.45	7.83	14.81	7.17	13.84	6.21
69	18.98	11.35	17.40	9.76	16.14	8.51	15.44	7.80	14.39	6.75
70	19.90	12.26	18.19	10.55	16.83	9.20	16.07	8.43	14.93	7.29
71	21.41	13.76	19.50	11.85	17.97	10.33	17.12	9.47	15.82	8.18
72	22.92	15.27	20.80	13.15	19.11	11.46	18.17	10.51	16.72	9.06
73	24.44	16.77	22.11	14.44	20.26	12.60	19.21	11.55	17.61	9.95
74	25.95	18.28	23.41	15.74	21.40	13.73	20.26	12.59	18.51	10.83
75	27.46	19.78	24.72	17.04	22.54	14.86	21.31	13.63	19.40	11.72
76	29.83	22.15	26.76	19.08	24.32	16.64	22.95	15.27	20.81	13.13
77	32.21	24.53	28.81	21.13	26.11	18.43	24.58	16.90	22.21	14.53
78	34.58	26.90	30.85	23.17	27.89	20.21	26.22	18.54	23.62	15.94
79	36.96	29.28	32.90	25.22	29.68	22.00	27.85	20.17	25.02	17.34
80	N/A	31.65	N/A	27.26	N/A	23.78	N/A	21.81	N/A	18.75
81	N/A	34.62	N/A	29.82	N/A	26.01	N/A	23.85	N/A	20.51
82	N/A	37.58	N/A	32.37	N/A	28.24	N/A	25.90	N/A	22.27
83	N/A	40.55	N/A	34.93	N/A	30.46	N/A	27.94	N/A	24.02
84	N/A	43.51	N/A	37.48	N/A	32.69	N/A	29.99	N/A	25.78
85	N/A	46.48	N/A	40.04	N/A	34.92	N/A	32.03	N/A	27.54
86	N/A	49.45	N/A	42.60	N/A	37.15	N/A	34.07	N/A	29.30
87	N/A	52.42	N/A	45.15	N/A	39.38	N/A	36.12	N/A	31.06
88	N/A	55.38	N/A	47.71	N/A	41.61	N/A	38.16	N/A	32.81
89	N/A	58.35	N/A	50.26	N/A	43.84	N/A	40.21	N/A	34.57
90	N/A	61.32	N/A	52.82	N/A	46.07	N/A	42.25	N/A	36.33
91	N/A	62.51	N/A	53.84	N/A	46.96	N/A	43.07	N/A	37.03
92	N/A	63.69	N/A	54.87	N/A	47.85	N/A	43.89	N/A	37.74
93	N/A	64.88	N/A	55.89	N/A	48.74	N/A	44.70	N/A	38.44
94	N/A	66.06	N/A	56.92	N/A	49.63	N/A	45.52	N/A	39.15
95	N/A	67.25	N/A	57.94	N/A	50.52	N/A	46.34	N/A	39.85
96	N/A	67.65	N/A	58.28	N/A	50.82	N/A	46.61	N/A	40.08
97	N/A	68.04	N/A	58.62	N/A	51.12	N/A	46.89	N/A	40.32
98	N/A	68.44	N/A	58.96	N/A	51.41	N/A	47.16	N/A	40.55
99	N/A	68.83	N/A	59.30	N/A	51.71	N/A	47.44	N/A	40.79
100	N/A	69.23	N/A	59.64	N/A	52.01	N/A	47.71	N/A	41.02

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.10	0.78	8.00	0.68	7.92	0.60	7.86	0.54	7.80	0.48
26	8.17	0.85	8.06	0.74	7.97	0.65	7.91	0.59	7.84	0.52
27	8.24	0.92	8.12	0.80	8.03	0.70	7.96	0.64	7.89	0.56
28	8.31	0.99	8.18	0.86	8.08	0.76	8.01	0.68	7.93	0.61
29	8.38	1.06	8.24	0.92	8.14	0.81	8.06	0.73	7.98	0.65
30	8.45	1.13	8.30	0.98	8.19	0.86	8.11	0.78	8.02	0.69
31	8.55	1.23	8.39	1.06	8.26	0.94	8.18	0.85	8.08	0.75
32	8.65	1.33	8.47	1.15	8.34	1.01	8.25	0.92	8.14	0.81
33	8.74	1.42	8.56	1.23	8.41	1.09	8.31	0.98	8.20	0.87
34	8.84	1.52	8.64	1.32	8.49	1.16	8.38	1.05	8.26	0.93
35	8.94	1.62	8.73	1.40	8.56	1.24	8.45	1.12	8.32	0.99
36	9.07	1.75	8.84	1.51	8.66	1.34	8.54	1.21	8.40	1.07
37	9.19	1.87	8.95	1.62	8.75	1.43	8.63	1.30	8.48	1.15
38	9.32	2.00	9.05	1.73	8.85	1.53	8.71	1.38	8.55	1.22
39	9.44	2.12	9.16	1.84	8.94	1.62	8.80	1.47	8.63	1.30
40	9.57	2.25	9.27	1.95	9.04	1.72	8.89	1.56	8.71	1.38
41	9.73	2.41	9.41	2.09	9.16	1.84	9.00	1.67	8.81	1.48
42	9.89	2.56	9.55	2.22	9.28	1.96	9.11	1.78	8.90	1.58
43	10.04	2.72	9.68	2.36	9.41	2.08	9.22	1.89	9.00	1.67
44	10.20	2.87	9.82	2.49	9.53	2.20	9.33	2.00	9.09	1.77
45	10.36	3.03	9.96	2.63	9.65	2.32	9.44	2.11	9.19	1.87
46	10.55	3.23	10.13	2.80	9.80	2.47	9.58	2.25	9.31	1.99
47	10.75	3.42	10.30	2.97	9.95	2.62	9.71	2.39	9.43	2.11
48	10.94	3.62	10.47	3.14	10.09	2.77	9.85	2.52	9.55	2.22
49	11.14	3.81	10.64	3.31	10.24	2.92	9.98	2.66	9.67	2.34
50	11.33	4.01	10.81	3.48	10.39	3.07	10.12	2.80	9.79	2.46
51	11.59	4.27	11.04	3.71	10.59	3.27	10.30	2.98	9.95	2.62
52	11.86	4.53	11.27	3.94	10.79	3.47	10.49	3.16	10.11	2.78
53	12.12	4.80	11.49	4.16	10.98	3.66	10.67	3.35	10.26	2.93
54	12.39	5.06	11.72	4.39	11.18	3.86	10.86	3.53	10.42	3.09
55	12.65	5.32	11.95	4.62	11.38	4.06	11.04	3.71	10.58	3.25
56	13.05	5.72	12.30	4.97	11.68	4.36	11.32	3.99	10.82	3.49
57	13.45	6.12	12.64	5.31	11.98	4.66	11.60	4.27	11.07	3.74
58	13.84	6.51	12.99	5.66	12.29	4.96	11.88	4.54	11.31	3.98
59	14.24	6.91	13.33	6.00	12.59	5.26	12.16	4.82	11.56	4.23
60	14.64	7.31	13.68	6.35	12.89	5.56	12.44	5.10	11.80	4.47
61	15.28	7.89	14.24	6.85	13.39	6.00	12.90	5.50	12.21	4.82
62	15.91	8.47	14.80	7.36	13.88	6.44	13.36	5.91	12.62	5.18
63	16.55	9.04	15.36	7.86	14.38	6.88	13.82	6.31	13.04	5.53
64	17.18	9.62	15.92	8.37	14.87	7.32	14.28	6.72	13.45	5.89
65	17.82	10.20	16.48	8.87	15.37	7.76	14.74	7.12	13.86	6.24
66	19.03	11.40	17.53	9.92	16.29	8.67	15.58	7.96	14.60	6.98
67	20.24	12.61	18.58	10.96	17.21	9.59	16.42	8.80	15.35	7.72
68	21.44	13.81	19.64	12.01	18.13	10.50	17.27	9.63	16.09	8.47
69	22.65	15.02	20.69	13.05	19.05	11.42	18.11	10.47	16.84	9.21
70	23.86	16.22	21.74	14.10	19.97	12.33	18.95	11.31	17.58	9.95
71	25.84	18.20	23.46	15.82	21.48	13.83	20.33	12.68	18.81	11.17
72	27.83	20.17	25.19	17.53	22.99	15.33	21.71	14.06	20.04	12.39
73	29.81	22.15	26.91	19.25	24.49	16.83	23.10	15.43	21.27	13.61
74	31.80	24.12	28.64	20.96	26.00	18.33	24.48	16.81	22.50	14.83
75	33.78	26.10	30.36	22.68	27.51	19.83	25.86	18.18	23.73	16.05
76	36.91	29.23	33.08	25.40	29.89	22.21	28.04	20.36	25.66	17.98
77	40.04	32.36	35.80	28.12	32.27	24.59	30.22	22.54	27.58	19.90
78	43.18	35.50	38.53	30.85	34.65	26.97	32.41	24.73	29.51	21.83
79	46.31	38.63	41.25	33.57	37.03	29.35	34.59	26.91	31.43	23.75
80	N/A	41.76	N/A	36.29	N/A	31.73	N/A	29.09	N/A	25.68
81	N/A	45.68	N/A	39.69	N/A	34.70	N/A	31.82	N/A	28.09
82	N/A	49.59	N/A	43.09	N/A	37.68	N/A	34.54	N/A	30.50
83	N/A	53.51	N/A	46.50	N/A	40.65	N/A	37.27	N/A	32.90
84	N/A	57.42	N/A	49.90	N/A	43.63	N/A	39.99	N/A	35.31
85	N/A	61.34	N/A	53.30	N/A	46.60	N/A	42.72	N/A	37.72
86	N/A	65.25	N/A	56.70	N/A	49.57	N/A	45.45	N/A	40.13
87	N/A	69.17	N/A	60.10	N/A	52.55	N/A	48.18	N/A	42.54
88	N/A	73.08	N/A	63.51	N/A	55.52	N/A	50.90	N/A	44.94
89	N/A	77.00	N/A	66.91	N/A	58.50	N/A	53.63	N/A	47.35
90	N/A	80.91	N/A	70.31	N/A	61.47	N/A	56.36	N/A	49.76
91	N/A	82.48	N/A	71.67	N/A	62.66	N/A	57.45	N/A	50.72
92	N/A	84.04	N/A	73.03	N/A	63.85	N/A	58.54	N/A	51.68
93	N/A	85.61	N/A	74.39	N/A	65.04	N/A	59.63	N/A	52.65
94	N/A	87.17	N/A	75.75	N/A	66.23	N/A	60.72	N/A	53.61
95	N/A	88.74	N/A	77.11	N/A	67.42	N/A	61.81	N/A	54.57
96	N/A	89.26	N/A	77.56	N/A	67.82	N/A	62.17	N/A	54.89
97	N/A	89.78	N/A	78.02	N/A	68.22	N/A	62.54	N/A	55.21
98	N/A	90.31	N/A	78.47	N/A	68.61	N/A	62.90	N/A	55.54
99	N/A	90.83	N/A	78.93	N/A	69.01	N/A	63.27	N/A	55.86
100	N/A	91.35	N/A	79.38	N/A	69.41	N/A	63.63	N/A	56.18

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.22	0.89	8.10	0.78	8.01	0.69	7.95	0.62	7.88	0.54
26	8.30	0.97	8.17	0.85	8.07	0.75	8.01	0.68	7.93	0.59
27	8.38	1.05	8.24	0.92	8.13	0.81	8.06	0.73	7.97	0.64
28	8.46	1.14	8.31	0.99	8.20	0.87	8.12	0.79	8.02	0.68
29	8.54	1.22	8.38	1.06	8.26	0.93	8.17	0.84	8.06	0.73
30	8.62	1.30	8.45	1.13	8.32	0.99	8.23	0.90	8.11	0.78
31	8.73	1.41	8.55	1.23	8.40	1.08	8.31	0.98	8.18	0.85
32	8.84	1.52	8.65	1.32	8.49	1.16	8.39	1.06	8.25	0.92
33	8.96	1.63	8.74	1.42	8.57	1.25	8.46	1.13	8.31	0.98
34	9.07	1.74	8.84	1.51	8.66	1.33	8.54	1.21	8.38	1.05
35	9.18	1.85	8.94	1.61	8.74	1.42	8.62	1.29	8.45	1.12
36	9.33	2.00	9.07	1.74	8.85	1.53	8.72	1.39	8.54	1.21
37	9.47	2.14	9.19	1.86	8.96	1.64	8.82	1.49	8.63	1.30
38	9.62	2.29	9.32	1.99	9.08	1.75	8.93	1.60	8.71	1.38
39	9.76	2.43	9.44	2.11	9.19	1.86	9.03	1.70	8.80	1.47
40	9.91	2.58	9.57	2.24	9.30	1.97	9.13	1.80	8.89	1.56
41	10.09	2.76	9.73	2.40	9.44	2.11	9.26	1.93	9.00	1.67
42	10.28	2.95	9.88	2.56	9.58	2.25	9.39	2.06	9.11	1.78
43	10.46	3.13	10.04	2.71	9.71	2.38	9.51	2.19	9.22	1.90
44	10.65	3.32	10.19	2.87	9.85	2.52	9.64	2.32	9.33	2.01
45	10.83	3.50	10.35	3.03	9.99	2.66	9.77	2.45	9.44	2.12
46	11.06	3.73	10.55	3.22	10.16	2.83	9.93	2.61	9.58	2.26
47	11.29	3.96	10.74	3.42	10.33	3.00	10.09	2.77	9.72	2.39
48	11.51	4.18	10.94	3.61	10.50	3.18	10.25	2.92	9.85	2.53
49	11.74	4.41	11.13	3.81	10.67	3.35	10.41	3.08	9.99	2.66
50	11.97	4.64	11.33	4.00	10.84	3.52	10.57	3.24	10.13	2.80
51	12.27	4.94	11.59	4.26	11.07	3.75	10.78	3.45	10.31	2.99
52	12.57	5.25	11.85	4.52	11.30	3.98	10.99	3.66	10.50	3.17
53	12.88	5.55	12.12	4.79	11.53	4.20	11.20	3.88	10.68	3.36
54	13.18	5.86	12.38	5.05	11.76	4.43	11.41	4.09	10.87	3.54
55	13.48	6.16	12.64	5.31	11.99	4.66	11.62	4.30	11.05	3.73
56	13.94	6.62	13.04	5.71	12.34	5.01	11.94	4.62	11.33	4.01
57	14.41	7.08	13.44	6.11	12.69	5.36	12.26	4.94	11.62	4.29
58	14.87	7.55	13.84	6.51	13.03	5.70	12.59	5.26	11.90	4.57
59	15.34	8.01	14.24	6.91	13.38	6.05	12.91	5.58	12.19	4.85
60	15.80	8.47	14.64	7.31	13.73	6.40	13.23	5.90	12.47	5.13
61	16.53	9.14	15.28	7.89	14.29	6.90	13.75	6.37	12.94	5.54
62	17.26	9.81	15.91	8.47	14.85	7.41	14.28	6.83	13.40	5.95
63	17.98	10.48	16.55	9.04	15.42	7.91	14.80	7.30	13.87	6.36
64	18.71	11.15	17.18	9.62	15.98	8.42	15.33	7.76	14.33	6.77
65	19.44	11.82	17.82	10.20	16.54	8.92	15.85	8.23	14.80	7.18
66	20.83	13.21	19.02	11.40	17.59	9.97	16.82	9.20	15.65	8.03
67	22.22	14.60	20.23	12.60	18.64	11.02	17.79	10.16	16.50	8.88
68	23.61	15.98	21.43	13.80	19.70	12.06	18.76	11.13	17.35	9.72
69	25.00	17.37	22.64	15.00	20.75	13.11	19.73	12.09	18.20	10.57
70	26.39	18.76	23.84	16.20	21.80	14.16	20.70	13.06	19.05	11.42
71	28.67	21.03	25.81	18.16	23.52	15.87	22.29	14.64	20.45	12.81
72	30.94	23.29	27.78	20.12	25.25	17.59	23.87	16.22	21.84	14.19
73	33.22	25.56	29.75	22.09	26.97	19.30	25.46	17.79	23.24	15.58
74	35.49	27.82	31.72	24.05	28.70	21.02	27.04	19.37	24.63	16.96
75	37.77	30.09	33.69	26.01	30.42	22.73	28.63	20.95	26.03	18.35
76	41.38	33.70	36.81	29.13	33.15	25.46	31.14	23.46	28.23	20.55
77	44.99	37.31	39.93	32.25	35.88	28.19	33.66	25.98	30.43	22.75
78	48.60	40.92	43.06	35.38	38.60	30.91	36.17	28.49	32.64	24.96
79	52.21	44.53	46.18	38.50	41.33	33.64	38.69	31.01	34.84	27.16
80	N/A	48.14	N/A	41.62	N/A	36.37	N/A	33.52	N/A	29.36
81	N/A	52.65	N/A	45.52	N/A	39.78	N/A	36.66	N/A	32.11
82	N/A	57.17	N/A	49.42	N/A	43.19	N/A	39.80	N/A	34.86
83	N/A	61.68	N/A	53.32	N/A	46.60	N/A	42.95	N/A	37.62
84	N/A	66.20	N/A	57.22	N/A	50.01	N/A	46.09	N/A	40.37
85	N/A	70.71	N/A	61.12	N/A	53.42	N/A	49.23	N/A	43.12
86	N/A	75.22	N/A	65.02	N/A	56.83	N/A	52.37	N/A	45.87
87	N/A	79.74	N/A	68.92	N/A	60.24	N/A	55.52	N/A	48.63
88	N/A	84.25	N/A	72.83	N/A	63.64	N/A	58.66	N/A	51.38
89	N/A	88.77	N/A	76.73	N/A	67.05	N/A	61.81	N/A	54.14
90	N/A	93.28	N/A	80.63	N/A	70.46	N/A	64.95	N/A	56.89
91	N/A	95.09	N/A	82.19	N/A	71.82	N/A	66.21	N/A	57.99
92	N/A	96.89	N/A	83.75	N/A	73.19	N/A	67.46	N/A	59.09
93	N/A	98.70	N/A	85.31	N/A	74.55	N/A	68.72	N/A	60.19
94	N/A	100.50	N/A	86.87	N/A	75.92	N/A	69.97	N/A	61.29
95	N/A	102.31	N/A	88.43	N/A	77.28	N/A	71.23	N/A	62.39
96	N/A	102.91	N/A	88.95	N/A	77.74	N/A	71.65	N/A	62.76
97	N/A	103.51	N/A	89.47	N/A	78.19	N/A	72.07	N/A	63.13
98	N/A	104.12	N/A	90.00	N/A	78.65	N/A	72.49	N/A	63.49
99	N/A	104.72	N/A	90.52	N/A	79.10	N/A	72.91	N/A	63.86
100	N/A	105.32	N/A	91.04	N/A	79.56	N/A	73.33	N/A	64.23

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	8.30	0.98	8.18	0.86	8.07	0.75	8.00	0.68	7.92	0.60
26	8.39	1.07	8.26	0.94	8.14	0.82	8.06	0.74	7.97	0.65
27	8.48	1.16	8.33	1.01	8.21	0.89	8.12	0.80	8.03	0.71
28	8.56	1.24	8.41	1.09	8.27	0.95	8.18	0.86	8.08	0.76
29	8.65	1.33	8.48	1.16	8.34	1.02	8.24	0.92	8.14	0.82
30	8.74	1.42	8.56	1.24	8.41	1.09	8.30	0.98	8.19	0.87
31	8.86	1.54	8.67	1.35	8.51	1.18	8.39	1.06	8.27	0.94
32	8.98	1.66	8.78	1.45	8.60	1.28	8.47	1.15	8.34	1.02
33	9.11	1.78	8.88	1.56	8.70	1.37	8.56	1.23	8.42	1.09
34	9.23	1.90	8.99	1.66	8.79	1.47	8.64	1.32	8.49	1.17
35	9.35	2.02	9.10	1.77	8.89	1.56	8.73	1.40	8.57	1.24
36	9.51	2.18	9.24	1.91	9.01	1.68	8.84	1.51	8.67	1.34
37	9.67	2.34	9.38	2.05	9.14	1.81	8.95	1.62	8.76	1.44
38	9.83	2.50	9.51	2.19	9.26	1.93	9.06	1.74	8.86	1.53
39	9.99	2.66	9.65	2.33	9.39	2.06	9.17	1.85	8.95	1.63
40	10.15	2.82	9.79	2.47	9.51	2.18	9.28	1.96	9.05	1.73
41	10.35	3.02	9.97	2.65	9.66	2.34	9.42	2.10	9.17	1.85
42	10.55	3.22	10.15	2.82	9.82	2.49	9.56	2.24	9.30	1.97
43	10.76	3.43	10.32	3.00	9.97	2.65	9.71	2.38	9.42	2.10
44	10.96	3.63	10.50	3.17	10.13	2.80	9.85	2.52	9.55	2.22
45	11.16	3.83	10.68	3.35	10.28	2.96	9.99	2.66	9.67	2.34
46	11.41	4.08	10.90	3.57	10.47	3.15	10.16	2.84	9.82	2.49
47	11.66	4.33	11.12	3.79	10.66	3.33	10.34	3.01	9.97	2.65
48	11.92	4.59	11.33	4.01	10.84	3.52	10.51	3.19	10.13	2.80
49	12.17	4.84	11.55	4.23	11.03	3.70	10.69	3.36	10.28	2.96
50	12.42	5.09	11.77	4.45	11.22	3.89	10.86	3.54	10.43	3.11
51	12.75	5.42	12.06	4.73	11.47	4.14	11.09	3.77	10.64	3.32
52	13.08	5.75	12.34	5.02	11.72	4.39	11.32	4.00	10.85	3.52
53	13.42	6.09	12.63	5.30	11.96	4.64	11.55	4.22	11.05	3.73
54	13.75	6.42	12.91	5.59	12.21	4.89	11.78	4.45	11.26	3.93
55	14.08	6.75	13.20	5.87	12.46	5.14	12.01	4.68	11.47	4.14
56	14.60	7.27	13.65	6.32	12.85	5.53	12.37	5.04	11.78	4.45
57	15.12	7.79	14.10	6.77	13.24	5.92	12.73	5.40	12.09	4.76
58	15.65	8.32	14.55	7.21	13.63	6.30	13.10	5.77	12.41	5.08
59	16.17	8.84	15.00	7.66	14.02	6.69	13.46	6.13	12.72	5.39
60	16.69	9.36	15.45	8.11	14.41	7.08	13.82	6.49	13.03	5.70
61	17.49	10.10	16.15	8.75	15.03	7.64	14.39	7.01	13.53	6.15
62	18.28	10.84	16.85	9.39	15.65	8.20	14.97	7.52	14.04	6.60
63	19.08	11.57	17.54	10.03	16.26	8.77	15.54	8.04	14.54	7.04
64	19.87	12.31	18.24	10.67	16.88	9.33	16.12	8.55	15.05	7.49
65	20.67	13.05	18.94	11.31	17.50	9.89	16.69	9.07	15.55	7.94
66	22.19	14.57	20.26	12.63	18.66	11.05	17.76	10.13	16.48	8.87
67	23.71	16.08	21.58	13.95	19.82	12.21	18.83	11.20	17.42	9.80
68	25.23	17.60	22.90	15.26	20.99	13.36	19.89	12.26	18.35	10.72
69	26.75	19.11	24.22	16.58	22.15	14.52	20.96	13.33	19.29	11.65
70	28.27	20.63	25.54	17.90	23.31	15.68	22.03	14.39	20.22	12.58
71	30.74	23.09	27.68	20.04	25.20	17.56	23.78	16.13	21.75	14.10
72	33.20	25.55	29.83	22.17	27.09	19.44	25.52	17.87	23.28	15.62
73	35.67	28.00	31.97	24.31	28.98	21.32	27.27	19.60	24.81	17.15
74	38.13	30.46	34.12	26.44	30.87	23.20	29.01	21.34	26.34	18.67
75	40.60	32.92	36.26	28.58	32.76	25.08	30.76	23.08	27.87	20.19
76	44.55	36.87	39.69	32.01	35.77	28.09	33.53	25.85	30.29	22.61
77	48.50	40.82	43.12	35.44	38.78	31.10	36.30	28.62	32.71	25.03
78	52.45	44.77	46.55	38.87	41.79	34.11	39.07	31.39	35.14	27.46
79	56.40	48.72	49.98	42.30	44.80	37.12	41.84	34.16	37.56	29.88
80	N/A	52.67	N/A	45.73	N/A	40.13	N/A	36.93	N/A	32.30
81	N/A	57.61	N/A	50.02	N/A	43.89	N/A	40.39	N/A	35.33
82	N/A	62.55	N/A	54.30	N/A	47.65	N/A	43.85	N/A	38.36
83	N/A	67.48	N/A	58.59	N/A	51.42	N/A	47.32	N/A	41.39
84	N/A	72.42	N/A	62.87	N/A	55.18	N/A	50.78	N/A	44.42
85	N/A	77.36	N/A	67.16	N/A	58.94	N/A	54.24	N/A	47.45
86	N/A	82.30	N/A	71.45	N/A	62.70	N/A	57.70	N/A	50.48
87	N/A	87.24	N/A	75.74	N/A	66.46	N/A	61.16	N/A	53.51
88	N/A	92.17	N/A	80.02	N/A	70.23	N/A	64.63	N/A	56.53
89	N/A	97.11	N/A	84.31	N/A	73.99	N/A	68.09	N/A	59.56
90	N/A	102.05	N/A	88.60	N/A	77.75	N/A	71.55	N/A	62.59
91	N/A	104.03	N/A	90.31	N/A	79.25	N/A	72.93	N/A	63.80
92	N/A	106.00	N/A	92.03	N/A	80.76	N/A	74.32	N/A	65.01
93	N/A	107.98	N/A	93.74	N/A	82.26	N/A	75.70	N/A	66.23
94	N/A	109.95	N/A	95.46	N/A	83.77	N/A	77.09	N/A	67.44
95	N/A	111.93	N/A	97.17	N/A	85.27	N/A	78.47	N/A	68.65
96	N/A	112.59	N/A	97.74	N/A	85.77	N/A	78.93	N/A	69.05
97	N/A	113.25	N/A	98.31	N/A	86.27	N/A	79.39	N/A	69.46
98	N/A	113.90	N/A	98.89	N/A	86.78	N/A	79.86	N/A	69.86
99	N/A	114.56	N/A	99.46	N/A	87.28	N/A	80.32	N/A	70.27
100	N/A	115.22	N/A	100.03	N/A	87.78	N/A	80.78	N/A	70.67

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	11.71	4.38	11.14	3.81	10.71	3.38	10.44	3.11	10.05	2.72
46	12.01	4.68	11.39	4.06	10.93	3.60	10.64	3.31	10.23	2.90
47	12.31	4.98	11.65	4.32	11.14	3.82	10.84	3.52	10.40	3.07
48	12.61	5.29	11.90	4.57	11.37	4.04	11.05	3.72	10.57	3.25
49	12.91	5.59	12.16	4.83	11.58	4.26	11.24	3.92	10.75	3.43
50	13.21	5.89	12.41	5.08	11.80	4.48	11.44	4.12	10.92	3.60
51	13.61	6.29	12.74	5.41	12.08	4.76	11.70	4.38	11.15	3.83
52	14.01	6.68	13.07	5.74	12.37	5.05	11.97	4.65	11.38	4.06
53	14.41	7.09	13.41	6.08	12.66	5.34	12.22	4.90	11.60	4.28
54	14.82	7.49	13.74	6.41	12.95	5.63	12.49	5.17	11.83	4.51
55	15.23	7.90	14.07	6.74	13.23	5.91	12.75	5.43	12.05	4.73
56	15.87	8.54	14.63	7.30	13.72	6.39	13.19	5.87	12.43	5.11
57	16.52	9.19	15.20	7.87	14.20	6.88	13.65	6.33	12.81	5.49
58	17.19	9.85	15.78	8.45	14.69	7.36	14.10	6.77	13.21	5.88
59	17.86	10.52	16.36	9.03	15.18	7.86	14.56	7.23	13.60	6.27
60	18.53	11.19	16.95	9.62	15.69	8.36	15.02	7.69	13.98	6.65
61	19.54	12.14	17.82	10.44	16.45	9.07	15.72	8.34	14.59	7.20
62	20.56	13.10	18.71	11.27	17.23	9.79	16.43	8.99	15.21	7.76
63	21.58	14.08	19.62	12.12	18.00	10.50	17.15	9.65	15.82	8.33
64	22.63	15.07	20.52	12.96	18.79	11.23	17.87	10.31	16.44	8.89
65	23.68	16.06	21.43	13.82	19.58	11.97	18.59	10.98	17.06	9.45
66	25.76	18.14	23.23	15.62	21.14	13.53	20.02	12.40	18.29	10.68
67	27.90	20.27	25.08	17.46	22.73	15.11	21.48	13.86	19.56	11.94
68	30.07	22.44	26.95	19.32	24.36	16.74	22.97	15.34	20.84	13.22
69	32.28	24.64	28.87	21.23	26.01	18.38	24.49	16.86	22.16	14.53
70	34.53	26.89	30.81	23.17	27.69	20.06	26.03	18.39	23.49	15.86
71	38.06	30.41	33.85	26.20	30.32	22.68	28.43	20.78	25.56	17.92
72	41.65	33.99	36.95	29.30	33.00	25.35	30.87	23.21	27.67	20.02
73	45.30	37.64	40.11	32.44	35.73	28.06	33.36	25.70	29.82	22.16
74	49.03	41.36	43.31	35.64	38.50	30.82	35.90	28.23	32.01	24.34
75	52.82	45.14	46.59	38.91	41.33	33.64	38.48	30.80	34.24	26.56
76	58.24	50.56	51.26	43.58	45.37	37.68	42.18	34.50	37.43	29.75
77	63.65	55.97	55.93	48.25	49.40	41.71	45.87	38.19	40.62	32.94
78	69.07	61.39	60.60	52.92	53.44	45.75	49.57	41.89	43.80	36.12
79	74.48	66.80	65.27	57.59	57.47	49.78	53.26	45.58	46.99	39.31
80	N/A	72.22	N/A	62.26	N/A	53.82	N/A	49.28	N/A	42.50
81	N/A	78.99	N/A	68.10	N/A	58.87	N/A	53.90	N/A	46.48
82	N/A	85.76	N/A	73.93	N/A	63.91	N/A	58.52	N/A	50.47
83	N/A	92.54	N/A	79.77	N/A	68.96	N/A	63.14	N/A	54.45
84	N/A	99.31	N/A	85.60	N/A	74.00	N/A	67.76	N/A	58.44
85	N/A	106.08	N/A	91.44	N/A	79.05	N/A	72.38	N/A	62.42
86	N/A	112.85	N/A	97.28	N/A	84.10	N/A	77.00	N/A	66.40
87	N/A	119.62	N/A	103.11	N/A	89.14	N/A	81.62	N/A	70.39
88	N/A	126.39	N/A	108.95	N/A	94.19	N/A	86.24	N/A	74.37
89	N/A	133.16	N/A	114.78	N/A	99.23	N/A	90.86	N/A	78.36
90	N/A	139.93	N/A	120.62	N/A	104.28	N/A	95.48	N/A	82.34
91	N/A	142.64	N/A	122.95	N/A	106.30	N/A	97.33	N/A	83.93
92	N/A	145.35	N/A	125.29	N/A	108.32	N/A	99.18	N/A	85.52
93	N/A	148.06	N/A	127.62	N/A	110.34	N/A	101.02	N/A	87.12
94	N/A	150.77	N/A	129.96	N/A	112.36	N/A	102.87	N/A	88.71
95	N/A	153.48	N/A	132.29	N/A	114.38	N/A	104.72	N/A	90.30
96	N/A	154.38	N/A	133.07	N/A	115.05	N/A	105.34	N/A	90.83
97	N/A	155.28	N/A	133.85	N/A	115.72	N/A	105.95	N/A	91.36
98	N/A	156.19	N/A	134.63	N/A	116.40	N/A	106.57	N/A	91.90
99	N/A	157.09	N/A	135.41	N/A	117.07	N/A	107.18	N/A	92.43
100	N/A	157.99	N/A	136.19	N/A	117.74	N/A	107.80	N/A	92.96

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.08	0.29	4.04	0.25	4.01	0.22	3.99	0.20	3.96	0.18
26	4.11	0.32	4.06	0.28	4.03	0.24	4.01	0.22	3.98	0.19
27	4.13	0.34	4.09	0.30	4.05	0.26	4.02	0.24	3.99	0.21
28	4.16	0.37	4.11	0.33	4.06	0.28	4.04	0.26	4.01	0.23
29	4.18	0.40	4.14	0.35	4.08	0.30	4.06	0.27	4.03	0.24
30	4.21	0.42	4.16	0.37	4.11	0.32	4.08	0.29	4.04	0.26
31	4.25	0.46	4.19	0.40	4.13	0.35	4.11	0.32	4.06	0.28
32	4.28	0.50	4.22	0.43	4.16	0.38	4.13	0.35	4.09	0.30
33	4.32	0.53	4.26	0.47	4.19	0.40	4.16	0.37	4.11	0.33
34	4.36	0.57	4.29	0.50	4.22	0.43	4.18	0.40	4.14	0.35
35	4.40	0.60	4.32	0.53	4.25	0.46	4.21	0.42	4.16	0.37
36	4.44	0.65	4.36	0.57	4.28	0.50	4.25	0.46	4.19	0.40
37	4.49	0.70	4.40	0.62	4.32	0.53	4.28	0.49	4.21	0.43
38	4.54	0.75	4.45	0.66	4.36	0.57	4.31	0.52	4.25	0.46
39	4.59	0.80	4.49	0.70	4.40	0.60	4.34	0.56	4.27	0.49
40	4.63	0.85	4.53	0.74	4.43	0.64	4.38	0.59	4.30	0.52
41	4.69	0.91	4.58	0.80	4.48	0.69	4.42	0.63	4.34	0.55
42	4.76	0.97	4.63	0.85	4.52	0.73	4.46	0.67	4.37	0.59
43	4.81	1.03	4.69	0.90	4.57	0.78	4.50	0.72	4.42	0.63
44	4.88	1.09	4.74	0.96	4.61	0.83	4.54	0.76	4.45	0.66
45	4.94	1.15	4.79	1.01	4.66	0.87	4.59	0.80	4.49	0.70
46	5.02	1.23	4.86	1.08	4.72	0.93	4.64	0.85	4.53	0.74
47	5.09	1.30	4.93	1.14	4.77	0.99	4.69	0.90	4.58	0.79
48	5.17	1.38	4.99	1.20	4.83	1.04	4.75	0.96	4.62	0.84
49	5.24	1.45	5.06	1.27	4.89	1.10	4.80	1.01	4.67	0.88
50	5.32	1.53	5.12	1.33	4.95	1.16	4.85	1.07	4.72	0.93
51	5.42	1.63	5.21	1.42	5.02	1.24	4.92	1.14	4.78	0.99
52	5.52	1.73	5.30	1.51	5.10	1.31	4.99	1.20	4.84	1.05
53	5.62	1.83	5.39	1.60	5.17	1.39	5.06	1.28	4.90	1.11
54	5.72	1.93	5.48	1.69	5.25	1.46	5.13	1.34	4.96	1.17
55	5.82	2.03	5.56	1.77	5.32	1.54	5.21	1.42	5.03	1.24
56	5.98	2.19	5.70	1.91	5.44	1.65	5.31	1.52	5.12	1.33
57	6.14	2.35	5.83	2.04	5.56	1.77	5.42	1.63	5.21	1.42
58	6.30	2.51	5.96	2.17	5.68	1.90	5.52	1.74	5.30	1.51
59	6.45	2.67	6.08	2.30	5.79	2.01	5.62	1.84	5.39	1.60
60	6.58	2.82	6.20	2.43	5.89	2.12	5.71	1.94	5.46	1.69
61	6.81	3.03	6.40	2.61	6.06	2.28	5.87	2.09	5.60	1.82
62	7.01	3.23	6.57	2.79	6.21	2.43	6.01	2.22	5.72	1.93
63	7.19	3.42	6.72	2.94	6.34	2.57	6.12	2.36	5.82	2.04
64	7.34	3.60	6.83	3.09	6.44	2.69	6.22	2.47	5.89	2.14
65	7.47	3.75	6.94	3.23	6.53	2.81	6.29	2.58	5.95	2.24
66	7.77	4.12	7.19	3.54	6.73	3.09	6.48	2.83	6.10	2.45
67	8.01	4.45	7.39	3.83	6.90	3.33	6.62	3.06	6.21	2.65
68	8.23	4.75	7.56	4.09	7.03	3.56	6.74	3.26	6.30	2.83
69	8.38	5.01	7.68	4.31	7.13	3.76	6.82	3.44	6.35	2.98
70	8.48	5.22	7.75	4.49	7.17	3.92	6.84	3.59	6.36	3.11
71	8.78	5.64	7.99	4.86	7.37	4.24	7.02	3.88	6.49	3.35
72	9.00	5.99	8.16	5.16	7.50	4.50	7.13	4.12	6.56	3.56
73	9.16	6.29	8.29	5.41	7.60	4.72	7.20	4.33	6.60	3.73
74	9.28	6.54	8.37	5.63	7.65	4.91	7.25	4.50	6.62	3.87
75	9.47	6.82	8.53	5.88	7.78	5.13	7.35	4.70	6.69	4.04
76	9.61	7.14	8.62	6.15	7.84	5.36	7.39	4.92	6.71	4.23
77	9.79	7.46	8.76	6.42	7.94	5.60	7.47	5.14	6.75	4.42
78	9.90	7.70	8.84	6.64	7.99	5.79	7.51	5.31	6.76	4.57
79	9.91	7.85	8.82	6.76	7.96	5.90	7.47	5.41	6.71	4.65
80	N/A	7.91	N/A	6.82	N/A	5.95	N/A	5.45	N/A	4.69
81	N/A	8.66	N/A	7.46	N/A	6.50	N/A	5.96	N/A	5.13
82	N/A	9.40	N/A	8.09	N/A	7.06	N/A	6.48	N/A	5.57
83	N/A	10.14	N/A	8.73	N/A	7.62	N/A	6.99	N/A	6.01
84	N/A	10.88	N/A	9.37	N/A	8.17	N/A	7.50	N/A	6.45
85	N/A	11.62	N/A	10.01	N/A	8.73	N/A	8.01	N/A	6.89
86	N/A	12.36	N/A	10.65	N/A	9.29	N/A	8.52	N/A	7.33
87	N/A	13.11	N/A	11.29	N/A	9.85	N/A	9.03	N/A	7.77
88	N/A	13.85	N/A	11.93	N/A	10.40	N/A	9.54	N/A	8.20
89	N/A	14.59	N/A	12.57	N/A	10.96	N/A	10.05	N/A	8.64
90	N/A	15.33	N/A	13.21	N/A	11.52	N/A	10.56	N/A	9.08
91	N/A	15.63	N/A	13.46	N/A	11.74	N/A	10.77	N/A	9.26
92	N/A	15.92	N/A	13.72	N/A	11.96	N/A	10.97	N/A	9.44
93	N/A	16.22	N/A	13.97	N/A	12.19	N/A	11.18	N/A	9.61
94	N/A	16.52	N/A	14.23	N/A	12.41	N/A	11.38	N/A	9.79
95	N/A	16.81	N/A	14.49	N/A	12.63	N/A	11.59	N/A	9.96
96	N/A	16.91	N/A	14.57	N/A	12.71	N/A	11.65	N/A	10.02
97	N/A	17.01	N/A	14.66	N/A	12.78	N/A	11.72	N/A	10.08
98	N/A	17.11	N/A	14.74	N/A	12.85	N/A	11.79	N/A	10.14
99	N/A	17.21	N/A	14.83	N/A	12.93	N/A	11.86	N/A	10.20
100	N/A	17.31	N/A	14.91	N/A	13.00	N/A	11.93	N/A	10.26

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.19	0.40	4.14	0.35	4.10	0.31	4.06	0.28	4.03	0.25
26	4.22	0.44	4.17	0.38	4.12	0.34	4.09	0.31	4.05	0.27
27	4.26	0.48	4.20	0.41	4.15	0.36	4.12	0.33	4.08	0.29
28	4.30	0.51	4.23	0.44	4.18	0.39	4.14	0.35	4.10	0.32
29	4.33	0.55	4.26	0.48	4.21	0.42	4.17	0.38	4.13	0.34
30	4.37	0.58	4.29	0.51	4.23	0.44	4.19	0.40	4.15	0.36
31	4.42	0.64	4.34	0.55	4.27	0.49	4.23	0.44	4.18	0.39
32	4.47	0.69	4.38	0.59	4.31	0.52	4.27	0.48	4.21	0.42
33	4.52	0.73	4.43	0.64	4.35	0.56	4.30	0.51	4.24	0.45
34	4.57	0.79	4.47	0.68	4.39	0.60	4.33	0.54	4.27	0.48
35	4.62	0.84	4.51	0.72	4.43	0.64	4.37	0.58	4.30	0.51
36	4.69	0.90	4.57	0.78	4.48	0.69	4.42	0.63	4.34	0.55
37	4.75	0.97	4.63	0.84	4.52	0.74	4.46	0.67	4.38	0.59
38	4.82	1.03	4.68	0.89	4.58	0.79	4.50	0.71	4.42	0.63
39	4.88	1.10	4.74	0.95	4.62	0.84	4.55	0.76	4.46	0.67
40	4.95	1.16	4.79	1.01	4.67	0.89	4.60	0.81	4.50	0.71
41	5.03	1.25	4.87	1.08	4.74	0.95	4.65	0.86	4.56	0.77
42	5.11	1.32	4.94	1.15	4.80	1.01	4.71	0.92	4.60	0.82
43	5.19	1.41	5.01	1.22	4.87	1.08	4.77	0.98	4.65	0.86
44	5.27	1.48	5.08	1.29	4.93	1.14	4.82	1.03	4.70	0.92
45	5.36	1.57	5.15	1.36	4.99	1.20	4.88	1.09	4.75	0.97
46	5.46	1.67	5.24	1.45	5.07	1.28	4.95	1.16	4.81	1.03
47	5.56	1.77	5.33	1.54	5.14	1.35	5.02	1.24	4.88	1.09
48	5.66	1.87	5.41	1.62	5.22	1.43	5.09	1.30	4.94	1.15
49	5.76	1.97	5.50	1.71	5.29	1.51	5.16	1.38	5.00	1.21
50	5.86	2.07	5.59	1.80	5.37	1.59	5.23	1.45	5.06	1.27
51	5.99	2.21	5.71	1.92	5.48	1.69	5.33	1.54	5.14	1.35
52	6.13	2.34	5.83	2.04	5.58	1.79	5.42	1.63	5.23	1.44
53	6.27	2.48	5.94	2.15	5.68	1.89	5.52	1.73	5.31	1.51
54	6.41	2.62	6.06	2.27	5.78	2.00	5.62	1.83	5.39	1.60
55	6.54	2.75	6.18	2.39	5.88	2.10	5.71	1.92	5.47	1.68
56	6.75	2.96	6.36	2.57	6.04	2.25	5.85	2.06	5.59	1.80
57	6.95	3.16	6.53	2.74	6.19	2.41	5.99	2.21	5.72	1.93
58	7.15	3.36	6.71	2.92	6.35	2.56	6.14	2.34	5.84	2.06
59	7.34	3.56	6.87	3.09	6.49	2.71	6.27	2.49	5.96	2.18
60	7.52	3.76	7.03	3.26	6.62	2.86	6.39	2.62	6.06	2.30
61	7.82	4.04	7.29	3.50	6.85	3.07	6.60	2.81	6.25	2.47
62	8.08	4.30	7.52	3.74	7.05	3.27	6.78	3.00	6.41	2.63
63	8.31	4.54	7.72	3.95	7.22	3.46	6.94	3.17	6.55	2.78
64	8.51	4.76	7.88	4.14	7.36	3.63	7.07	3.33	6.66	2.92
65	8.69	4.97	8.04	4.33	7.49	3.78	7.19	3.47	6.76	3.04
66	9.10	5.45	8.38	4.74	7.79	4.15	7.45	3.81	6.98	3.34
67	9.45	5.89	8.68	5.12	8.04	4.48	7.67	4.11	7.17	3.61
68	9.76	6.29	8.94	5.47	8.25	4.78	7.86	4.38	7.33	3.86
69	10.00	6.63	9.14	5.76	8.41	5.04	8.00	4.62	7.44	4.07
70	10.16	6.91	9.26	6.01	8.51	5.25	8.07	4.82	7.49	4.24
71	10.59	7.46	9.62	6.49	8.81	5.67	8.33	5.20	7.71	4.58
72	10.92	7.92	9.89	6.88	9.02	6.02	8.52	5.52	7.87	4.86
73	11.18	8.31	10.09	7.22	9.18	6.31	8.66	5.79	7.98	5.10
74	11.38	8.63	10.24	7.50	9.30	6.56	8.76	6.01	8.05	5.30
75	11.65	9.00	10.47	7.82	9.49	6.84	8.92	6.27	8.19	5.54
76	11.89	9.42	10.66	8.18	9.63	7.16	9.04	6.56	8.27	5.79
77	12.17	9.83	10.88	8.55	9.81	7.47	9.18	6.85	8.38	6.05
78	12.37	10.17	11.04	8.84	9.92	7.72	9.28	7.08	8.45	6.25
79	12.42	10.36	11.06	9.00	9.93	7.87	9.27	7.22	8.43	6.37
80	N/A	10.44	N/A	9.07	N/A	7.93	N/A	7.27	N/A	6.42
81	N/A	11.42	N/A	9.92	N/A	8.68	N/A	7.96	N/A	7.02
82	N/A	12.40	N/A	10.77	N/A	9.42	N/A	8.64	N/A	7.63
83	N/A	13.38	N/A	11.63	N/A	10.16	N/A	9.32	N/A	8.23
84	N/A	14.36	N/A	12.48	N/A	10.91	N/A	10.00	N/A	8.83
85	N/A	15.34	N/A	13.33	N/A	11.65	N/A	10.68	N/A	9.43
86	N/A	16.31	N/A	14.18	N/A	12.39	N/A	11.36	N/A	10.03
87	N/A	17.29	N/A	15.03	N/A	13.14	N/A	12.05	N/A	10.64
88	N/A	18.27	N/A	15.88	N/A	13.88	N/A	12.73	N/A	11.24
89	N/A	19.25	N/A	16.73	N/A	14.63	N/A	13.41	N/A	11.84
90	N/A	20.23	N/A	17.58	N/A	15.37	N/A	14.09	N/A	12.44
91	N/A	20.62	N/A	17.92	N/A	15.67	N/A	14.36	N/A	12.68
92	N/A	21.01	N/A	18.26	N/A	15.96	N/A	14.64	N/A	12.92
93	N/A	21.40	N/A	18.60	N/A	16.26	N/A	14.91	N/A	13.16
94	N/A	21.79	N/A	18.94	N/A	16.56	N/A	15.18	N/A	13.40
95	N/A	22.19	N/A	19.28	N/A	16.86	N/A	15.45	N/A	13.64
96	N/A	22.32	N/A	19.39	N/A	16.96	N/A	15.54	N/A	13.72
97	N/A	22.45	N/A	19.51	N/A	17.06	N/A	15.64	N/A	13.80
98	N/A	22.58	N/A	19.62	N/A	17.15	N/A	15.73	N/A	13.89
99	N/A	22.71	N/A	19.73	N/A	17.25	N/A	15.82	N/A	13.97
100	N/A	22.84	N/A	19.85	N/A	17.35	N/A	15.91	N/A	14.05

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.25	0.46	4.19	0.40	4.14	0.36	4.11	0.32	4.07	0.28
26	4.29	0.50	4.22	0.44	4.17	0.39	4.14	0.35	4.10	0.31
27	4.33	0.54	4.26	0.48	4.20	0.42	4.17	0.38	4.12	0.33
28	4.37	0.59	4.30	0.51	4.24	0.45	4.20	0.41	4.15	0.35
29	4.42	0.63	4.33	0.55	4.27	0.48	4.22	0.43	4.17	0.38
30	4.46	0.67	4.37	0.58	4.30	0.51	4.26	0.47	4.19	0.40
31	4.51	0.73	4.42	0.64	4.34	0.56	4.30	0.51	4.23	0.44
32	4.57	0.79	4.47	0.68	4.39	0.60	4.34	0.55	4.27	0.48
33	4.63	0.84	4.52	0.73	4.43	0.65	4.37	0.58	4.30	0.51
34	4.69	0.90	4.57	0.78	4.48	0.69	4.42	0.63	4.33	0.54
35	4.75	0.96	4.62	0.83	4.52	0.73	4.46	0.67	4.37	0.58
36	4.82	1.03	4.69	0.90	4.58	0.79	4.51	0.72	4.42	0.63
37	4.90	1.11	4.75	0.96	4.63	0.85	4.56	0.77	4.46	0.67
38	4.97	1.18	4.82	1.03	4.69	0.90	4.62	0.83	4.50	0.71
39	5.05	1.26	4.88	1.09	4.75	0.96	4.67	0.88	4.55	0.76
40	5.12	1.33	4.95	1.16	4.81	1.02	4.72	0.93	4.60	0.81
41	5.22	1.43	5.03	1.24	4.88	1.09	4.79	1.00	4.65	0.86
42	5.32	1.53	5.11	1.32	4.95	1.16	4.86	1.07	4.71	0.92
43	5.41	1.62	5.19	1.40	5.02	1.23	4.92	1.13	4.77	0.98
44	5.51	1.72	5.27	1.48	5.09	1.30	4.98	1.20	4.82	1.04
45	5.60	1.81	5.35	1.57	5.17	1.38	5.05	1.27	4.88	1.10
46	5.72	1.93	5.46	1.66	5.25	1.46	5.13	1.35	4.95	1.17
47	5.84	2.05	5.55	1.77	5.34	1.55	5.22	1.43	5.03	1.24
48	5.95	2.16	5.66	1.87	5.43	1.64	5.30	1.51	5.09	1.31
49	6.07	2.28	5.75	1.97	5.52	1.73	5.38	1.59	5.17	1.38
50	6.19	2.40	5.86	2.07	5.60	1.82	5.47	1.68	5.24	1.45
51	6.34	2.55	5.99	2.20	5.72	1.94	5.57	1.78	5.33	1.55
52	6.50	2.71	6.13	2.34	5.84	2.06	5.68	1.89	5.43	1.64
53	6.66	2.87	6.27	2.48	5.96	2.17	5.79	2.01	5.52	1.74
54	6.81	3.03	6.40	2.61	6.08	2.29	5.90	2.11	5.62	1.83
55	6.97	3.19	6.54	2.75	6.20	2.41	6.01	2.22	5.71	1.93
56	7.21	3.42	6.74	2.95	6.38	2.59	6.17	2.39	5.86	2.07
57	7.45	3.66	6.94	3.16	6.56	2.77	6.33	2.55	6.00	2.22
58	7.68	3.90	7.15	3.36	6.73	2.94	6.50	2.72	6.15	2.36
59	7.91	4.13	7.34	3.56	6.90	3.12	6.66	2.88	6.29	2.50
60	8.12	4.35	7.52	3.76	7.06	3.29	6.80	3.03	6.41	2.64
61	8.46	4.68	7.82	4.04	7.31	3.53	7.03	3.26	6.62	2.83
62	8.76	4.98	8.08	4.30	7.54	3.76	7.25	3.47	6.80	3.02
63	9.03	5.26	8.31	4.54	7.75	3.97	7.43	3.67	6.97	3.20
64	9.27	5.52	8.51	4.76	7.91	4.17	7.59	3.84	7.10	3.35
65	9.48	5.76	8.69	4.97	8.07	4.35	7.73	4.01	7.22	3.50
66	9.96	6.32	9.10	5.45	8.41	4.77	8.04	4.40	7.48	3.84
67	10.38	6.82	9.45	5.88	8.71	5.15	8.31	4.75	7.71	4.15
68	10.75	7.28	9.76	6.28	8.97	5.49	8.54	5.07	7.90	4.43
69	11.04	7.67	10.00	6.62	9.16	5.79	8.71	5.34	8.04	4.67
70	11.24	7.99	10.15	6.90	9.29	6.03	8.82	5.56	8.11	4.86
71	11.75	8.62	10.58	7.45	9.64	6.51	9.14	6.00	8.38	5.25
72	12.14	9.14	10.90	7.90	9.91	6.90	9.37	6.37	8.57	5.57
73	12.46	9.58	11.16	8.28	10.11	7.24	9.55	6.67	8.71	5.84
74	12.70	9.95	11.35	8.60	10.27	7.52	9.67	6.93	8.81	6.07
75	13.03	10.38	11.62	8.97	10.49	7.84	9.88	7.23	8.98	6.33
76	13.33	10.86	11.86	9.39	10.68	8.20	10.03	7.56	9.10	6.62
77	13.67	11.34	12.14	9.80	10.90	8.57	10.23	7.90	9.25	6.91
78	13.92	11.72	12.33	10.13	11.06	8.85	10.36	8.16	9.35	7.15
79	14.00	11.94	12.38	10.32	11.08	9.02	10.37	8.31	9.34	7.28
80	N/A	12.04	N/A	10.41	N/A	9.09	N/A	8.38	N/A	7.34
81	N/A	13.16	N/A	11.38	N/A	9.95	N/A	9.17	N/A	8.03
82	N/A	14.29	N/A	12.36	N/A	10.80	N/A	9.95	N/A	8.72
83	N/A	15.42	N/A	13.33	N/A	11.65	N/A	10.74	N/A	9.41
84	N/A	16.55	N/A	14.31	N/A	12.50	N/A	11.52	N/A	10.09
85	N/A	17.68	N/A	15.28	N/A	13.36	N/A	12.31	N/A	10.78
86	N/A	18.81	N/A	16.26	N/A	14.21	N/A	13.09	N/A	11.47
87	N/A	19.94	N/A	17.23	N/A	15.06	N/A	13.88	N/A	12.16
88	N/A	21.06	N/A	18.21	N/A	15.91	N/A	14.67	N/A	12.85
89	N/A	22.19	N/A	19.18	N/A	16.76	N/A	15.45	N/A	13.54
90	N/A	23.32	N/A	20.16	N/A	17.62	N/A	16.24	N/A	14.22
91	N/A	23.77	N/A	20.55	N/A	17.96	N/A	16.55	N/A	14.50
92	N/A	24.22	N/A	20.94	N/A	18.30	N/A	16.87	N/A	14.77
93	N/A	24.68	N/A	21.33	N/A	18.64	N/A	17.18	N/A	15.05
94	N/A	25.13	N/A	21.72	N/A	18.98	N/A	17.49	N/A	15.32
95	N/A	25.58	N/A	22.11	N/A	19.32	N/A	17.81	N/A	15.60
96	N/A	25.73	N/A	22.24	N/A	19.44	N/A	17.91	N/A	15.69
97	N/A	25.88	N/A	22.37	N/A	19.55	N/A	18.02	N/A	15.78
98	N/A	26.03	N/A	22.50	N/A	19.66	N/A	18.12	N/A	15.87
99	N/A	26.18	N/A	22.63	N/A	19.78	N/A	18.23	N/A	15.97
100	N/A	26.33	N/A	22.76	N/A	19.89	N/A	18.33	N/A	16.06

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.29	0.51	4.23	0.44	4.17	0.39	4.14	0.35	4.10	0.31
26	4.34	0.55	4.27	0.49	4.21	0.42	4.17	0.38	4.12	0.34
27	4.38	0.60	4.31	0.52	4.25	0.46	4.20	0.41	4.15	0.37
28	4.43	0.64	4.35	0.56	4.28	0.49	4.23	0.44	4.18	0.39
29	4.47	0.69	4.38	0.60	4.31	0.53	4.26	0.48	4.21	0.42
30	4.52	0.73	4.43	0.64	4.35	0.56	4.29	0.51	4.23	0.45
31	4.58	0.80	4.48	0.70	4.40	0.61	4.34	0.55	4.28	0.49
32	4.64	0.86	4.54	0.75	4.45	0.66	4.38	0.59	4.31	0.53
33	4.71	0.92	4.59	0.81	4.50	0.71	4.43	0.64	4.35	0.56
34	4.77	0.98	4.65	0.86	4.54	0.76	4.47	0.68	4.39	0.60
35	4.83	1.04	4.71	0.92	4.60	0.81	4.51	0.72	4.43	0.64
36	4.92	1.13	4.78	0.99	4.66	0.87	4.57	0.78	4.48	0.69
37	5.00	1.21	4.85	1.06	4.73	0.94	4.63	0.84	4.53	0.74
38	5.08	1.29	4.92	1.13	4.79	1.00	4.68	0.90	4.58	0.79
39	5.17	1.38	4.99	1.20	4.86	1.07	4.74	0.96	4.63	0.84
40	5.25	1.46	5.06	1.28	4.92	1.13	4.80	1.01	4.68	0.89
41	5.35	1.56	5.16	1.37	4.99	1.21	4.87	1.09	4.74	0.96
42	5.46	1.66	5.25	1.46	5.08	1.29	4.94	1.16	4.81	1.02
43	5.56	1.77	5.34	1.55	5.16	1.37	5.02	1.23	4.87	1.09
44	5.67	1.88	5.43	1.64	5.24	1.45	5.09	1.30	4.94	1.15
45	5.77	1.98	5.52	1.73	5.32	1.53	5.17	1.38	5.00	1.21
46	5.90	2.11	5.64	1.85	5.41	1.63	5.25	1.47	5.08	1.29
47	6.03	2.24	5.75	1.96	5.51	1.72	5.35	1.56	5.16	1.37
48	6.16	2.37	5.86	2.07	5.60	1.82	5.43	1.65	5.24	1.45
49	6.29	2.50	5.97	2.19	5.70	1.91	5.53	1.74	5.32	1.53
50	6.42	2.63	6.09	2.30	5.80	2.01	5.62	1.83	5.39	1.61
51	6.59	2.80	6.24	2.45	5.93	2.14	5.73	1.95	5.50	1.72
52	6.76	2.97	6.38	2.60	6.06	2.27	5.85	2.07	5.61	1.82
53	6.94	3.15	6.53	2.74	6.18	2.40	5.97	2.18	5.71	1.93
54	7.11	3.32	6.68	2.89	6.31	2.53	6.09	2.30	5.82	2.03
55	7.28	3.49	6.83	3.04	6.44	2.66	6.21	2.42	5.93	2.14
56	7.55	3.76	7.06	3.27	6.64	2.86	6.39	2.60	6.09	2.30
57	7.81	4.02	7.28	3.50	6.84	3.06	6.58	2.79	6.25	2.46
58	8.08	4.30	7.51	3.72	7.04	3.25	6.77	2.98	6.41	2.62
59	8.34	4.56	7.73	3.95	7.23	3.45	6.94	3.16	6.56	2.78
60	8.58	4.81	7.94	4.17	7.41	3.64	7.10	3.34	6.70	2.93
61	8.95	5.17	8.26	4.48	7.69	3.91	7.36	3.59	6.92	3.15
62	9.28	5.50	8.56	4.77	7.95	4.16	7.60	3.82	7.13	3.35
63	9.59	5.81	8.81	5.04	8.17	4.41	7.81	4.04	7.30	3.54
64	9.84	6.10	9.03	5.28	8.36	4.62	7.98	4.23	7.45	3.71
65	10.08	6.36	9.24	5.51	8.53	4.82	8.14	4.42	7.58	3.87
66	10.61	6.97	9.69	6.04	8.92	5.28	8.49	4.84	7.88	4.24
67	11.07	7.51	10.08	6.52	9.26	5.70	8.79	5.23	8.14	4.58
68	11.49	8.01	10.43	6.95	9.56	6.08	9.06	5.58	8.35	4.88
69	11.81	8.44	10.69	7.32	9.78	6.41	9.26	5.89	8.52	5.14
70	12.04	8.79	10.88	7.62	9.93	6.68	9.38	6.13	8.61	5.36
71	12.60	9.47	11.35	8.22	10.33	7.20	9.75	6.61	8.92	5.78
72	13.03	10.03	11.71	8.70	10.63	7.63	10.02	7.01	9.14	6.13
73	13.38	10.50	11.99	9.12	10.87	7.99	10.23	7.35	9.30	6.43
74	13.64	10.90	12.21	9.46	11.04	8.30	10.38	7.63	9.42	6.68
75	14.01	11.36	12.51	9.86	11.30	8.65	10.61	7.96	9.62	6.97
76	14.35	11.88	12.79	10.31	11.53	9.05	10.80	8.33	9.76	7.29
77	14.74	12.41	13.11	10.77	11.79	9.45	11.03	8.70	9.94	7.61
78	15.02	12.82	13.33	11.13	11.97	9.77	11.19	8.99	10.06	7.86
79	15.12	13.06	13.40	11.34	12.01	9.95	11.22	9.16	10.07	8.01
80	N/A	13.17	N/A	11.43	N/A	10.03	N/A	9.23	N/A	8.08
81	N/A	14.40	N/A	12.51	N/A	10.97	N/A	10.10	N/A	8.83
82	N/A	15.64	N/A	13.58	N/A	11.91	N/A	10.96	N/A	9.59
83	N/A	16.87	N/A	14.65	N/A	12.86	N/A	11.83	N/A	10.35
84	N/A	18.11	N/A	15.72	N/A	13.80	N/A	12.70	N/A	11.11
85	N/A	19.34	N/A	16.79	N/A	14.74	N/A	13.56	N/A	11.86
86	N/A	20.58	N/A	17.86	N/A	15.68	N/A	14.43	N/A	12.62
87	N/A	21.81	N/A	18.94	N/A	16.62	N/A	15.29	N/A	13.38
88	N/A	23.04	N/A	20.01	N/A	17.56	N/A	16.16	N/A	14.13
89	N/A	24.28	N/A	21.08	N/A	18.50	N/A	17.02	N/A	14.89
90	N/A	25.51	N/A	22.15	N/A	19.44	N/A	17.89	N/A	15.65
91	N/A	26.01	N/A	22.58	N/A	19.81	N/A	18.23	N/A	15.95
92	N/A	26.50	N/A	23.01	N/A	20.19	N/A	18.58	N/A	16.25
93	N/A	27.00	N/A	23.44	N/A	20.57	N/A	18.93	N/A	16.56
94	N/A	27.49	N/A	23.87	N/A	20.94	N/A	19.27	N/A	16.86
95	N/A	27.98	N/A	24.29	N/A	21.32	N/A	19.62	N/A	17.16
96	N/A	28.15	N/A	24.44	N/A	21.44	N/A	19.73	N/A	17.26
97	N/A	28.31	N/A	24.58	N/A	21.57	N/A	19.85	N/A	17.37
98	N/A	28.48	N/A	24.72	N/A	21.70	N/A	19.97	N/A	17.47
99	N/A	28.64	N/A	24.87	N/A	21.82	N/A	20.08	N/A	17.57
100	N/A	28.81	N/A	25.01	N/A	21.95	N/A	20.20	N/A	17.67

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	6.05	2.26	5.76	1.97	5.54	1.75	5.40	1.61	5.20	1.41
46	6.21	2.42	5.89	2.10	5.65	1.86	5.50	1.71	5.29	1.50
47	6.37	2.57	6.02	2.23	5.76	1.98	5.60	1.82	5.38	1.59
48	6.52	2.74	6.15	2.36	5.88	2.09	5.71	1.92	5.47	1.68
49	6.68	2.89	6.29	2.50	5.99	2.20	5.81	2.03	5.56	1.77
50	6.83	3.05	6.42	2.63	6.10	2.32	5.92	2.13	5.65	1.86
51	7.04	3.25	6.59	2.80	6.25	2.46	6.05	2.26	5.77	1.98
52	7.24	3.45	6.76	2.97	6.40	2.61	6.19	2.40	5.88	2.10
53	7.45	3.67	6.93	3.14	6.55	2.76	6.32	2.53	6.00	2.21
54	7.66	3.87	7.10	3.31	6.70	2.91	6.46	2.67	6.12	2.33
55	7.87	4.08	7.28	3.49	6.84	3.06	6.59	2.81	6.23	2.45
56	8.20	4.41	7.56	3.77	7.09	3.30	6.82	3.03	6.42	2.64
57	8.54	4.75	7.85	4.07	7.34	3.55	7.05	3.27	6.62	2.84
58	8.88	5.09	8.15	4.36	7.59	3.80	7.28	3.50	6.82	3.04
59	9.21	5.42	8.44	4.66	7.83	4.05	7.51	3.73	7.01	3.23
60	9.52	5.75	8.71	4.94	8.06	4.30	7.72	3.95	7.18	3.42
61	10.00	6.21	9.12	5.34	8.42	4.64	8.04	4.27	7.46	3.68
62	10.44	6.65	9.50	5.72	8.75	4.97	8.34	4.56	7.72	3.94
63	10.84	7.07	9.86	6.09	9.04	5.27	8.62	4.85	7.95	4.18
64	11.21	7.46	10.16	6.42	9.31	5.56	8.85	5.11	8.14	4.40
65	11.55	7.83	10.45	6.74	9.55	5.84	9.06	5.35	8.32	4.61
66	12.32	8.68	11.11	7.47	10.11	6.47	9.57	5.93	8.75	5.11
67	13.03	9.47	11.71	8.15	10.62	7.06	10.03	6.47	9.14	5.58
68	13.69	10.22	12.27	8.80	11.09	7.62	10.46	6.98	9.49	6.02
69	14.25	10.88	12.75	9.37	11.48	8.12	10.81	7.44	9.78	6.42
70	14.71	11.45	13.12	9.87	11.79	8.54	11.09	7.83	10.01	6.76
71	15.60	12.47	13.88	10.74	12.43	9.30	11.66	8.52	10.48	7.35
72	16.35	13.34	14.50	11.50	12.95	9.95	12.12	9.11	10.86	7.86
73	16.99	14.11	15.04	12.16	13.40	10.52	12.51	9.64	11.18	8.31
74	17.54	14.79	15.49	12.75	13.77	11.02	12.84	10.10	11.45	8.71
75	18.22	15.57	16.07	13.42	14.26	11.61	13.28	10.63	11.81	9.16
76	18.77	16.29	16.52	14.04	14.62	12.14	13.59	11.12	12.06	9.59
77	19.34	17.01	17.00	14.66	15.01	12.68	13.94	11.61	12.35	10.01
78	19.78	17.58	17.36	15.16	15.31	13.10	14.20	12.00	12.54	10.35
79	19.97	17.91	17.50	15.44	15.41	13.35	14.28	12.22	12.60	10.54
80	N/A	18.06	N/A	15.57	N/A	13.46	N/A	12.32	N/A	10.63
81	N/A	19.75	N/A	17.03	N/A	14.72	N/A	13.48	N/A	11.62
82	N/A	21.44	N/A	18.48	N/A	15.98	N/A	14.63	N/A	12.62
83	N/A	23.14	N/A	19.94	N/A	17.24	N/A	15.79	N/A	13.61
84	N/A	24.83	N/A	21.40	N/A	18.50	N/A	16.94	N/A	14.61
85	N/A	26.52	N/A	22.86	N/A	19.76	N/A	18.10	N/A	15.61
86	N/A	28.21	N/A	24.32	N/A	21.03	N/A	19.25	N/A	16.60
87	N/A	29.91	N/A	25.78	N/A	22.29	N/A	20.41	N/A	17.60
88	N/A	31.60	N/A	27.24	N/A	23.55	N/A	21.56	N/A	18.59
89	N/A	33.29	N/A	28.70	N/A	24.81	N/A	22.72	N/A	19.59
90	N/A	34.98	N/A	30.16	N/A	26.07	N/A	23.87	N/A	20.59
91	N/A	35.66	N/A	30.74	N/A	26.58	N/A	24.33	N/A	20.98
92	N/A	36.34	N/A	31.32	N/A	27.08	N/A	24.80	N/A	21.38
93	N/A	37.02	N/A	31.91	N/A	27.59	N/A	25.26	N/A	21.78
94	N/A	37.69	N/A	32.49	N/A	28.09	N/A	25.72	N/A	22.18
95	N/A	38.37	N/A	33.07	N/A	28.60	N/A	26.18	N/A	22.58
96	N/A	38.60	N/A	33.27	N/A	28.76	N/A	26.34	N/A	22.71
97	N/A	38.82	N/A	33.46	N/A	28.93	N/A	26.49	N/A	22.84
98	N/A	39.05	N/A	33.66	N/A	29.10	N/A	26.64	N/A	22.98
99	N/A	39.27	N/A	33.85	N/A	29.27	N/A	26.80	N/A	23.11
100	N/A	39.50	N/A	34.05	N/A	29.44	N/A	26.95	N/A	23.24

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02	0.34	0.02
26	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02	0.35	0.02
27	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02
28	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02	0.35	0.02
29	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02
30	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02
31	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02
32	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
33	0.38	0.05	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03
34	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
35	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
36	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
37	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
38	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
39	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
40	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.05
41	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
42	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
43	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
44	0.42	0.09	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
45	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
46	0.44	0.11	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
47	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
48	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
49	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
50	0.46	0.13	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08
51	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10	0.42	0.09
52	0.48	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
53	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10
54	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.43	0.10
55	0.51	0.18	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
56	0.52	0.19	0.50	0.17	0.47	0.14	0.46	0.13	0.45	0.12
57	0.53	0.20	0.51	0.18	0.48	0.15	0.47	0.14	0.45	0.12
58	0.55	0.22	0.52	0.19	0.49	0.17	0.48	0.15	0.46	0.13
59	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14
60	0.58	0.25	0.54	0.21	0.52	0.19	0.50	0.17	0.48	0.15
61	0.60	0.27	0.56	0.23	0.53	0.20	0.52	0.18	0.49	0.16
62	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.17
63	0.64	0.31	0.60	0.26	0.57	0.23	0.55	0.21	0.52	0.18
64	0.67	0.33	0.62	0.28	0.59	0.24	0.56	0.22	0.54	0.19
65	0.69	0.35	0.64	0.30	0.60	0.26	0.58	0.24	0.55	0.21
66	0.73	0.39	0.68	0.33	0.63	0.29	0.61	0.27	0.57	0.23
67	0.77	0.43	0.71	0.37	0.66	0.32	0.64	0.29	0.60	0.26
68	0.81	0.47	0.75	0.40	0.70	0.35	0.67	0.32	0.62	0.28
69	0.85	0.51	0.78	0.44	0.73	0.38	0.69	0.35	0.65	0.30
70	0.90	0.55	0.82	0.47	0.76	0.41	0.72	0.38	0.67	0.33
71	0.96	0.62	0.88	0.53	0.81	0.46	0.77	0.43	0.71	0.37
72	1.03	0.69	0.94	0.59	0.86	0.52	0.82	0.47	0.75	0.41
73	1.10	0.75	0.99	0.65	0.91	0.57	0.86	0.52	0.79	0.45
74	1.17	0.82	1.05	0.71	0.96	0.62	0.91	0.57	0.83	0.49
75	1.24	0.89	1.11	0.77	1.01	0.67	0.96	0.61	0.87	0.53
76	1.34	1.00	1.20	0.86	1.09	0.75	1.03	0.69	0.94	0.59
77	1.45	1.10	1.30	0.95	1.17	0.83	1.11	0.76	1.00	0.65
78	1.56	1.21	1.39	1.04	1.26	0.91	1.18	0.83	1.06	0.72
79	1.66	1.32	1.48	1.13	1.34	0.99	1.25	0.91	1.13	0.78
80	N/A	1.42	N/A	1.23	N/A	1.07	N/A	0.98	N/A	0.84
81	N/A	1.56	N/A	1.34	N/A	1.17	N/A	1.07	N/A	0.92
82	N/A	1.69	N/A	1.46	N/A	1.27	N/A	1.17	N/A	1.00
83	N/A	1.82	N/A	1.57	N/A	1.37	N/A	1.26	N/A	1.08
84	N/A	1.96	N/A	1.69	N/A	1.47	N/A	1.35	N/A	1.16
85	N/A	2.09	N/A	1.80	N/A	1.57	N/A	1.44	N/A	1.24
86	N/A	2.23	N/A	1.92	N/A	1.67	N/A	1.53	N/A	1.32
87	N/A	2.36	N/A	2.03	N/A	1.77	N/A	1.63	N/A	1.40
88	N/A	2.49	N/A	2.15	N/A	1.87	N/A	1.72	N/A	1.48
89	N/A	2.63	N/A	2.26	N/A	1.97	N/A	1.81	N/A	1.56
90	N/A	2.76	N/A	2.38	N/A	2.07	N/A	1.90	N/A	1.63
91	N/A	2.81	N/A	2.42	N/A	2.11	N/A	1.94	N/A	1.67
92	N/A	2.87	N/A	2.47	N/A	2.15	N/A	1.98	N/A	1.70
93	N/A	2.92	N/A	2.52	N/A	2.19	N/A	2.01	N/A	1.73
94	N/A	2.97	N/A	2.56	N/A	2.23	N/A	2.05	N/A	1.76
95	N/A	3.03	N/A	2.61	N/A	2.27	N/A	2.09	N/A	1.79
96	N/A	3.04	N/A	2.62	N/A	2.29	N/A	2.10	N/A	1.80
97	N/A	3.06	N/A	2.64	N/A	2.30	N/A	2.11	N/A	1.81
98	N/A	3.08	N/A	2.65	N/A	2.31	N/A	2.12	N/A	1.82
99	N/A	3.10	N/A	2.67	N/A	2.33	N/A	2.13	N/A	1.84
100	N/A	3.12	N/A	2.68	N/A	2.34	N/A	2.15	N/A	1.85

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02	0.35	0.02
26	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03	0.35	0.02
27	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
28	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
29	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
30	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.04	0.36	0.03
31	0.38	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
32	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
33	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04
34	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
35	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04
36	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
37	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
38	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
39	0.42	0.10	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
40	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
41	0.44	0.11	0.42	0.09	0.41	0.08	0.41	0.08	0.40	0.07
42	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
43	0.45	0.12	0.44	0.11	0.42	0.09	0.41	0.09	0.41	0.08
44	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
45	0.47	0.14	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08
46	0.47	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
47	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11	0.42	0.09
48	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10
49	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
50	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
51	0.52	0.19	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12
52	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14	0.45	0.13
53	0.55	0.22	0.52	0.19	0.49	0.16	0.48	0.15	0.46	0.13
54	0.56	0.23	0.53	0.20	0.50	0.17	0.49	0.16	0.47	0.14
55	0.57	0.24	0.54	0.21	0.51	0.18	0.50	0.17	0.48	0.15
56	0.59	0.26	0.55	0.22	0.53	0.20	0.51	0.18	0.49	0.16
57	0.61	0.28	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
58	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.18
59	0.64	0.31	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
60	0.66	0.33	0.62	0.29	0.58	0.25	0.56	0.23	0.53	0.20
61	0.69	0.36	0.64	0.31	0.60	0.27	0.58	0.25	0.55	0.22
62	0.72	0.38	0.67	0.33	0.62	0.29	0.60	0.27	0.57	0.23
63	0.74	0.41	0.69	0.35	0.65	0.31	0.62	0.28	0.59	0.25
64	0.77	0.43	0.72	0.38	0.67	0.33	0.64	0.30	0.61	0.27
65	0.80	0.46	0.74	0.40	0.69	0.35	0.66	0.32	0.62	0.28
66	0.86	0.51	0.79	0.45	0.73	0.39	0.70	0.36	0.66	0.31
67	0.91	0.57	0.84	0.49	0.77	0.43	0.74	0.40	0.69	0.35
68	0.96	0.62	0.88	0.54	0.82	0.47	0.78	0.43	0.72	0.38
69	1.02	0.68	0.93	0.59	0.86	0.51	0.81	0.47	0.76	0.41
70	1.07	0.73	0.98	0.63	0.90	0.55	0.85	0.51	0.79	0.45
71	1.16	0.82	1.06	0.71	0.97	0.62	0.91	0.57	0.85	0.50
72	1.25	0.91	1.13	0.79	1.03	0.69	0.98	0.63	0.90	0.56
73	1.34	1.00	1.21	0.87	1.10	0.76	1.04	0.69	0.96	0.61
74	1.43	1.09	1.29	0.94	1.17	0.82	1.10	0.76	1.01	0.67
75	1.52	1.17	1.37	1.02	1.24	0.89	1.16	0.82	1.07	0.72
76	1.66	1.32	1.49	1.14	1.35	1.00	1.26	0.92	1.15	0.81
77	1.80	1.46	1.61	1.27	1.45	1.11	1.36	1.01	1.24	0.90
78	1.94	1.60	1.73	1.39	1.56	1.21	1.46	1.11	1.33	0.98
79	2.08	1.74	1.86	1.51	1.67	1.32	1.56	1.21	1.41	1.07
80	N/A	1.88	N/A	1.63	N/A	1.43	N/A	1.31	N/A	1.16
81	N/A	2.06	N/A	1.79	N/A	1.56	N/A	1.43	N/A	1.26
82	N/A	2.23	N/A	1.94	N/A	1.70	N/A	1.55	N/A	1.37
83	N/A	2.41	N/A	2.09	N/A	1.83	N/A	1.68	N/A	1.48
84	N/A	2.58	N/A	2.25	N/A	1.96	N/A	1.80	N/A	1.59
85	N/A	2.76	N/A	2.40	N/A	2.10	N/A	1.92	N/A	1.70
86	N/A	2.94	N/A	2.55	N/A	2.23	N/A	2.05	N/A	1.81
87	N/A	3.11	N/A	2.70	N/A	2.36	N/A	2.17	N/A	1.91
88	N/A	3.29	N/A	2.86	N/A	2.50	N/A	2.29	N/A	2.02
89	N/A	3.47	N/A	3.01	N/A	2.63	N/A	2.41	N/A	2.13
90	N/A	3.64	N/A	3.16	N/A	2.77	N/A	2.54	N/A	2.24
91	N/A	3.71	N/A	3.23	N/A	2.82	N/A	2.59	N/A	2.28
92	N/A	3.78	N/A	3.29	N/A	2.87	N/A	2.63	N/A	2.33
93	N/A	3.85	N/A	3.35	N/A	2.93	N/A	2.68	N/A	2.37
94	N/A	3.92	N/A	3.41	N/A	2.98	N/A	2.73	N/A	2.41
95	N/A	3.99	N/A	3.47	N/A	3.03	N/A	2.78	N/A	2.46
96	N/A	4.02	N/A	3.49	N/A	3.05	N/A	2.80	N/A	2.47
97	N/A	4.04	N/A	3.51	N/A	3.07	N/A	2.81	N/A	2.48
98	N/A	4.06	N/A	3.53	N/A	3.09	N/A	2.83	N/A	2.50
99	N/A	4.09	N/A	3.55	N/A	3.11	N/A	2.85	N/A	2.51
100	N/A	4.11	N/A	3.57	N/A	3.12	N/A	2.86	N/A	2.53

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.37	0.04	0.36	0.04	0.36	0.03	0.36	0.03	0.35	0.02
26	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
27	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
28	0.38	0.05	0.37	0.04	0.37	0.04	0.37	0.04	0.36	0.03
29	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
30	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.04
31	0.39	0.06	0.38	0.06	0.38	0.05	0.37	0.04	0.37	0.04
32	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
33	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04
34	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
35	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
36	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.38	0.05
37	0.43	0.10	0.41	0.08	0.40	0.07	0.40	0.07	0.39	0.06
38	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
39	0.44	0.11	0.42	0.09	0.41	0.08	0.41	0.08	0.40	0.07
40	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
41	0.45	0.12	0.44	0.11	0.42	0.09	0.42	0.09	0.41	0.08
42	0.46	0.13	0.44	0.12	0.43	0.10	0.42	0.09	0.41	0.08
43	0.47	0.14	0.45	0.12	0.44	0.11	0.43	0.10	0.41	0.09
44	0.48	0.15	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
45	0.49	0.16	0.47	0.14	0.45	0.12	0.44	0.11	0.42	0.10
46	0.50	0.17	0.47	0.14	0.46	0.13	0.45	0.12	0.43	0.10
47	0.51	0.18	0.48	0.15	0.46	0.14	0.45	0.12	0.44	0.11
48	0.52	0.19	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
49	0.53	0.20	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
50	0.54	0.21	0.51	0.18	0.49	0.16	0.48	0.15	0.46	0.13
51	0.55	0.22	0.52	0.19	0.50	0.17	0.49	0.16	0.46	0.13
52	0.57	0.24	0.53	0.20	0.51	0.18	0.49	0.16	0.47	0.14
53	0.58	0.25	0.55	0.22	0.52	0.19	0.50	0.17	0.48	0.15
54	0.59	0.26	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16
55	0.61	0.28	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
56	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.51	0.18
57	0.65	0.32	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
58	0.67	0.34	0.62	0.29	0.59	0.26	0.57	0.24	0.54	0.21
59	0.69	0.36	0.64	0.31	0.60	0.27	0.58	0.25	0.55	0.22
60	0.71	0.38	0.66	0.33	0.62	0.29	0.60	0.27	0.56	0.23
61	0.74	0.41	0.69	0.36	0.64	0.31	0.62	0.29	0.58	0.25
62	0.78	0.44	0.72	0.38	0.67	0.33	0.64	0.31	0.60	0.27
63	0.81	0.47	0.74	0.41	0.69	0.36	0.67	0.33	0.62	0.29
64	0.84	0.50	0.77	0.43	0.72	0.38	0.69	0.35	0.64	0.30
65	0.87	0.53	0.80	0.46	0.74	0.40	0.71	0.37	0.67	0.32
66	0.94	0.59	0.86	0.51	0.79	0.45	0.76	0.41	0.70	0.36
67	1.00	0.66	0.91	0.57	0.84	0.50	0.80	0.46	0.74	0.40
68	1.06	0.72	0.96	0.62	0.89	0.54	0.84	0.50	0.78	0.44
69	1.13	0.78	1.02	0.68	0.93	0.59	0.89	0.54	0.82	0.48
70	1.19	0.84	1.07	0.73	0.98	0.64	0.93	0.59	0.86	0.51
71	1.29	0.95	1.16	0.82	1.06	0.71	1.00	0.66	0.92	0.58
72	1.39	1.05	1.25	0.91	1.14	0.79	1.07	0.73	0.98	0.64
73	1.49	1.15	1.34	0.99	1.21	0.87	1.15	0.80	1.05	0.70
74	1.60	1.25	1.43	1.08	1.29	0.95	1.22	0.87	1.11	0.76
75	1.70	1.35	1.52	1.17	1.37	1.02	1.29	0.94	1.17	0.83
76	1.86	1.52	1.66	1.31	1.49	1.15	1.40	1.06	1.27	0.92
77	2.02	1.68	1.80	1.45	1.61	1.27	1.51	1.17	1.37	1.02
78	2.19	1.84	1.94	1.59	1.74	1.39	1.63	1.28	1.47	1.12
79	2.35	2.00	2.08	1.73	1.86	1.51	1.74	1.40	1.57	1.22
80	N/A	2.17	N/A	1.87	N/A	1.64	N/A	1.51	N/A	1.32
81	N/A	2.37	N/A	2.05	N/A	1.79	N/A	1.65	N/A	1.44
82	N/A	2.57	N/A	2.22	N/A	1.94	N/A	1.79	N/A	1.57
83	N/A	2.78	N/A	2.40	N/A	2.10	N/A	1.93	N/A	1.69
84	N/A	2.98	N/A	2.57	N/A	2.25	N/A	2.07	N/A	1.82
85	N/A	3.18	N/A	2.75	N/A	2.40	N/A	2.22	N/A	1.94
86	N/A	3.38	N/A	2.93	N/A	2.56	N/A	2.36	N/A	2.06
87	N/A	3.59	N/A	3.10	N/A	2.71	N/A	2.50	N/A	2.19
88	N/A	3.79	N/A	3.28	N/A	2.86	N/A	2.64	N/A	2.31
89	N/A	3.99	N/A	3.45	N/A	3.02	N/A	2.78	N/A	2.44
90	N/A	4.20	N/A	3.63	N/A	3.17	N/A	2.92	N/A	2.56
91	N/A	4.28	N/A	3.70	N/A	3.23	N/A	2.98	N/A	2.61
92	N/A	4.36	N/A	3.77	N/A	3.29	N/A	3.04	N/A	2.66
93	N/A	4.44	N/A	3.84	N/A	3.35	N/A	3.09	N/A	2.71
94	N/A	4.52	N/A	3.91	N/A	3.42	N/A	3.15	N/A	2.76
95	N/A	4.60	N/A	3.98	N/A	3.48	N/A	3.21	N/A	2.81
96	N/A	4.63	N/A	4.00	N/A	3.50	N/A	3.22	N/A	2.82
97	N/A	4.66	N/A	4.03	N/A	3.52	N/A	3.24	N/A	2.84
98	N/A	4.69	N/A	4.05	N/A	3.54	N/A	3.26	N/A	2.86
99	N/A	4.71	N/A	4.07	N/A	3.56	N/A	3.28	N/A	2.87
100	N/A	4.74	N/A	4.10	N/A	3.58	N/A	3.30	N/A	2.89

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03	0.36	0.03
26	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03	0.36	0.03
27	0.38	0.05	0.37	0.05	0.37	0.04	0.37	0.04	0.36	0.03
28	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04	0.36	0.03
29	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04	0.37	0.04
30	0.39	0.06	0.39	0.06	0.38	0.05	0.37	0.04	0.37	0.04
31	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05	0.37	0.04
32	0.40	0.07	0.40	0.07	0.39	0.06	0.38	0.05	0.38	0.05
33	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06	0.38	0.05
34	0.42	0.09	0.40	0.07	0.40	0.07	0.39	0.06	0.38	0.05
35	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06	0.39	0.06
36	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
37	0.44	0.11	0.42	0.09	0.41	0.08	0.40	0.07	0.39	0.06
38	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
39	0.45	0.12	0.43	0.10	0.42	0.09	0.41	0.08	0.40	0.07
40	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09	0.41	0.08
41	0.47	0.14	0.45	0.12	0.43	0.11	0.42	0.09	0.41	0.08
42	0.47	0.14	0.46	0.13	0.44	0.11	0.43	0.10	0.42	0.09
43	0.48	0.15	0.46	0.14	0.45	0.12	0.44	0.11	0.42	0.09
44	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11	0.43	0.10
45	0.50	0.17	0.48	0.15	0.46	0.13	0.45	0.12	0.44	0.11
46	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13	0.44	0.11
47	0.52	0.19	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
48	0.54	0.21	0.51	0.18	0.49	0.16	0.47	0.14	0.46	0.13
49	0.55	0.22	0.52	0.19	0.50	0.17	0.48	0.15	0.46	0.13
50	0.56	0.23	0.53	0.20	0.50	0.18	0.49	0.16	0.47	0.14
51	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17	0.48	0.15
52	0.59	0.26	0.56	0.23	0.53	0.20	0.51	0.18	0.49	0.16
53	0.60	0.27	0.57	0.24	0.54	0.21	0.52	0.19	0.50	0.17
54	0.62	0.29	0.58	0.25	0.55	0.22	0.53	0.20	0.51	0.18
55	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.52	0.19
56	0.66	0.33	0.61	0.28	0.58	0.25	0.56	0.23	0.53	0.20
57	0.68	0.35	0.63	0.30	0.60	0.27	0.57	0.24	0.54	0.21
58	0.70	0.37	0.65	0.32	0.61	0.28	0.59	0.26	0.56	0.23
59	0.73	0.40	0.68	0.34	0.63	0.30	0.61	0.28	0.57	0.24
60	0.75	0.42	0.70	0.36	0.65	0.32	0.62	0.29	0.59	0.26
61	0.79	0.45	0.73	0.39	0.68	0.34	0.65	0.32	0.61	0.28
62	0.82	0.49	0.76	0.42	0.70	0.37	0.67	0.34	0.63	0.30
63	0.86	0.52	0.79	0.45	0.73	0.39	0.70	0.36	0.65	0.32
64	0.89	0.55	0.82	0.48	0.76	0.42	0.73	0.38	0.68	0.34
65	0.93	0.59	0.85	0.51	0.79	0.45	0.75	0.41	0.70	0.36
66	1.00	0.66	0.91	0.57	0.84	0.50	0.80	0.46	0.74	0.40
67	1.07	0.72	0.97	0.63	0.89	0.55	0.85	0.50	0.78	0.44
68	1.14	0.79	1.03	0.69	0.94	0.60	0.90	0.55	0.83	0.48
69	1.20	0.86	1.09	0.75	1.00	0.65	0.94	0.60	0.87	0.52
70	1.27	0.93	1.15	0.81	1.05	0.71	0.99	0.65	0.91	0.57
71	1.38	1.04	1.25	0.90	1.13	0.79	1.07	0.73	0.98	0.63
72	1.49	1.15	1.34	1.00	1.22	0.87	1.15	0.80	1.05	0.70
73	1.61	1.26	1.44	1.09	1.30	0.96	1.23	0.88	1.12	0.77
74	1.72	1.37	1.54	1.19	1.39	1.04	1.31	0.96	1.19	0.84
75	1.83	1.48	1.63	1.29	1.47	1.13	1.38	1.04	1.25	0.91
76	2.00	1.66	1.79	1.44	1.61	1.26	1.51	1.16	1.36	1.02
77	2.18	1.84	1.94	1.59	1.75	1.40	1.63	1.29	1.47	1.13
78	2.36	2.01	2.09	1.75	1.88	1.53	1.76	1.41	1.58	1.24
79	2.54	2.19	2.25	1.90	2.02	1.67	1.88	1.54	1.69	1.34
80	N/A	2.37	N/A	2.06	N/A	1.81	N/A	1.66	N/A	1.45
81	N/A	2.59	N/A	2.25	N/A	1.98	N/A	1.82	N/A	1.59
82	N/A	2.81	N/A	2.44	N/A	2.14	N/A	1.97	N/A	1.73
83	N/A	3.04	N/A	2.64	N/A	2.31	N/A	2.13	N/A	1.86
84	N/A	3.26	N/A	2.83	N/A	2.48	N/A	2.29	N/A	2.00
85	N/A	3.48	N/A	3.02	N/A	2.65	N/A	2.44	N/A	2.14
86	N/A	3.70	N/A	3.22	N/A	2.82	N/A	2.60	N/A	2.27
87	N/A	3.93	N/A	3.41	N/A	2.99	N/A	2.75	N/A	2.41
88	N/A	4.15	N/A	3.60	N/A	3.16	N/A	2.91	N/A	2.54
89	N/A	4.37	N/A	3.79	N/A	3.33	N/A	3.06	N/A	2.68
90	N/A	4.59	N/A	3.99	N/A	3.50	N/A	3.22	N/A	2.82
91	N/A	4.68	N/A	4.06	N/A	3.57	N/A	3.28	N/A	2.87
92	N/A	4.77	N/A	4.14	N/A	3.63	N/A	3.34	N/A	2.93
93	N/A	4.86	N/A	4.22	N/A	3.70	N/A	3.41	N/A	2.98
94	N/A	4.95	N/A	4.30	N/A	3.77	N/A	3.47	N/A	3.03
95	N/A	5.04	N/A	4.37	N/A	3.84	N/A	3.53	N/A	3.09
96	N/A	5.07	N/A	4.40	N/A	3.86	N/A	3.55	N/A	3.11
97	N/A	5.10	N/A	4.42	N/A	3.88	N/A	3.57	N/A	3.13
98	N/A	5.13	N/A	4.45	N/A	3.91	N/A	3.59	N/A	3.14
99	N/A	5.16	N/A	4.48	N/A	3.93	N/A	3.61	N/A	3.16
100	N/A	5.18	N/A	4.50	N/A	3.95	N/A	3.64	N/A	3.18

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.53	0.20	0.50	0.17	0.48	0.15	0.47	0.14	0.45	0.12
46	0.54	0.21	0.51	0.18	0.49	0.16	0.48	0.15	0.46	0.13
47	0.55	0.22	0.52	0.19	0.50	0.17	0.49	0.16	0.47	0.14
48	0.57	0.24	0.54	0.21	0.51	0.18	0.50	0.17	0.48	0.15
49	0.58	0.25	0.55	0.22	0.52	0.19	0.51	0.18	0.48	0.15
50	0.59	0.27	0.56	0.23	0.53	0.20	0.51	0.19	0.49	0.16
51	0.61	0.28	0.57	0.24	0.54	0.21	0.53	0.20	0.50	0.17
52	0.63	0.30	0.59	0.26	0.56	0.23	0.54	0.21	0.51	0.18
53	0.65	0.32	0.60	0.27	0.57	0.24	0.55	0.22	0.52	0.19
54	0.67	0.34	0.62	0.29	0.58	0.25	0.56	0.23	0.53	0.20
55	0.69	0.36	0.63	0.30	0.60	0.27	0.57	0.24	0.54	0.21
56	0.71	0.38	0.66	0.33	0.62	0.29	0.59	0.26	0.56	0.23
57	0.74	0.41	0.68	0.35	0.64	0.31	0.61	0.28	0.58	0.25
58	0.77	0.44	0.71	0.38	0.66	0.33	0.63	0.30	0.59	0.26
59	0.80	0.47	0.74	0.41	0.68	0.35	0.66	0.33	0.61	0.28
60	0.83	0.50	0.76	0.43	0.71	0.38	0.68	0.35	0.63	0.30
61	0.88	0.55	0.80	0.47	0.74	0.41	0.71	0.38	0.66	0.32
62	0.93	0.59	0.84	0.51	0.78	0.44	0.74	0.40	0.68	0.35
63	0.97	0.63	0.88	0.55	0.81	0.47	0.77	0.43	0.71	0.37
64	1.02	0.68	0.92	0.58	0.85	0.51	0.80	0.46	0.74	0.40
65	1.07	0.72	0.96	0.62	0.88	0.54	0.84	0.49	0.77	0.43
66	1.16	0.82	1.05	0.70	0.95	0.61	0.90	0.56	0.82	0.48
67	1.26	0.91	1.13	0.79	1.02	0.68	0.97	0.62	0.88	0.54
68	1.35	1.01	1.21	0.87	1.10	0.75	1.03	0.69	0.94	0.59
69	1.45	1.11	1.30	0.96	1.17	0.83	1.10	0.76	1.00	0.65
70	1.55	1.21	1.39	1.04	1.25	0.90	1.17	0.83	1.06	0.71
71	1.71	1.37	1.52	1.18	1.36	1.02	1.28	0.94	1.15	0.81
72	1.87	1.53	1.66	1.32	1.49	1.14	1.39	1.04	1.25	0.90
73	2.04	1.69	1.80	1.46	1.61	1.26	1.50	1.16	1.34	1.00
74	2.21	1.86	1.95	1.60	1.73	1.39	1.62	1.27	1.44	1.10
75	2.38	2.03	2.10	1.75	1.86	1.51	1.73	1.39	1.54	1.20
76	2.62	2.28	2.31	1.96	2.04	1.70	1.90	1.55	1.68	1.34
77	2.86	2.52	2.52	2.17	2.22	1.88	2.06	1.72	1.83	1.48
78	3.11	2.76	2.73	2.38	2.40	2.06	2.23	1.89	1.97	1.63
79	3.35	3.01	2.94	2.59	2.59	2.24	2.40	2.05	2.11	1.77
80	N/A	3.25	N/A	2.80	N/A	2.42	N/A	2.22	N/A	1.91
81	N/A	3.55	N/A	3.06	N/A	2.65	N/A	2.43	N/A	2.09
82	N/A	3.86	N/A	3.33	N/A	2.88	N/A	2.63	N/A	2.27
83	N/A	4.16	N/A	3.59	N/A	3.10	N/A	2.84	N/A	2.45
84	N/A	4.47	N/A	3.85	N/A	3.33	N/A	3.05	N/A	2.63
85	N/A	4.77	N/A	4.11	N/A	3.56	N/A	3.26	N/A	2.81
86	N/A	5.08	N/A	4.38	N/A	3.78	N/A	3.47	N/A	2.99
87	N/A	5.38	N/A	4.64	N/A	4.01	N/A	3.67	N/A	3.17
88	N/A	5.69	N/A	4.90	N/A	4.24	N/A	3.88	N/A	3.35
89	N/A	5.99	N/A	5.17	N/A	4.47	N/A	4.09	N/A	3.53
90	N/A	6.30	N/A	5.43	N/A	4.69	N/A	4.30	N/A	3.71
91	N/A	6.42	N/A	5.53	N/A	4.78	N/A	4.38	N/A	3.78
92	N/A	6.54	N/A	5.64	N/A	4.87	N/A	4.46	N/A	3.85
93	N/A	6.66	N/A	5.74	N/A	4.97	N/A	4.55	N/A	3.92
94	N/A	6.78	N/A	5.85	N/A	5.06	N/A	4.63	N/A	3.99
95	N/A	6.91	N/A	5.95	N/A	5.15	N/A	4.71	N/A	4.06
96	N/A	6.95	N/A	5.99	N/A	5.18	N/A	4.74	N/A	4.09
97	N/A	6.99	N/A	6.02	N/A	5.21	N/A	4.77	N/A	4.11
98	N/A	7.03	N/A	6.06	N/A	5.24	N/A	4.80	N/A	4.14
99	N/A	7.07	N/A	6.09	N/A	5.27	N/A	4.82	N/A	4.16
100	N/A	7.11	N/A	6.13	N/A	5.30	N/A	4.85	N/A	4.18

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	9.39	0.67	9.31	0.58	9.22	0.51	9.17	0.46	9.12	0.40
26	9.45	0.73	9.35	0.64	9.27	0.56	9.22	0.51	9.15	0.44
27	9.51	0.79	9.41	0.69	9.32	0.61	9.26	0.55	9.19	0.48
28	9.57	0.86	9.46	0.75	9.35	0.64	9.31	0.60	9.23	0.52
29	9.63	0.92	9.52	0.80	9.40	0.69	9.34	0.63	9.27	0.56
30	9.69	0.98	9.57	0.86	9.45	0.74	9.39	0.68	9.31	0.60
31	9.77	1.06	9.64	0.93	9.51	0.80	9.45	0.74	9.35	0.64
32	9.85	1.14	9.71	1.00	9.58	0.87	9.51	0.80	9.41	0.69
33	9.95	1.23	9.79	1.08	9.64	0.93	9.57	0.86	9.46	0.75
34	10.03	1.31	9.87	1.15	9.71	1.00	9.63	0.92	9.52	0.80
35	10.12	1.39	9.94	1.23	9.77	1.06	9.69	0.98	9.57	0.84
36	10.22	1.50	10.03	1.32	9.85	1.14	9.77	1.05	9.64	0.92
37	10.33	1.62	10.13	1.42	9.94	1.23	9.84	1.13	9.70	0.99
38	10.45	1.73	10.23	1.52	10.03	1.31	9.92	1.20	9.77	1.05
39	10.56	1.84	10.33	1.62	10.12	1.39	10.00	1.29	9.83	1.12
40	10.66	1.95	10.42	1.71	10.20	1.48	10.08	1.36	9.90	1.19
41	10.81	2.09	10.54	1.83	10.31	1.58	10.17	1.45	9.98	1.27
42	10.95	2.24	10.66	1.95	10.41	1.69	10.27	1.55	10.07	1.36
43	11.08	2.37	10.79	2.08	10.51	1.80	10.36	1.65	10.16	1.44
44	11.22	2.51	10.91	2.20	10.61	1.90	10.46	1.75	10.25	1.52
45	11.36	2.65	11.03	2.32	10.72	2.01	10.56	1.84	10.33	1.61
46	11.54	2.83	11.19	2.48	10.85	2.14	10.67	1.96	10.44	1.71
47	11.71	3.00	11.34	2.62	10.98	2.27	10.79	2.08	10.54	1.82
48	11.89	3.18	11.48	2.77	11.13	2.40	10.92	2.21	10.64	1.93
49	12.05	3.34	11.64	2.92	11.26	2.53	11.04	2.33	10.75	2.03
50	12.23	3.52	11.79	3.07	11.39	2.67	11.16	2.45	10.85	2.14
51	12.47	3.75	12.00	3.27	11.55	2.84	11.33	2.62	11.00	2.28
52	12.70	3.99	12.20	3.47	11.73	3.01	11.50	2.77	11.14	2.43
53	12.94	4.21	12.40	3.68	11.90	3.19	11.65	2.94	11.28	2.56
54	13.16	4.45	12.60	3.88	12.08	3.36	11.82	3.09	11.42	2.70
55	13.40	4.68	12.80	4.08	12.25	3.53	11.98	3.26	11.57	2.84
56	13.77	5.05	13.11	4.39	12.52	3.81	12.23	3.51	11.78	3.06
57	14.14	5.41	13.42	4.70	12.80	4.08	12.48	3.76	12.00	3.27
58	14.51	5.78	13.73	5.01	13.08	4.37	12.72	4.00	12.22	3.49
59	14.88	6.15	14.04	5.32	13.36	4.64	12.97	4.25	12.44	3.70
60	15.24	6.52	14.35	5.63	13.64	4.91	13.22	4.50	12.65	3.92
61	15.84	7.04	14.88	6.08	14.10	5.31	13.65	4.86	13.03	4.22
62	16.43	7.58	15.39	6.53	14.55	5.70	14.08	5.21	13.40	4.53
63	17.04	8.10	15.91	6.97	15.02	6.08	14.51	5.58	13.78	4.84
64	17.64	8.64	16.42	7.43	15.47	6.47	14.93	5.94	14.15	5.15
65	18.23	9.16	16.95	7.88	15.93	6.87	15.36	6.30	14.53	5.46
66	19.33	10.25	17.89	8.82	16.76	7.69	16.11	7.04	15.17	6.10
67	20.41	11.33	18.83	9.75	17.58	8.50	16.86	7.79	15.83	6.75
68	21.50	12.42	19.77	10.69	18.39	9.32	17.62	8.53	16.47	7.39
69	22.59	13.51	20.71	11.61	19.21	10.13	18.37	9.28	17.12	8.03
70	23.68	14.59	21.65	12.55	20.03	10.95	19.12	10.03	17.77	8.68
71	25.48	16.37	23.21	14.10	21.38	12.29	20.37	11.27	18.83	9.73
72	27.27	18.17	24.75	15.65	22.74	13.64	21.62	12.51	19.90	10.78
73	29.08	19.96	26.31	17.18	24.11	14.99	22.86	13.74	20.96	11.84
74	30.88	21.75	27.86	18.73	25.47	16.34	24.11	14.98	22.03	12.89
75	32.68	23.54	29.42	20.28	26.82	17.68	25.36	16.22	23.09	13.95
76	35.50	26.36	31.84	22.71	28.94	19.80	27.31	18.17	24.76	15.62
77	38.33	29.19	34.28	25.14	31.07	21.93	29.25	20.11	26.43	17.29
78	41.15	32.01	36.71	27.57	33.19	24.05	31.20	22.06	28.11	18.97
79	43.98	34.84	39.15	30.01	35.32	26.18	33.14	24.00	29.77	20.63
80	N/A	37.66	N/A	32.44	N/A	28.30	N/A	25.95	N/A	22.31
81	N/A	41.20	N/A	35.49	N/A	30.95	N/A	28.38	N/A	24.41
82	N/A	44.72	N/A	38.52	N/A	33.61	N/A	30.82	N/A	26.50
83	N/A	48.25	N/A	41.57	N/A	36.25	N/A	33.25	N/A	28.58
84	N/A	51.78	N/A	44.60	N/A	38.90	N/A	35.69	N/A	30.68
85	N/A	55.31	N/A	47.65	N/A	41.55	N/A	38.12	N/A	32.77
86	N/A	58.85	N/A	50.69	N/A	44.21	N/A	40.54	N/A	34.87
87	N/A	62.38	N/A	53.73	N/A	46.86	N/A	42.98	N/A	36.96
88	N/A	65.90	N/A	56.77	N/A	49.52	N/A	45.41	N/A	39.04
89	N/A	69.44	N/A	59.81	N/A	52.17	N/A	47.85	N/A	41.14
90	N/A	72.97	N/A	62.86	N/A	54.82	N/A	50.28	N/A	43.23
91	N/A	74.39	N/A	64.07	N/A	55.88	N/A	51.25	N/A	44.07
92	N/A	75.79	N/A	65.30	N/A	56.94	N/A	52.23	N/A	44.91
93	N/A	77.21	N/A	66.51	N/A	58.00	N/A	53.19	N/A	45.74
94	N/A	78.61	N/A	67.73	N/A	59.06	N/A	54.17	N/A	46.59
95	N/A	80.03	N/A	68.95	N/A	60.12	N/A	55.14	N/A	47.42
96	N/A	80.50	N/A	69.35	N/A	60.48	N/A	55.47	N/A	47.70
97	N/A	80.97	N/A	69.76	N/A	60.83	N/A	55.80	N/A	47.98
98	N/A	81.44	N/A	70.16	N/A	61.18	N/A	56.12	N/A	48.25
99	N/A	81.91	N/A	70.57	N/A	61.53	N/A	56.45	N/A	48.54
100	N/A	82.38	N/A	70.97	N/A	61.89	N/A	56.77	N/A	48.81

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	9.64	0.93	9.52	0.81	9.42	0.71	9.35	0.64	9.28	0.57
26	9.72	1.01	9.59	0.88	9.48	0.77	9.41	0.70	9.33	0.62
27	9.81	1.09	9.66	0.95	9.56	0.83	9.47	0.76	9.39	0.67
28	9.89	1.18	9.73	1.02	9.62	0.90	9.53	0.81	9.44	0.73
29	9.97	1.26	9.81	1.09	9.69	0.96	9.59	0.87	9.50	0.77
30	10.06	1.34	9.88	1.17	9.75	1.02	9.65	0.93	9.54	0.82
31	10.17	1.46	9.98	1.26	9.83	1.12	9.73	1.01	9.62	0.89
32	10.29	1.58	10.08	1.37	9.92	1.20	9.82	1.09	9.69	0.96
33	10.40	1.69	10.19	1.46	10.01	1.30	9.89	1.17	9.76	1.04
34	10.52	1.81	10.28	1.57	10.10	1.38	9.97	1.25	9.83	1.11
35	10.64	1.93	10.39	1.67	10.19	1.48	10.06	1.33	9.90	1.18
36	10.79	2.08	10.52	1.80	10.31	1.59	10.16	1.44	10.00	1.27
37	10.94	2.23	10.65	1.93	10.41	1.70	10.27	1.55	10.09	1.37
38	11.09	2.38	10.77	2.06	10.53	1.82	10.36	1.64	10.17	1.45
39	11.23	2.52	10.90	2.19	10.64	1.93	10.47	1.75	10.27	1.55
40	11.39	2.68	11.03	2.32	10.76	2.05	10.58	1.86	10.36	1.64
41	11.58	2.87	11.20	2.49	10.90	2.19	10.71	1.99	10.48	1.76
42	11.77	3.05	11.36	2.64	11.04	2.33	10.84	2.12	10.59	1.88
43	11.95	3.24	11.52	2.81	11.20	2.48	10.97	2.25	10.71	1.99
44	12.14	3.42	11.69	2.96	11.34	2.62	11.10	2.38	10.82	2.11
45	12.33	3.61	11.85	3.13	11.48	2.76	11.23	2.51	10.94	2.23
46	12.55	3.84	12.05	3.33	11.66	2.94	11.40	2.68	11.08	2.37
47	12.79	4.07	12.26	3.53	11.84	3.12	11.55	2.84	11.22	2.51
48	13.02	4.31	12.46	3.74	12.01	3.30	11.72	3.00	11.36	2.64
49	13.26	4.53	12.66	3.94	12.19	3.47	11.88	3.17	11.51	2.78
50	13.48	4.77	12.86	4.14	12.36	3.65	12.04	3.33	11.65	2.93
51	13.79	5.08	13.14	4.41	12.60	3.89	12.26	3.55	11.84	3.12
52	14.11	5.39	13.41	4.69	12.84	4.13	12.48	3.76	12.03	3.31
53	14.42	5.71	13.67	4.95	13.07	4.36	12.70	3.99	12.21	3.49
54	14.74	6.02	13.95	5.22	13.30	4.59	12.92	4.20	12.40	3.68
55	15.05	6.33	14.22	5.50	13.54	4.83	13.14	4.41	12.59	3.87
56	15.53	6.81	14.64	5.91	13.90	5.19	13.47	4.75	12.88	4.15
57	16.01	7.28	15.04	6.32	14.26	5.55	13.80	5.08	13.17	4.45
58	16.47	7.75	15.46	6.74	14.63	5.90	14.14	5.40	13.46	4.74
59	16.95	8.22	15.86	7.14	14.98	6.26	14.47	5.74	13.76	5.03
60	17.42	8.70	16.28	7.56	15.34	6.62	14.80	6.07	14.04	5.32
61	18.18	9.39	16.95	8.15	15.93	7.14	15.35	6.55	14.53	5.74
62	18.93	10.08	17.61	8.76	16.52	7.66	15.90	7.03	15.02	6.16
63	19.69	10.76	18.28	9.35	17.11	8.19	16.45	7.51	15.52	6.58
64	20.44	11.45	18.94	9.96	17.70	8.71	16.99	8.00	16.01	7.01
65	21.21	12.14	19.61	10.56	18.29	9.23	17.54	8.47	16.49	7.43
66	22.65	13.57	20.86	11.80	19.39	10.32	18.54	9.47	17.37	8.31
67	24.09	15.01	22.11	13.04	20.48	11.41	19.54	10.47	18.27	9.19
68	25.51	16.43	23.37	14.29	21.57	12.50	20.55	11.46	19.15	10.08
69	26.95	17.87	24.62	15.53	22.67	13.59	21.55	12.46	20.04	10.96
70	28.39	19.30	25.87	16.78	23.76	14.67	22.55	13.46	20.92	11.84
71	30.75	21.66	27.92	18.83	25.56	16.46	24.19	15.09	22.38	13.29
72	33.12	24.00	29.98	20.86	27.36	18.24	25.83	16.73	23.85	14.74
73	35.47	26.36	32.02	22.91	29.14	20.03	27.49	18.36	25.31	16.20
74	37.84	28.70	34.08	24.94	30.94	21.81	29.13	20.00	26.78	17.65
75	40.20	31.06	36.13	26.99	32.74	23.60	30.77	21.63	28.24	19.10
76	43.92	34.78	39.37	30.23	35.57	26.43	33.37	24.23	30.54	21.40
77	47.65	38.51	42.60	33.46	38.40	29.26	35.96	26.82	32.82	23.68
78	51.38	42.25	45.85	36.71	41.23	32.09	38.57	29.43	35.12	25.98
79	55.11	45.97	49.09	39.95	44.07	34.93	41.16	32.02	37.40	28.26
80	N/A	49.69	N/A	43.19	N/A	37.76	N/A	34.62	N/A	30.56
81	N/A	54.36	N/A	47.23	N/A	41.29	N/A	37.87	N/A	33.43
82	N/A	59.01	N/A	51.28	N/A	44.84	N/A	41.10	N/A	36.30
83	N/A	63.68	N/A	55.34	N/A	48.37	N/A	44.35	N/A	39.15
84	N/A	68.33	N/A	59.38	N/A	51.92	N/A	47.59	N/A	42.02
85	N/A	72.99	N/A	63.43	N/A	55.45	N/A	50.84	N/A	44.89
86	N/A	77.65	N/A	67.47	N/A	58.99	N/A	54.09	N/A	47.75
87	N/A	82.31	N/A	71.52	N/A	62.53	N/A	57.33	N/A	50.62
88	N/A	86.97	N/A	75.58	N/A	66.07	N/A	60.57	N/A	53.48
89	N/A	91.63	N/A	79.62	N/A	69.62	N/A	63.82	N/A	56.35
90	N/A	96.28	N/A	83.67	N/A	73.15	N/A	67.07	N/A	59.21
91	N/A	98.15	N/A	85.29	N/A	74.57	N/A	68.37	N/A	60.36
92	N/A	100.01	N/A	86.91	N/A	75.98	N/A	69.66	N/A	61.50
93	N/A	101.88	N/A	88.52	N/A	77.40	N/A	70.96	N/A	62.65
94	N/A	103.73	N/A	90.14	N/A	78.81	N/A	72.26	N/A	63.80
95	N/A	105.60	N/A	91.76	N/A	80.23	N/A	73.55	N/A	64.94
96	N/A	106.22	N/A	92.30	N/A	80.71	N/A	73.98	N/A	65.32
97	N/A	106.84	N/A	92.84	N/A	81.18	N/A	74.42	N/A	65.70
98	N/A	107.47	N/A	93.38	N/A	81.65	N/A	74.85	N/A	66.09
99	N/A	108.09	N/A	93.93	N/A	82.12	N/A	75.29	N/A	66.47
100	N/A	108.71	N/A	94.46	N/A	82.60	N/A	75.72	N/A	66.85

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	9.78	1.06	9.64	0.93	9.53	0.82	9.46	0.74	9.38	0.64
26	9.88	1.15	9.72	1.01	9.60	0.89	9.53	0.81	9.44	0.70
27	9.97	1.25	9.81	1.09	9.67	0.96	9.59	0.87	9.48	0.76
28	10.07	1.36	9.89	1.18	9.76	1.04	9.66	0.94	9.54	0.81
29	10.16	1.45	9.97	1.26	9.83	1.11	9.72	1.00	9.59	0.87
30	10.26	1.55	10.06	1.34	9.90	1.18	9.79	1.07	9.65	0.93
31	10.39	1.68	10.17	1.46	10.00	1.29	9.89	1.17	9.73	1.01
32	10.52	1.81	10.29	1.57	10.10	1.38	9.98	1.26	9.82	1.09
33	10.66	1.94	10.40	1.69	10.20	1.49	10.07	1.34	9.89	1.17
34	10.79	2.07	10.52	1.80	10.31	1.58	10.16	1.44	9.97	1.25
35	10.92	2.20	10.64	1.92	10.40	1.69	10.26	1.54	10.06	1.33
36	11.10	2.38	10.79	2.07	10.53	1.82	10.38	1.65	10.16	1.44
37	11.27	2.55	10.94	2.21	10.66	1.95	10.50	1.77	10.27	1.55
38	11.45	2.73	11.09	2.37	10.81	2.08	10.63	1.90	10.36	1.64
39	11.61	2.89	11.23	2.51	10.94	2.21	10.75	2.02	10.47	1.75
40	11.79	3.07	11.39	2.67	11.07	2.34	10.86	2.14	10.58	1.86
41	12.01	3.28	11.58	2.86	11.23	2.51	11.02	2.30	10.71	1.99
42	12.23	3.51	11.76	3.05	11.40	2.68	11.17	2.45	10.84	2.12
43	12.45	3.72	11.95	3.22	11.55	2.83	11.32	2.61	10.97	2.26
44	12.67	3.95	12.13	3.42	11.72	3.00	11.47	2.76	11.10	2.39
45	12.89	4.17	12.32	3.61	11.89	3.17	11.63	2.92	11.23	2.52
46	13.16	4.44	12.55	3.83	12.09	3.37	11.82	3.11	11.40	2.69
47	13.44	4.71	12.78	4.07	12.29	3.57	12.01	3.30	11.57	2.84
48	13.70	4.97	13.02	4.30	12.50	3.78	12.20	3.47	11.72	3.01
49	13.97	5.25	13.24	4.53	12.70	3.99	12.39	3.67	11.89	3.17
50	14.24	5.52	13.48	4.76	12.90	4.19	12.58	3.86	12.05	3.33
51	14.60	5.88	13.79	5.07	13.17	4.46	12.83	4.11	12.27	3.56
52	14.96	6.25	14.10	5.38	13.45	4.74	13.08	4.36	12.50	3.77
53	15.33	6.60	14.42	5.70	13.72	5.00	13.33	4.62	12.71	4.00
54	15.68	6.97	14.73	6.01	13.99	5.27	13.58	4.87	12.94	4.21
55	16.04	7.33	15.04	6.32	14.27	5.55	13.83	5.12	13.15	4.44
56	16.59	7.88	15.52	6.79	14.68	5.96	14.21	5.50	13.48	4.77
57	17.15	8.43	15.99	7.27	15.10	6.38	14.59	5.88	13.83	5.11
58	17.70	8.98	16.47	7.75	15.51	6.78	14.98	6.26	14.16	5.44
59	18.25	9.53	16.95	8.22	15.92	7.20	15.36	6.64	14.51	5.77
60	18.80	10.08	17.42	8.70	16.34	7.62	15.74	7.02	14.84	6.10
61	19.67	10.88	18.18	9.39	17.01	8.21	16.36	7.58	15.40	6.59
62	20.54	11.67	18.93	10.08	17.67	8.82	16.99	8.13	15.95	7.08
63	21.40	12.47	19.69	10.76	18.35	9.41	17.61	8.69	16.51	7.57
64	22.26	13.27	20.44	11.45	19.02	10.02	18.24	9.23	17.05	8.06
65	23.13	14.07	21.21	12.14	19.68	10.61	18.86	9.79	17.61	8.54
66	24.79	15.72	22.63	13.57	20.93	11.86	20.02	10.95	18.62	9.56
67	26.44	17.37	24.07	14.99	22.18	13.11	21.17	12.09	19.64	10.57
68	28.10	19.02	25.50	16.42	23.44	14.35	22.32	13.24	20.65	11.57
69	29.75	20.67	26.94	17.85	24.69	15.60	23.48	14.39	21.66	12.58
70	31.40	22.32	28.37	19.28	25.94	16.85	24.63	15.54	22.67	13.59
71	34.12	25.03	30.71	21.61	27.99	18.89	26.53	17.42	24.34	15.24
72	36.82	27.72	33.06	23.94	30.05	20.93	28.41	19.30	25.99	16.89
73	39.53	30.42	35.40	26.29	32.09	22.97	30.30	21.17	27.66	18.54
74	42.23	33.11	37.75	28.62	34.15	25.01	32.18	23.05	29.31	20.18
75	44.95	35.81	40.09	30.95	36.20	27.05	34.07	24.93	30.98	21.84
76	49.24	40.10	43.80	34.66	39.45	30.30	37.06	27.92	33.59	24.45
77	53.54	44.40	47.52	38.38	42.70	33.55	40.06	30.92	36.21	27.07
78	57.83	48.69	51.24	42.10	45.93	36.78	43.04	33.90	38.84	29.70
79	62.13	52.99	54.95	45.82	49.18	40.03	46.04	36.90	41.46	32.32
80	N/A	57.29	N/A	49.53	N/A	43.28	N/A	39.89	N/A	34.94
81	N/A	62.65	N/A	54.17	N/A	47.34	N/A	43.63	N/A	38.21
82	N/A	68.03	N/A	58.81	N/A	51.40	N/A	47.36	N/A	41.48
83	N/A	73.40	N/A	63.45	N/A	55.45	N/A	51.11	N/A	44.77
84	N/A	78.78	N/A	68.09	N/A	59.51	N/A	54.85	N/A	48.04
85	N/A	84.14	N/A	72.73	N/A	63.57	N/A	58.58	N/A	51.31
86	N/A	89.51	N/A	77.37	N/A	67.63	N/A	62.32	N/A	54.59
87	N/A	94.89	N/A	82.01	N/A	71.69	N/A	66.07	N/A	57.87
88	N/A	100.26	N/A	86.67	N/A	75.73	N/A	69.81	N/A	61.14
89	N/A	105.64	N/A	91.31	N/A	79.79	N/A	73.55	N/A	64.43
90	N/A	111.00	N/A	95.95	N/A	83.85	N/A	77.29	N/A	67.70
91	N/A	113.16	N/A	97.81	N/A	85.47	N/A	78.79	N/A	69.01
92	N/A	115.30	N/A	99.66	N/A	87.10	N/A	80.28	N/A	70.32
93	N/A	117.45	N/A	101.52	N/A	88.71	N/A	81.78	N/A	71.63
94	N/A	119.60	N/A	103.38	N/A	90.34	N/A	83.26	N/A	72.94
95	N/A	121.75	N/A	105.23	N/A	91.96	N/A	84.76	N/A	74.24
96	N/A	122.46	N/A	105.85	N/A	92.51	N/A	85.26	N/A	74.68
97	N/A	123.18	N/A	106.47	N/A	93.05	N/A	85.76	N/A	75.12
98	N/A	123.90	N/A	107.10	N/A	93.59	N/A	86.26	N/A	75.55
99	N/A	124.62	N/A	107.72	N/A	94.13	N/A	86.76	N/A	75.99
100	N/A	125.33	N/A	108.34	N/A	94.68	N/A	87.26	N/A	76.43

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	9.88	1.17	9.73	1.02	9.60	0.89	9.52	0.81	9.42	0.71
26	9.98	1.27	9.83	1.12	9.69	0.98	9.59	0.88	9.48	0.77
27	10.09	1.38	9.91	1.20	9.77	1.06	9.66	0.95	9.56	0.84
28	10.19	1.48	10.01	1.30	9.84	1.13	9.73	1.02	9.62	0.90
29	10.29	1.58	10.09	1.38	9.92	1.21	9.81	1.09	9.69	0.98
30	10.40	1.69	10.19	1.48	10.01	1.30	9.88	1.17	9.75	1.04
31	10.54	1.83	10.32	1.61	10.13	1.40	9.98	1.26	9.84	1.12
32	10.69	1.98	10.45	1.73	10.23	1.52	10.08	1.37	9.92	1.21
33	10.84	2.12	10.57	1.86	10.35	1.63	10.19	1.46	10.02	1.30
34	10.98	2.26	10.70	1.98	10.46	1.75	10.28	1.57	10.10	1.39
35	11.13	2.40	10.83	2.11	10.58	1.86	10.39	1.67	10.20	1.48
36	11.32	2.59	11.00	2.27	10.72	2.00	10.52	1.80	10.32	1.59
37	11.51	2.78	11.16	2.44	10.88	2.15	10.65	1.93	10.42	1.71
38	11.70	2.98	11.32	2.61	11.02	2.30	10.78	2.07	10.54	1.82
39	11.89	3.17	11.48	2.77	11.17	2.45	10.91	2.20	10.65	1.94
40	12.08	3.36	11.65	2.94	11.32	2.59	11.04	2.33	10.77	2.06
41	12.32	3.59	11.86	3.15	11.50	2.78	11.21	2.50	10.91	2.20
42	12.55	3.83	12.08	3.36	11.69	2.96	11.38	2.67	11.07	2.34
43	12.80	4.08	12.28	3.57	11.86	3.15	11.55	2.83	11.21	2.50
44	13.04	4.32	12.50	3.77	12.05	3.33	11.72	3.00	11.36	2.64
45	13.28	4.56	12.71	3.99	12.23	3.52	11.89	3.17	11.51	2.78
46	13.58	4.86	12.97	4.25	12.46	3.75	12.09	3.38	11.69	2.96
47	13.88	5.15	13.23	4.51	12.69	3.96	12.30	3.58	11.86	3.15
48	14.18	5.46	13.48	4.77	12.90	4.19	12.51	3.80	12.05	3.33
49	14.48	5.76	13.74	5.03	13.13	4.40	12.72	4.00	12.23	3.52
50	14.78	6.06	14.01	5.30	13.35	4.63	12.92	4.21	12.41	3.70
51	15.17	6.45	14.35	5.63	13.65	4.93	13.20	4.49	12.66	3.95
52	15.57	6.84	14.68	5.97	13.95	5.22	13.47	4.76	12.91	4.19
53	15.97	7.25	15.03	6.31	14.23	5.52	13.74	5.02	13.15	4.44
54	16.36	7.64	15.36	6.65	14.53	5.82	14.02	5.30	13.40	4.68
55	16.76	8.03	15.71	6.99	14.83	6.12	14.29	5.57	13.65	4.93
56	17.37	8.65	16.24	7.52	15.29	6.58	14.72	6.00	14.02	5.30
57	17.99	9.27	16.78	8.06	15.76	7.04	15.15	6.43	14.39	5.66
58	18.62	9.90	17.31	8.58	16.22	7.50	15.59	6.87	14.77	6.05
59	19.24	10.52	17.85	9.12	16.68	7.96	16.02	7.29	15.14	6.41
60	19.86	11.14	18.39	9.65	17.15	8.43	16.45	7.72	15.51	6.78
61	20.81	12.02	19.22	10.41	17.89	9.09	17.12	8.34	16.10	7.32
62	21.75	12.90	20.05	11.17	18.62	9.76	17.81	8.95	16.71	7.85
63	22.71	13.77	20.87	11.94	19.35	10.44	18.49	9.57	17.30	8.38
64	23.65	14.65	21.71	12.70	20.09	11.10	19.18	10.17	17.91	8.91
65	24.60	15.53	22.54	13.46	20.83	11.77	19.86	10.79	18.50	9.45
66	26.41	17.34	24.11	15.03	22.21	13.15	21.13	12.05	19.61	10.56
67	28.21	19.14	25.68	16.60	23.59	14.53	22.41	13.33	20.73	11.66
68	30.02	20.94	27.25	18.16	24.98	15.90	23.67	14.59	21.84	12.76
69	31.83	22.74	28.82	19.73	26.36	17.28	24.94	15.86	22.96	13.86
70	33.64	24.55	30.39	21.30	27.74	18.66	26.22	17.12	24.06	14.97
71	36.58	27.48	32.94	23.85	29.99	20.90	28.30	19.19	25.88	16.78
72	39.51	30.40	35.50	26.38	32.24	23.13	30.37	21.27	27.70	18.59
73	42.45	33.32	38.04	28.93	34.49	25.37	32.45	23.32	29.52	20.41
74	45.37	36.25	40.60	31.46	36.74	27.61	34.52	25.39	31.34	22.22
75	48.31	39.17	43.15	34.01	38.98	29.85	36.60	27.47	33.17	24.03
76	53.01	43.88	47.23	38.09	42.57	33.43	39.90	30.76	36.05	26.91
77	57.72	48.58	51.31	42.17	46.15	37.01	43.20	34.06	38.92	29.79
78	62.42	53.28	55.39	46.26	49.73	40.59	46.49	37.35	41.82	32.68
79	67.12	57.98	59.48	50.34	53.31	44.17	49.79	40.65	44.70	35.56
80	N/A	62.68	N/A	54.42	N/A	47.75	N/A	43.95	N/A	38.44
81	N/A	68.56	N/A	59.52	N/A	52.23	N/A	48.06	N/A	42.04
82	N/A	74.43	N/A	64.62	N/A	56.70	N/A	52.18	N/A	45.65
83	N/A	80.30	N/A	69.72	N/A	61.19	N/A	56.31	N/A	49.25
84	N/A	86.18	N/A	74.82	N/A	65.66	N/A	60.43	N/A	52.86
85	N/A	92.06	N/A	79.92	N/A	70.14	N/A	64.55	N/A	56.47
86	N/A	97.94	N/A	85.03	N/A	74.61	N/A	68.66	N/A	60.07
87	N/A	103.82	N/A	90.13	N/A	79.09	N/A	72.78	N/A	63.68
88	N/A	109.68	N/A	95.22	N/A	83.57	N/A	76.91	N/A	67.27
89	N/A	115.56	N/A	100.33	N/A	88.05	N/A	81.03	N/A	70.88
90	N/A	121.44	N/A	105.43	N/A	92.52	N/A	85.14	N/A	74.48
91	N/A	123.80	N/A	107.47	N/A	94.31	N/A	86.79	N/A	75.92
92	N/A	126.14	N/A	109.52	N/A	96.10	N/A	88.44	N/A	77.36
93	N/A	128.50	N/A	111.55	N/A	97.89	N/A	90.08	N/A	78.81
94	N/A	130.84	N/A	113.60	N/A	99.69	N/A	91.74	N/A	80.25
95	N/A	133.20	N/A	115.63	N/A	101.47	N/A	93.38	N/A	81.69
96	N/A	133.98	N/A	116.31	N/A	102.07	N/A	93.93	N/A	82.17
97	N/A	134.77	N/A	116.99	N/A	102.66	N/A	94.47	N/A	82.66
98	N/A	135.54	N/A	117.68	N/A	103.27	N/A	95.03	N/A	83.13
99	N/A	136.33	N/A	118.36	N/A	103.86	N/A	95.58	N/A	83.62
100	N/A	137.11	N/A	119.04	N/A	104.46	N/A	96.13	N/A	84.10

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P124 - Proposed Rates

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	13.93	5.21	13.26	4.53	12.74	4.02	12.42	3.70	11.96	3.24
46	14.29	5.57	13.55	4.83	13.01	4.28	12.66	3.94	12.17	3.45
47	14.65	5.93	13.86	5.14	13.26	4.55	12.90	4.19	12.38	3.65
48	15.01	6.30	14.16	5.44	13.53	4.81	13.15	4.43	12.58	3.87
49	15.36	6.65	14.47	5.75	13.78	5.07	13.38	4.66	12.79	4.08
50	15.72	7.01	14.77	6.05	14.04	5.33	13.61	4.90	12.99	4.28
51	16.20	7.49	15.16	6.44	14.38	5.66	13.92	5.21	13.27	4.56
52	16.67	7.95	15.55	6.83	14.72	6.01	14.24	5.53	13.54	4.83
53	17.15	8.44	15.96	7.24	15.07	6.35	14.54	5.83	13.80	5.09
54	17.64	8.91	16.35	7.63	15.41	6.70	14.86	6.15	14.08	5.37
55	18.12	9.40	16.74	8.02	15.74	7.03	15.17	6.46	14.34	5.63
56	18.89	10.16	17.41	8.69	16.33	7.60	15.70	6.99	14.79	6.08
57	19.66	10.94	18.09	9.37	16.90	8.19	16.24	7.53	15.24	6.53
58	20.46	11.72	18.78	10.06	17.48	8.76	16.78	8.06	15.72	7.00
59	21.25	12.52	19.47	10.75	18.06	9.35	17.33	8.60	16.18	7.46
60	22.05	13.32	20.17	11.45	18.67	9.95	17.87	9.15	16.64	7.91
61	23.25	14.45	21.21	12.42	19.58	10.79	18.71	9.92	17.36	8.57
62	24.47	15.59	22.26	13.41	20.50	11.65	19.55	10.70	18.10	9.23
63	25.68	16.76	23.35	14.42	21.42	12.50	20.41	11.48	18.83	9.91
64	26.93	17.93	24.42	15.42	22.36	13.36	21.27	12.27	19.56	10.58
65	28.18	19.11	25.50	16.45	23.30	14.24	22.12	13.07	20.30	11.25
66	30.65	21.59	27.64	18.59	25.16	16.10	23.82	14.76	21.77	12.71
67	33.20	24.12	29.85	20.78	27.05	17.98	25.56	16.49	23.28	14.21
68	35.78	26.70	32.07	22.99	28.99	19.92	27.33	18.25	24.80	15.73
69	38.41	29.32	34.36	25.26	30.95	21.87	29.14	20.06	26.37	17.29
70	41.09	32.00	36.66	27.57	32.95	23.87	30.98	21.88	27.95	18.87
71	45.29	36.19	40.28	31.18	36.08	26.99	33.83	24.73	30.42	21.32
72	49.56	40.45	43.97	34.87	39.27	30.17	36.74	27.62	32.93	23.82
73	53.91	44.79	47.73	38.60	42.52	33.39	39.70	30.58	35.49	26.37
74	58.35	49.22	51.54	42.41	45.82	36.68	42.72	33.59	38.09	28.96
75	62.86	53.72	55.44	46.30	49.18	40.03	45.79	36.65	40.75	31.61
76	69.31	60.17	61.00	51.86	53.99	44.84	50.19	41.06	44.54	35.40
77	75.74	66.60	66.56	57.42	58.79	49.63	54.59	45.45	48.34	39.20
78	82.19	73.05	72.11	62.97	63.59	54.44	58.99	49.85	52.12	42.98
79	88.63	79.49	77.67	68.53	68.39	59.24	63.38	54.24	55.92	46.78
80	N/A	85.94	N/A	74.09	N/A	64.05	N/A	58.64	N/A	50.58
81	N/A	94.00	N/A	81.04	N/A	70.06	N/A	64.14	N/A	55.31
82	N/A	102.05	N/A	87.98	N/A	76.05	N/A	69.64	N/A	60.06
83	N/A	110.12	N/A	94.93	N/A	82.06	N/A	75.14	N/A	64.80
84	N/A	118.18	N/A	101.86	N/A	88.06	N/A	80.63	N/A	69.54
85	N/A	126.24	N/A	108.81	N/A	94.07	N/A	86.13	N/A	74.28
86	N/A	134.29	N/A	115.76	N/A	100.08	N/A	91.63	N/A	79.02
87	N/A	142.35	N/A	122.70	N/A	106.08	N/A	97.13	N/A	83.76
88	N/A	150.40	N/A	129.65	N/A	112.09	N/A	102.63	N/A	88.50
89	N/A	158.46	N/A	136.59	N/A	118.08	N/A	108.12	N/A	93.25
90	N/A	166.52	N/A	143.54	N/A	124.09	N/A	113.62	N/A	97.98
91	N/A	169.74	N/A	146.31	N/A	126.50	N/A	115.82	N/A	99.88
92	N/A	172.97	N/A	149.10	N/A	128.90	N/A	118.02	N/A	101.77
93	N/A	176.19	N/A	151.87	N/A	131.30	N/A	120.21	N/A	103.67
94	N/A	179.42	N/A	154.65	N/A	133.71	N/A	122.42	N/A	105.56
95	N/A	182.64	N/A	157.43	N/A	136.11	N/A	124.62	N/A	107.46
96	N/A	183.71	N/A	158.35	N/A	136.91	N/A	125.35	N/A	108.09
97	N/A	184.78	N/A	159.28	N/A	137.71	N/A	126.08	N/A	108.72
98	N/A	185.87	N/A	160.21	N/A	138.52	N/A	126.82	N/A	109.36
99	N/A	186.94	N/A	161.14	N/A	139.31	N/A	127.54	N/A	109.99
100	N/A	188.01	N/A	162.07	N/A	140.11	N/A	128.28	N/A	110.62

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	4.86	0.35	4.81	0.30	4.77	0.26	4.75	0.24	4.71	0.21
26	4.89	0.38	4.83	0.33	4.80	0.29	4.77	0.26	4.74	0.23
27	4.91	0.40	4.87	0.36	4.82	0.31	4.78	0.29	4.75	0.25
28	4.95	0.44	4.89	0.39	4.83	0.33	4.81	0.31	4.77	0.27
29	4.97	0.48	4.93	0.42	4.86	0.36	4.83	0.32	4.80	0.29
30	5.01	0.50	4.95	0.44	4.89	0.38	4.86	0.35	4.81	0.31
31	5.06	0.55	4.99	0.48	4.91	0.42	4.89	0.38	4.83	0.33
32	5.09	0.60	5.02	0.51	4.95	0.45	4.91	0.42	4.87	0.36
33	5.14	0.63	5.07	0.56	4.99	0.48	4.95	0.44	4.89	0.39
34	5.19	0.68	5.11	0.60	5.02	0.51	4.97	0.48	4.93	0.42
35	5.24	0.71	5.14	0.63	5.06	0.55	5.01	0.50	4.95	0.44
36	5.28	0.77	5.19	0.68	5.09	0.60	5.06	0.55	4.99	0.48
37	5.34	0.83	5.24	0.74	5.14	0.63	5.09	0.58	5.01	0.51
38	5.40	0.89	5.30	0.79	5.19	0.68	5.13	0.62	5.06	0.55
39	5.46	0.95	5.34	0.83	5.24	0.71	5.16	0.67	5.08	0.58
40	5.51	1.01	5.39	0.88	5.27	0.76	5.21	0.70	5.12	0.62
41	5.58	1.08	5.45	0.95	5.33	0.82	5.26	0.75	5.16	0.65
42	5.66	1.15	5.51	1.01	5.38	0.87	5.31	0.80	5.20	0.70
43	5.72	1.23	5.58	1.07	5.44	0.93	5.36	0.86	5.26	0.75
44	5.81	1.30	5.64	1.14	5.49	0.99	5.40	0.90	5.30	0.79
45	5.88	1.37	5.70	1.20	5.55	1.04	5.46	0.95	5.34	0.83
46	5.97	1.46	5.78	1.29	5.62	1.11	5.52	1.01	5.39	0.88
47	6.06	1.55	5.87	1.36	5.68	1.18	5.58	1.07	5.45	0.94
48	6.15	1.64	5.94	1.43	5.75	1.24	5.65	1.14	5.50	1.00
49	6.24	1.73	6.02	1.51	5.82	1.31	5.71	1.20	5.56	1.05
50	6.33	1.82	6.09	1.58	5.89	1.38	5.77	1.27	5.62	1.11
51	6.45	1.94	6.20	1.69	5.97	1.48	5.85	1.36	5.69	1.18
52	6.57	2.06	6.31	1.80	6.07	1.56	5.94	1.43	5.76	1.25
53	6.69	2.18	6.41	1.90	6.15	1.65	6.02	1.52	5.83	1.32
54	6.81	2.30	6.52	2.01	6.25	1.74	6.10	1.59	5.90	1.39
55	6.93	2.42	6.62	2.11	6.33	1.83	6.20	1.69	5.99	1.48
56	7.12	2.61	6.78	2.27	6.47	1.96	6.32	1.81	6.09	1.58
57	7.31	2.80	6.94	2.43	6.62	2.11	6.45	1.94	6.20	1.69
58	7.50	2.99	7.09	2.58	6.76	2.26	6.57	2.07	6.31	1.80
59	7.68	3.18	7.24	2.74	6.89	2.39	6.69	2.19	6.41	1.90
60	7.83	3.36	7.38	2.89	7.01	2.52	6.79	2.31	6.50	2.01
61	8.10	3.61	7.62	3.11	7.21	2.71	6.99	2.49	6.66	2.17
62	8.34	3.84	7.82	3.32	7.39	2.89	7.15	2.64	6.81	2.30
63	8.56	4.07	8.00	3.50	7.54	3.06	7.28	2.81	6.93	2.43
64	8.73	4.28	8.13	3.68	7.66	3.20	7.40	2.94	7.01	2.55
65	8.89	4.46	8.26	3.84	7.77	3.34	7.49	3.07	7.08	2.67
66	9.25	4.90	8.56	4.21	8.01	3.68	7.71	3.37	7.26	2.92
67	9.53	5.30	8.79	4.56	8.21	3.96	7.88	3.64	7.39	3.15
68	9.79	5.65	9.00	4.87	8.37	4.24	8.02	3.88	7.50	3.37
69	9.97	5.96	9.14	5.13	8.48	4.47	8.12	4.09	7.56	3.55
70	10.09	6.21	9.22	5.34	8.53	4.66	8.14	4.27	7.57	3.70
71	10.45	6.71	9.51	5.78	8.77	5.05	8.35	4.62	7.72	3.99
72	10.71	7.13	9.71	6.14	8.93	5.36	8.48	4.90	7.81	4.24
73	10.90	7.49	9.87	6.44	9.04	5.62	8.57	5.15	7.85	4.44
74	11.04	7.78	9.96	6.70	9.10	5.84	8.63	5.36	7.88	4.61
75	11.27	8.12	10.15	7.00	9.26	6.10	8.75	5.59	7.96	4.81
76	11.44	8.50	10.26	7.32	9.33	6.38	8.79	5.85	7.98	5.03
77	11.65	8.88	10.42	7.64	9.45	6.66	8.89	6.12	8.03	5.26
78	11.78	9.16	10.52	7.90	9.51	6.89	8.94	6.32	8.04	5.44
79	11.79	9.34	10.50	8.04	9.47	7.02	8.89	6.44	7.98	5.53
80	N/A	9.41	N/A	8.12	N/A	7.08	N/A	6.49	N/A	5.58
81	N/A	10.31	N/A	8.88	N/A	7.74	N/A	7.09	N/A	6.10
82	N/A	11.19	N/A	9.63	N/A	8.40	N/A	7.71	N/A	6.63
83	N/A	12.07	N/A	10.39	N/A	9.07	N/A	8.32	N/A	7.15
84	N/A	12.95	N/A	11.15	N/A	9.72	N/A	8.93	N/A	7.68
85	N/A	13.83	N/A	11.91	N/A	10.39	N/A	9.53	N/A	8.20
86	N/A	14.71	N/A	12.67	N/A	11.06	N/A	10.14	N/A	8.72
87	N/A	15.60	N/A	13.44	N/A	11.72	N/A	10.75	N/A	9.25
88	N/A	16.48	N/A	14.20	N/A	12.38	N/A	11.35	N/A	9.76
89	N/A	17.36	N/A	14.96	N/A	13.04	N/A	11.96	N/A	10.28
90	N/A	18.24	N/A	15.72	N/A	13.71	N/A	12.57	N/A	10.81
91	N/A	18.60	N/A	16.02	N/A	13.97	N/A	12.82	N/A	11.02
92	N/A	18.94	N/A	16.33	N/A	14.23	N/A	13.05	N/A	11.23
93	N/A	19.30	N/A	16.62	N/A	14.51	N/A	13.30	N/A	11.44
94	N/A	19.66	N/A	16.93	N/A	14.77	N/A	13.54	N/A	11.65
95	N/A	20.00	N/A	17.24	N/A	15.03	N/A	13.79	N/A	11.85
96	N/A	20.12	N/A	17.34	N/A	15.12	N/A	13.86	N/A	11.92
97	N/A	20.24	N/A	17.45	N/A	15.21	N/A	13.95	N/A	12.00
98	N/A	20.36	N/A	17.54	N/A	15.29	N/A	14.03	N/A	12.07
99	N/A	20.48	N/A	17.65	N/A	15.39	N/A	14.11	N/A	12.14
100	N/A	20.60	N/A	17.74	N/A	15.47	N/A	14.20	N/A	12.21

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	4.99	0.48	4.93	0.42	4.88	0.37	4.83	0.33	4.80	0.30
26	5.02	0.52	4.96	0.45	4.90	0.40	4.87	0.37	4.82	0.32
27	5.07	0.57	5.00	0.49	4.94	0.43	4.90	0.39	4.86	0.35
28	5.12	0.61	5.03	0.52	4.97	0.46	4.93	0.42	4.88	0.38
29	5.15	0.65	5.07	0.57	5.01	0.50	4.96	0.45	4.91	0.40
30	5.20	0.69	5.11	0.61	5.03	0.52	4.99	0.48	4.94	0.43
31	5.26	0.76	5.16	0.65	5.08	0.58	5.03	0.52	4.97	0.46
32	5.32	0.82	5.21	0.70	5.13	0.62	5.08	0.57	5.01	0.50
33	5.38	0.87	5.27	0.76	5.18	0.67	5.12	0.61	5.05	0.54
34	5.44	0.94	5.32	0.81	5.22	0.71	5.15	0.64	5.08	0.57
35	5.50	1.00	5.37	0.86	5.27	0.76	5.20	0.69	5.12	0.61
36	5.58	1.07	5.44	0.93	5.33	0.82	5.26	0.75	5.16	0.65
37	5.65	1.15	5.51	1.00	5.38	0.88	5.31	0.80	5.21	0.70
38	5.74	1.23	5.57	1.06	5.45	0.94	5.36	0.84	5.26	0.75
39	5.81	1.31	5.64	1.13	5.50	1.00	5.41	0.90	5.31	0.80
40	5.89	1.38	5.70	1.20	5.56	1.06	5.47	0.96	5.36	0.84
41	5.99	1.49	5.80	1.29	5.64	1.13	5.53	1.02	5.43	0.92
42	6.08	1.57	5.88	1.37	5.71	1.20	5.60	1.09	5.47	0.98
43	6.18	1.68	5.96	1.45	5.80	1.29	5.68	1.17	5.53	1.02
44	6.27	1.76	6.05	1.54	5.87	1.36	5.74	1.23	5.59	1.09
45	6.38	1.87	6.13	1.62	5.94	1.43	5.81	1.30	5.65	1.15
46	6.50	1.99	6.24	1.73	6.03	1.52	5.89	1.38	5.72	1.23
47	6.62	2.11	6.34	1.83	6.12	1.61	5.97	1.48	5.81	1.30
48	6.74	2.23	6.44	1.93	6.21	1.70	6.06	1.55	5.88	1.37
49	6.85	2.34	6.55	2.03	6.30	1.80	6.14	1.64	5.95	1.44
50	6.97	2.46	6.65	2.14	6.39	1.89	6.22	1.73	6.02	1.51
51	7.13	2.63	6.79	2.28	6.52	2.01	6.34	1.83	6.12	1.61
52	7.29	2.78	6.94	2.43	6.64	2.13	6.45	1.94	6.22	1.71
53	7.46	2.95	7.07	2.56	6.76	2.25	6.57	2.06	6.32	1.80
54	7.63	3.12	7.21	2.70	6.88	2.38	6.69	2.18	6.41	1.90
55	7.78	3.27	7.35	2.84	7.00	2.50	6.79	2.28	6.51	2.00
56	8.03	3.52	7.57	3.06	7.19	2.68	6.96	2.45	6.65	2.14
57	8.27	3.76	7.77	3.26	7.37	2.87	7.13	2.63	6.81	2.30
58	8.51	4.00	7.98	3.47	7.56	3.05	7.31	2.78	6.95	2.45
59	8.73	4.24	8.18	3.68	7.72	3.22	7.46	2.96	7.09	2.59
60	8.95	4.47	8.37	3.88	7.88	3.40	7.60	3.12	7.21	2.74
61	9.31	4.81	8.68	4.17	8.15	3.65	7.85	3.34	7.44	2.94
62	9.62	5.12	8.95	4.45	8.39	3.89	8.07	3.57	7.63	3.13
63	9.89	5.40	9.19	4.70	8.59	4.12	8.26	3.77	7.79	3.31
64	10.13	5.66	9.38	4.93	8.76	4.32	8.41	3.96	7.93	3.47
65	10.34	5.91	9.57	5.15	8.91	4.50	8.56	4.13	8.04	3.62
66	10.83	6.49	9.97	5.64	9.27	4.94	8.87	4.53	8.31	3.97
67	11.25	7.01	10.33	6.09	9.57	5.33	9.13	4.89	8.53	4.30
68	11.61	7.49	10.64	6.51	9.82	5.69	9.35	5.21	8.72	4.59
69	11.90	7.89	10.88	6.85	10.01	6.00	9.52	5.50	8.85	4.84
70	12.09	8.22	11.02	7.15	10.13	6.25	9.60	5.74	8.91	5.05
71	12.60	8.88	11.45	7.72	10.48	6.75	9.91	6.19	9.17	5.45
72	12.99	9.42	11.77	8.19	10.73	7.16	10.14	6.57	9.37	5.78
73	13.30	9.89	12.01	8.59	10.92	7.51	10.31	6.89	9.50	6.07
74	13.54	10.27	12.19	8.93	11.07	7.81	10.42	7.15	9.58	6.31
75	13.86	10.71	12.46	9.31	11.29	8.14	10.61	7.46	9.75	6.59
76	14.15	11.21	12.69	9.73	11.46	8.52	10.76	7.81	9.84	6.89
77	14.48	11.70	12.95	10.17	11.67	8.89	10.92	8.15	9.97	7.20
78	14.72	12.10	13.14	10.52	11.80	9.19	11.04	8.43	10.06	7.44
79	14.78	12.33	13.16	10.71	11.82	9.37	11.03	8.59	10.03	7.58
80	N/A	12.42	N/A	10.79	N/A	9.44	N/A	8.65	N/A	7.64
81	N/A	13.59	N/A	11.80	N/A	10.33	N/A	9.47	N/A	8.35
82	N/A	14.76	N/A	12.82	N/A	11.21	N/A	10.28	N/A	9.08
83	N/A	15.92	N/A	13.84	N/A	12.09	N/A	11.09	N/A	9.79
84	N/A	17.09	N/A	14.85	N/A	12.98	N/A	11.90	N/A	10.51
85	N/A	18.25	N/A	15.86	N/A	13.86	N/A	12.71	N/A	11.22
86	N/A	19.41	N/A	16.87	N/A	14.74	N/A	13.52	N/A	11.94
87	N/A	20.58	N/A	17.89	N/A	15.64	N/A	14.34	N/A	12.66
88	N/A	21.74	N/A	18.90	N/A	16.52	N/A	15.15	N/A	13.38
89	N/A	22.91	N/A	19.91	N/A	17.41	N/A	15.96	N/A	14.09
90	N/A	24.07	N/A	20.92	N/A	18.29	N/A	16.77	N/A	14.80
91	N/A	24.54	N/A	21.32	N/A	18.65	N/A	17.09	N/A	15.09
92	N/A	25.00	N/A	21.73	N/A	18.99	N/A	17.42	N/A	15.37
93	N/A	25.47	N/A	22.13	N/A	19.35	N/A	17.74	N/A	15.66
94	N/A	25.93	N/A	22.54	N/A	19.71	N/A	18.06	N/A	15.95
95	N/A	26.41	N/A	22.94	N/A	20.06	N/A	18.39	N/A	16.23
96	N/A	26.56	N/A	23.07	N/A	20.18	N/A	18.49	N/A	16.33
97	N/A	26.72	N/A	23.22	N/A	20.30	N/A	18.61	N/A	16.42
98	N/A	26.87	N/A	23.35	N/A	20.41	N/A	18.72	N/A	16.53
99	N/A	27.02	N/A	23.48	N/A	20.53	N/A	18.83	N/A	16.62
100	N/A	27.18	N/A	23.62	N/A	20.65	N/A	18.93	N/A	16.72

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	5.06	0.55	4.99	0.48	4.93	0.43	4.89	0.38	4.84	0.33
26	5.11	0.60	5.02	0.52	4.96	0.46	4.93	0.42	4.88	0.37
27	5.15	0.64	5.07	0.57	5.00	0.50	4.96	0.45	4.90	0.39
28	5.20	0.70	5.12	0.61	5.05	0.54	5.00	0.49	4.94	0.42
29	5.26	0.75	5.15	0.65	5.08	0.57	5.02	0.51	4.96	0.45
30	5.31	0.80	5.20	0.69	5.12	0.61	5.07	0.56	4.99	0.48
31	5.37	0.87	5.26	0.76	5.16	0.67	5.12	0.61	5.03	0.52
32	5.44	0.94	5.32	0.81	5.22	0.71	5.16	0.65	5.08	0.57
33	5.51	1.00	5.38	0.87	5.27	0.77	5.20	0.69	5.12	0.61
34	5.58	1.07	5.44	0.93	5.33	0.82	5.26	0.75	5.15	0.64
35	5.65	1.14	5.50	0.99	5.38	0.87	5.31	0.80	5.20	0.69
36	5.74	1.23	5.58	1.07	5.45	0.94	5.37	0.86	5.26	0.75
37	5.83	1.32	5.65	1.14	5.51	1.01	5.43	0.92	5.31	0.80
38	5.91	1.40	5.74	1.23	5.58	1.07	5.50	0.99	5.36	0.84
39	6.01	1.50	5.81	1.30	5.65	1.14	5.56	1.05	5.41	0.90
40	6.09	1.58	5.89	1.38	5.72	1.21	5.62	1.11	5.47	0.96
41	6.21	1.70	5.99	1.48	5.81	1.30	5.70	1.19	5.53	1.02
42	6.33	1.82	6.08	1.57	5.89	1.38	5.78	1.27	5.60	1.09
43	6.44	1.93	6.18	1.67	5.97	1.46	5.85	1.34	5.68	1.17
44	6.56	2.05	6.27	1.76	6.06	1.55	5.93	1.43	5.74	1.24
45	6.66	2.15	6.37	1.87	6.15	1.64	6.01	1.51	5.81	1.31
46	6.81	2.30	6.50	1.98	6.25	1.74	6.10	1.61	5.89	1.39
47	6.95	2.44	6.60	2.11	6.35	1.84	6.21	1.70	5.99	1.48
48	7.08	2.57	6.74	2.23	6.46	1.95	6.31	1.80	6.06	1.56
49	7.22	2.71	6.84	2.34	6.57	2.06	6.40	1.89	6.15	1.64
50	7.37	2.86	6.97	2.46	6.66	2.17	6.51	2.00	6.24	1.73
51	7.54	3.03	7.13	2.62	6.81	2.31	6.63	2.12	6.34	1.84
52	7.74	3.22	7.29	2.78	6.95	2.45	6.76	2.25	6.46	1.95
53	7.93	3.42	7.46	2.95	7.09	2.58	6.89	2.39	6.57	2.07
54	8.10	3.61	7.62	3.11	7.24	2.73	7.02	2.51	6.69	2.18
55	8.29	3.80	7.78	3.27	7.38	2.87	7.15	2.64	6.79	2.30
56	8.58	4.07	8.02	3.51	7.59	3.08	7.34	2.84	6.97	2.46
57	8.87	4.36	8.26	3.76	7.81	3.30	7.53	3.03	7.14	2.64
58	9.14	4.64	8.51	4.00	8.01	3.50	7.74	3.24	7.32	2.81
59	9.41	4.91	8.73	4.24	8.21	3.71	7.93	3.43	7.49	2.98
60	9.66	5.18	8.95	4.47	8.40	3.92	8.09	3.61	7.63	3.14
61	10.07	5.57	9.31	4.81	8.70	4.20	8.37	3.88	7.88	3.37
62	10.42	5.93	9.62	5.12	8.97	4.47	8.63	4.13	8.09	3.59
63	10.75	6.26	9.89	5.40	9.22	4.72	8.84	4.37	8.29	3.81
64	11.03	6.57	10.13	5.66	9.41	4.96	9.03	4.57	8.45	3.99
65	11.28	6.85	10.34	5.91	9.60	5.18	9.20	4.77	8.59	4.17
66	11.85	7.52	10.83	6.49	10.01	5.68	9.57	5.24	8.90	4.57
67	12.35	8.12	11.25	7.00	10.36	6.13	9.89	5.65	9.17	4.94
68	12.79	8.66	11.61	7.47	10.67	6.53	10.16	6.03	9.40	5.27
69	13.14	9.13	11.90	7.88	10.90	6.89	10.36	6.35	9.57	5.56
70	13.38	9.51	12.08	8.21	11.06	7.18	10.50	6.62	9.65	5.78
71	13.98	10.26	12.59	8.87	11.47	7.75	10.88	7.14	9.97	6.25
72	14.45	10.88	12.97	9.40	11.79	8.21	11.15	7.58	10.20	6.63
73	14.83	11.40	13.28	9.85	12.03	8.62	11.36	7.94	10.36	6.95
74	15.11	11.84	13.51	10.23	12.22	8.95	11.51	8.25	10.48	7.22
75	15.51	12.35	13.83	10.67	12.48	9.33	11.76	8.60	10.69	7.53
76	15.86	12.92	14.11	11.17	12.71	9.76	11.94	9.00	10.83	7.88
77	16.27	13.49	14.45	11.66	12.97	10.20	12.17	9.40	11.01	8.22
78	16.56	13.95	14.67	12.05	13.16	10.53	12.33	9.71	11.13	8.51
79	16.66	14.21	14.73	12.28	13.19	10.73	12.34	9.89	11.11	8.66
80	N/A	14.33	N/A	12.39	N/A	10.82	N/A	9.97	N/A	8.73
81	N/A	15.66	N/A	13.54	N/A	11.84	N/A	10.91	N/A	9.56
82	N/A	17.01	N/A	14.71	N/A	12.85	N/A	11.84	N/A	10.38
83	N/A	18.35	N/A	15.86	N/A	13.86	N/A	12.78	N/A	11.20
84	N/A	19.69	N/A	17.03	N/A	14.88	N/A	13.71	N/A	12.01
85	N/A	21.04	N/A	18.18	N/A	15.90	N/A	14.65	N/A	12.83
86	N/A	22.38	N/A	19.35	N/A	16.91	N/A	15.58	N/A	13.65
87	N/A	23.73	N/A	20.50	N/A	17.92	N/A	16.52	N/A	14.47
88	N/A	25.06	N/A	21.67	N/A	18.93	N/A	17.46	N/A	15.29
89	N/A	26.41	N/A	22.82	N/A	19.94	N/A	18.39	N/A	16.11
90	N/A	27.75	N/A	23.99	N/A	20.97	N/A	19.33	N/A	16.92
91	N/A	28.29	N/A	24.45	N/A	21.37	N/A	19.69	N/A	17.26
92	N/A	28.82	N/A	24.92	N/A	21.78	N/A	20.08	N/A	17.58
93	N/A	29.37	N/A	25.38	N/A	22.18	N/A	20.44	N/A	17.91
94	N/A	29.90	N/A	25.85	N/A	22.59	N/A	20.81	N/A	18.23
95	N/A	30.44	N/A	26.31	N/A	22.99	N/A	21.19	N/A	18.56
96	N/A	30.62	N/A	26.47	N/A	23.13	N/A	21.31	N/A	18.67
97	N/A	30.80	N/A	26.62	N/A	23.26	N/A	21.44	N/A	18.78
98	N/A	30.98	N/A	26.78	N/A	23.40	N/A	21.56	N/A	18.89
99	N/A	31.15	N/A	26.93	N/A	23.54	N/A	21.69	N/A	19.00
100	N/A	31.33	N/A	27.08	N/A	23.67	N/A	21.81	N/A	19.11

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	5.11	0.61	5.03	0.52	4.96	0.46	4.93	0.42	4.88	0.37
26	5.16	0.65	5.08	0.58	5.01	0.50	4.96	0.45	4.90	0.40
27	5.21	0.71	5.13	0.62	5.06	0.55	5.00	0.49	4.94	0.44
28	5.27	0.76	5.18	0.67	5.09	0.58	5.03	0.52	4.97	0.46
29	5.32	0.82	5.21	0.71	5.13	0.63	5.07	0.57	5.01	0.50
30	5.38	0.87	5.27	0.76	5.18	0.67	5.11	0.61	5.03	0.54
31	5.45	0.95	5.33	0.83	5.24	0.73	5.16	0.65	5.09	0.58
32	5.52	1.02	5.40	0.89	5.30	0.79	5.21	0.70	5.13	0.63
33	5.60	1.09	5.46	0.96	5.36	0.84	5.27	0.76	5.18	0.67
34	5.68	1.17	5.53	1.02	5.40	0.90	5.32	0.81	5.22	0.71
35	5.75	1.24	5.60	1.09	5.47	0.96	5.37	0.86	5.27	0.76
36	5.85	1.34	5.69	1.18	5.55	1.04	5.44	0.93	5.33	0.82
37	5.95	1.44	5.77	1.26	5.63	1.12	5.51	1.00	5.39	0.88
38	6.05	1.54	5.85	1.34	5.70	1.19	5.57	1.07	5.45	0.94
39	6.15	1.64	5.94	1.43	5.78	1.27	5.64	1.14	5.51	1.00
40	6.25	1.74	6.02	1.52	5.85	1.34	5.71	1.20	5.57	1.06
41	6.37	1.86	6.14	1.63	5.94	1.44	5.80	1.30	5.64	1.14
42	6.50	1.98	6.25	1.74	6.05	1.54	5.88	1.38	5.72	1.21
43	6.62	2.11	6.35	1.84	6.14	1.63	5.97	1.46	5.80	1.30
44	6.75	2.24	6.46	1.95	6.24	1.73	6.06	1.55	5.88	1.37
45	6.87	2.36	6.57	2.06	6.33	1.82	6.15	1.64	5.95	1.44
46	7.02	2.51	6.71	2.20	6.44	1.94	6.25	1.75	6.05	1.54
47	7.18	2.67	6.84	2.33	6.56	2.05	6.37	1.86	6.14	1.63
48	7.33	2.82	6.97	2.46	6.66	2.17	6.46	1.96	6.24	1.73
49	7.49	2.98	7.10	2.61	6.78	2.27	6.58	2.07	6.33	1.82
50	7.64	3.13	7.25	2.74	6.90	2.39	6.69	2.18	6.41	1.92
51	7.84	3.33	7.43	2.92	7.06	2.55	6.82	2.32	6.55	2.05
52	8.04	3.53	7.59	3.09	7.21	2.70	6.96	2.46	6.68	2.17
53	8.26	3.75	7.77	3.26	7.35	2.86	7.10	2.59	6.79	2.30
54	8.46	3.95	7.95	3.44	7.51	3.01	7.25	2.74	6.93	2.42
55	8.66	4.15	8.13	3.62	7.66	3.17	7.39	2.88	7.06	2.55
56	8.98	4.47	8.40	3.89	7.90	3.40	7.60	3.09	7.25	2.74
57	9.29	4.78	8.66	4.17	8.14	3.64	7.83	3.32	7.44	2.93
58	9.62	5.12	8.94	4.43	8.38	3.87	8.06	3.55	7.63	3.12
59	9.92	5.43	9.20	4.70	8.60	4.11	8.26	3.76	7.81	3.31
60	10.21	5.72	9.45	4.96	8.82	4.33	8.45	3.97	7.97	3.49
61	10.65	6.15	9.83	5.33	9.15	4.65	8.76	4.27	8.23	3.75
62	11.04	6.55	10.19	5.68	9.46	4.95	9.04	4.55	8.48	3.99
63	11.41	6.91	10.48	6.00	9.72	5.25	9.29	4.81	8.69	4.21
64	11.71	7.26	10.75	6.28	9.95	5.50	9.50	5.03	8.87	4.41
65	12.00	7.57	11.00	6.56	10.15	5.74	9.69	5.26	9.02	4.61
66	12.63	8.29	11.53	7.19	10.61	6.28	10.10	5.76	9.38	5.05
67	13.17	8.94	12.00	7.76	11.02	6.78	10.46	6.22	9.69	5.45
68	13.67	9.53	12.41	8.27	11.38	7.24	10.78	6.64	9.94	5.81
69	14.05	10.04	12.72	8.71	11.64	7.63	11.02	7.01	10.14	6.12
70	14.33	10.46	12.95	9.07	11.82	7.95	11.16	7.29	10.25	6.38
71	14.99	11.27	13.51	9.78	12.29	8.57	11.60	7.87	10.61	6.88
72	15.51	11.94	13.93	10.35	12.65	9.08	11.92	8.34	10.88	7.29
73	15.92	12.50	14.27	10.85	12.94	9.51	12.17	8.75	11.07	7.65
74	16.23	12.97	14.53	11.26	13.14	9.88	12.35	9.08	11.21	7.95
75	16.67	13.52	14.89	11.73	13.45	10.29	12.63	9.47	11.45	8.29
76	17.08	14.14	15.22	12.27	13.72	10.77	12.85	9.91	11.61	8.68
77	17.54	14.77	15.60	12.82	14.03	11.25	13.13	10.35	11.83	9.06
78	17.87	15.26	15.86	13.24	14.24	11.63	13.32	10.70	11.97	9.35
79	17.99	15.54	15.95	13.49	14.29	11.84	13.35	10.90	11.98	9.53
80	N/A	15.67	N/A	13.60	N/A	11.94	N/A	10.98	N/A	9.62
81	N/A	17.14	N/A	14.89	N/A	13.05	N/A	12.02	N/A	10.51
82	N/A	18.61	N/A	16.16	N/A	14.17	N/A	13.04	N/A	11.41
83	N/A	20.08	N/A	17.43	N/A	15.30	N/A	14.08	N/A	12.32
84	N/A	21.55	N/A	18.71	N/A	16.42	N/A	15.11	N/A	13.22
85	N/A	23.01	N/A	19.98	N/A	17.54	N/A	16.14	N/A	14.11
86	N/A	24.49	N/A	21.25	N/A	18.66	N/A	17.17	N/A	15.02
87	N/A	25.95	N/A	22.54	N/A	19.78	N/A	18.20	N/A	15.92
88	N/A	27.42	N/A	23.81	N/A	20.90	N/A	19.23	N/A	16.81
89	N/A	28.89	N/A	25.09	N/A	22.02	N/A	20.25	N/A	17.72
90	N/A	30.36	N/A	26.36	N/A	23.13	N/A	21.29	N/A	18.62
91	N/A	30.95	N/A	26.87	N/A	23.57	N/A	21.69	N/A	18.98
92	N/A	31.54	N/A	27.38	N/A	24.03	N/A	22.11	N/A	19.34
93	N/A	32.13	N/A	27.89	N/A	24.48	N/A	22.53	N/A	19.71
94	N/A	32.71	N/A	28.41	N/A	24.92	N/A	22.93	N/A	20.06
95	N/A	33.30	N/A	28.91	N/A	25.37	N/A	23.35	N/A	20.42
96	N/A	33.50	N/A	29.08	N/A	25.51	N/A	23.48	N/A	20.54
97	N/A	33.69	N/A	29.25	N/A	25.67	N/A	23.62	N/A	20.67
98	N/A	33.89	N/A	29.42	N/A	25.82	N/A	23.76	N/A	20.79
99	N/A	34.08	N/A	29.60	N/A	25.97	N/A	23.90	N/A	20.91
100	N/A	34.28	N/A	29.76	N/A	26.12	N/A	24.04	N/A	21.03

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Return of Premium Rider R256 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	7.20	2.69	6.85	2.34	6.59	2.08	6.43	1.92	6.19	1.68
46	7.39	2.88	7.01	2.50	6.72	2.21	6.55	2.03	6.30	1.79
47	7.58	3.06	7.16	2.65	6.85	2.36	6.66	2.17	6.40	1.89
48	7.76	3.26	7.32	2.81	7.00	2.49	6.79	2.28	6.51	2.00
49	7.95	3.44	7.49	2.98	7.13	2.62	6.91	2.42	6.62	2.11
50	8.13	3.63	7.64	3.13	7.26	2.76	7.04	2.53	6.72	2.21
51	8.38	3.87	7.84	3.33	7.44	2.93	7.20	2.69	6.87	2.36
52	8.62	4.11	8.04	3.53	7.62	3.11	7.37	2.86	7.00	2.50
53	8.87	4.37	8.25	3.74	7.79	3.28	7.52	3.01	7.14	2.63
54	9.12	4.61	8.45	3.94	7.97	3.46	7.69	3.18	7.28	2.77
55	9.37	4.86	8.66	4.15	8.14	3.64	7.84	3.34	7.41	2.92
56	9.76	5.25	9.00	4.49	8.44	3.93	8.12	3.61	7.64	3.14
57	10.16	5.65	9.34	4.84	8.73	4.22	8.39	3.89	7.88	3.38
58	10.57	6.06	9.70	5.19	9.03	4.52	8.66	4.17	8.12	3.62
59	10.96	6.45	10.04	5.55	9.32	4.82	8.94	4.44	8.34	3.84
60	11.33	6.84	10.36	5.88	9.59	5.12	9.19	4.70	8.54	4.07
61	11.90	7.39	10.85	6.35	10.02	5.52	9.57	5.08	8.88	4.38
62	12.42	7.91	11.31	6.81	10.41	5.91	9.92	5.43	9.19	4.69
63	12.90	8.41	11.73	7.25	10.76	6.27	10.26	5.77	9.46	4.97
64	13.34	8.88	12.09	7.64	11.08	6.62	10.53	6.08	9.69	5.24
65	13.74	9.32	12.44	8.02	11.36	6.95	10.78	6.37	9.90	5.49
66	14.66	10.33	13.22	8.89	12.03	7.70	11.39	7.06	10.41	6.08
67	15.51	11.27	13.93	9.70	12.64	8.40	11.94	7.70	10.88	6.64
68	16.29	12.16	14.60	10.47	13.20	9.07	12.45	8.31	11.29	7.16
69	16.96	12.95	15.17	11.15	13.66	9.66	12.86	8.85	11.64	7.64
70	17.50	13.63	15.61	11.75	14.03	10.16	13.20	9.32	11.91	8.04
71	18.56	14.84	16.52	12.78	14.79	11.07	13.88	10.14	12.47	8.75
72	19.46	15.87	17.26	13.69	15.41	11.84	14.42	10.84	12.92	9.35
73	20.22	16.79	17.90	14.47	15.95	12.52	14.89	11.47	13.30	9.89
74	20.87	17.60	18.43	15.17	16.39	13.11	15.28	12.02	13.63	10.36
75	21.68	18.53	19.12	15.97	16.97	13.82	15.80	12.65	14.05	10.90
76	22.34	19.39	19.66	16.71	17.40	14.45	16.17	13.23	14.35	11.41
77	23.01	20.24	20.23	17.45	17.86	15.09	16.59	13.82	14.70	11.91
78	23.54	20.92	20.66	18.04	18.22	15.59	16.90	14.28	14.92	12.32
79	23.76	21.31	20.83	18.37	18.34	15.89	16.99	14.54	14.99	12.54
80	N/A	21.49	N/A	18.53	N/A	16.02	N/A	14.66	N/A	12.65
81	N/A	23.50	N/A	20.27	N/A	17.52	N/A	16.04	N/A	13.83
82	N/A	25.51	N/A	21.99	N/A	19.02	N/A	17.41	N/A	15.02
83	N/A	27.54	N/A	23.73	N/A	20.52	N/A	18.79	N/A	16.20
84	N/A	29.55	N/A	25.47	N/A	22.02	N/A	20.16	N/A	17.39
85	N/A	31.56	N/A	27.20	N/A	23.51	N/A	21.54	N/A	18.58
86	N/A	33.57	N/A	28.94	N/A	25.03	N/A	22.91	N/A	19.75
87	N/A	35.59	N/A	30.68	N/A	26.53	N/A	24.29	N/A	20.94
88	N/A	37.60	N/A	32.42	N/A	28.02	N/A	25.66	N/A	22.12
89	N/A	39.62	N/A	34.15	N/A	29.52	N/A	27.04	N/A	23.31
90	N/A	41.63	N/A	35.89	N/A	31.02	N/A	28.41	N/A	24.50
91	N/A	42.44	N/A	36.58	N/A	31.63	N/A	28.95	N/A	24.97
92	N/A	43.24	N/A	37.27	N/A	32.23	N/A	29.51	N/A	25.44
93	N/A	44.05	N/A	37.97	N/A	32.83	N/A	30.06	N/A	25.92
94	N/A	44.85	N/A	38.66	N/A	33.43	N/A	30.61	N/A	26.39
95	N/A	45.66	N/A	39.35	N/A	34.03	N/A	31.15	N/A	26.87
96	N/A	45.93	N/A	39.59	N/A	34.22	N/A	31.34	N/A	27.02
97	N/A	46.20	N/A	39.82	N/A	34.43	N/A	31.52	N/A	27.18
98	N/A	46.47	N/A	40.06	N/A	34.63	N/A	31.70	N/A	27.35
99	N/A	46.73	N/A	40.28	N/A	34.83	N/A	31.89	N/A	27.50
100	N/A	47.01	N/A	40.52	N/A	35.03	N/A	32.07	N/A	27.66

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
18-25	0.43	0.04	0.42	0.02	0.42	0.02	0.42	0.02	0.40	0.02
26	0.43	0.04	0.42	0.02	0.42	0.02	0.42	0.02	0.42	0.02
27	0.43	0.04	0.43	0.04	0.42	0.02	0.42	0.02	0.42	0.02
28	0.43	0.04	0.43	0.04	0.42	0.02	0.42	0.02	0.42	0.02
29	0.43	0.04	0.43	0.04	0.43	0.04	0.42	0.02	0.42	0.02
30	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04	0.42	0.02
31	0.44	0.05	0.43	0.05	0.43	0.04	0.43	0.04	0.42	0.02
32	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04
33	0.45	0.06	0.44	0.05	0.43	0.05	0.43	0.04	0.43	0.04
34	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04
35	0.45	0.06	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04
36	0.46	0.07	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04
37	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05	0.44	0.05
38	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05
39	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05
40	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06	0.44	0.06
41	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06
42	0.49	0.10	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06
43	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06
44	0.50	0.11	0.49	0.10	0.48	0.08	0.48	0.08	0.46	0.07
45	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
46	0.52	0.13	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
47	0.52	0.13	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
48	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
49	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11	0.49	0.10
50	0.55	0.15	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10
51	0.56	0.17	0.54	0.14	0.52	0.13	0.51	0.12	0.50	0.11
52	0.57	0.18	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11
53	0.58	0.19	0.56	0.17	0.54	0.14	0.52	0.13	0.51	0.12
54	0.60	0.20	0.57	0.18	0.55	0.15	0.54	0.14	0.51	0.12
55	0.61	0.21	0.57	0.18	0.55	0.15	0.54	0.14	0.52	0.13
56	0.62	0.23	0.60	0.20	0.56	0.17	0.55	0.15	0.54	0.14
57	0.63	0.24	0.61	0.21	0.57	0.18	0.56	0.17	0.54	0.14
58	0.65	0.26	0.62	0.23	0.58	0.20	0.57	0.18	0.55	0.15
59	0.67	0.27	0.63	0.24	0.61	0.21	0.58	0.19	0.56	0.17
60	0.69	0.30	0.64	0.25	0.62	0.23	0.60	0.20	0.57	0.18
61	0.71	0.32	0.67	0.27	0.63	0.24	0.62	0.21	0.58	0.19
62	0.74	0.35	0.69	0.30	0.65	0.26	0.63	0.24	0.61	0.20
63	0.76	0.37	0.71	0.31	0.68	0.27	0.65	0.25	0.62	0.21
64	0.80	0.39	0.74	0.33	0.70	0.29	0.67	0.26	0.64	0.23
65	0.82	0.42	0.76	0.36	0.71	0.31	0.69	0.29	0.65	0.25
66	0.87	0.46	0.81	0.39	0.75	0.35	0.73	0.32	0.68	0.27
67	0.92	0.51	0.84	0.44	0.79	0.38	0.76	0.35	0.71	0.31
68	0.96	0.56	0.89	0.48	0.83	0.42	0.80	0.38	0.74	0.33
69	1.01	0.61	0.93	0.52	0.87	0.45	0.82	0.42	0.77	0.36
70	1.07	0.65	0.98	0.56	0.90	0.49	0.86	0.45	0.80	0.39
71	1.14	0.74	1.05	0.63	0.96	0.55	0.92	0.51	0.84	0.44
72	1.23	0.82	1.12	0.70	1.02	0.62	0.98	0.56	0.89	0.49
73	1.31	0.89	1.18	0.77	1.08	0.68	1.02	0.62	0.94	0.54
74	1.39	0.98	1.25	0.84	1.14	0.74	1.08	0.68	0.99	0.58
75	1.48	1.06	1.32	0.92	1.20	0.80	1.14	0.73	1.04	0.63
76	1.59	1.19	1.43	1.02	1.30	0.89	1.23	0.82	1.12	0.70
77	1.73	1.31	1.55	1.13	1.39	0.99	1.32	0.90	1.19	0.77
78	1.86	1.44	1.65	1.24	1.50	1.08	1.40	0.99	1.26	0.86
79	1.98	1.57	1.76	1.34	1.59	1.18	1.49	1.08	1.34	0.93
80	N/A	1.69	N/A	1.46	N/A	1.27	N/A	1.17	N/A	1.00
81	N/A	1.86	N/A	1.59	N/A	1.39	N/A	1.27	N/A	1.09
82	N/A	2.01	N/A	1.74	N/A	1.51	N/A	1.39	N/A	1.19
83	N/A	2.17	N/A	1.87	N/A	1.63	N/A	1.50	N/A	1.29
84	N/A	2.33	N/A	2.01	N/A	1.75	N/A	1.61	N/A	1.38
85	N/A	2.49	N/A	2.14	N/A	1.87	N/A	1.71	N/A	1.48
86	N/A	2.65	N/A	2.28	N/A	1.99	N/A	1.82	N/A	1.57
87	N/A	2.81	N/A	2.42	N/A	2.11	N/A	1.94	N/A	1.67
88	N/A	2.96	N/A	2.56	N/A	2.23	N/A	2.05	N/A	1.76
89	N/A	3.13	N/A	2.69	N/A	2.34	N/A	2.15	N/A	1.86
90	N/A	3.28	N/A	2.83	N/A	2.46	N/A	2.26	N/A	1.94
91	N/A	3.34	N/A	2.88	N/A	2.51	N/A	2.31	N/A	1.99
92	N/A	3.42	N/A	2.94	N/A	2.56	N/A	2.36	N/A	2.02
93	N/A	3.47	N/A	3.00	N/A	2.61	N/A	2.39	N/A	2.06
94	N/A	3.53	N/A	3.05	N/A	2.65	N/A	2.44	N/A	2.09
95	N/A	3.61	N/A	3.11	N/A	2.70	N/A	2.49	N/A	2.13
96	N/A	3.62	N/A	3.12	N/A	2.73	N/A	2.50	N/A	2.14
97	N/A	3.64	N/A	3.14	N/A	2.74	N/A	2.51	N/A	2.15
98	N/A	3.67	N/A	3.15	N/A	2.75	N/A	2.52	N/A	2.17
99	N/A	3.69	N/A	3.18	N/A	2.77	N/A	2.53	N/A	2.19
100	N/A	3.71	N/A	3.19	N/A	2.78	N/A	2.56	N/A	2.20

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.43	0.05	0.43	0.04	0.43	0.04	0.42	0.02	0.42	0.02
26	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04	0.42	0.02
27	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04
28	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04
29	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04
30	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.05	0.43	0.04
31	0.45	0.07	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04
32	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05	0.44	0.05
33	0.46	0.07	0.46	0.07	0.45	0.06	0.44	0.05	0.44	0.05
34	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05
35	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06	0.44	0.05
36	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06
37	0.49	0.10	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06
38	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06
39	0.50	0.12	0.49	0.10	0.48	0.08	0.48	0.08	0.46	0.07
40	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
41	0.52	0.13	0.50	0.11	0.49	0.10	0.49	0.10	0.48	0.08
42	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
43	0.54	0.14	0.52	0.13	0.50	0.11	0.49	0.11	0.49	0.10
44	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11	0.49	0.10
45	0.56	0.17	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10
46	0.56	0.18	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11
47	0.57	0.18	0.55	0.15	0.54	0.14	0.52	0.13	0.50	0.11
48	0.58	0.19	0.56	0.17	0.54	0.14	0.52	0.13	0.51	0.12
49	0.60	0.20	0.57	0.18	0.55	0.15	0.54	0.14	0.52	0.13
50	0.61	0.21	0.58	0.19	0.56	0.17	0.55	0.15	0.52	0.13
51	0.62	0.23	0.60	0.20	0.57	0.18	0.55	0.15	0.54	0.14
52	0.63	0.24	0.61	0.21	0.58	0.19	0.56	0.17	0.54	0.15
53	0.65	0.26	0.62	0.23	0.58	0.19	0.57	0.18	0.55	0.15
54	0.67	0.27	0.63	0.24	0.60	0.20	0.58	0.19	0.56	0.17
55	0.68	0.29	0.64	0.25	0.61	0.21	0.60	0.20	0.57	0.18
56	0.70	0.31	0.65	0.26	0.63	0.24	0.61	0.21	0.58	0.19
57	0.73	0.33	0.68	0.29	0.64	0.25	0.62	0.23	0.60	0.20
58	0.74	0.35	0.69	0.30	0.65	0.26	0.63	0.24	0.61	0.21
59	0.76	0.37	0.71	0.32	0.68	0.29	0.65	0.26	0.62	0.23
60	0.79	0.39	0.74	0.35	0.69	0.30	0.67	0.27	0.63	0.24
61	0.82	0.43	0.76	0.37	0.71	0.32	0.69	0.30	0.65	0.26
62	0.86	0.45	0.80	0.39	0.74	0.35	0.71	0.32	0.68	0.27
63	0.88	0.49	0.82	0.42	0.77	0.37	0.74	0.33	0.70	0.30
64	0.92	0.51	0.86	0.45	0.80	0.39	0.76	0.36	0.73	0.32
65	0.95	0.55	0.88	0.48	0.82	0.42	0.79	0.38	0.74	0.33
66	1.02	0.61	0.94	0.54	0.87	0.46	0.83	0.43	0.79	0.37
67	1.08	0.68	1.00	0.58	0.92	0.51	0.88	0.48	0.82	0.42
68	1.14	0.74	1.05	0.64	0.98	0.56	0.93	0.51	0.86	0.45
69	1.21	0.81	1.11	0.70	1.02	0.61	0.96	0.56	0.90	0.49
70	1.27	0.87	1.17	0.75	1.07	0.65	1.01	0.61	0.94	0.54
71	1.38	0.98	1.26	0.84	1.15	0.74	1.08	0.68	1.01	0.60
72	1.49	1.08	1.34	0.94	1.23	0.82	1.17	0.75	1.07	0.67
73	1.59	1.19	1.44	1.04	1.31	0.90	1.24	0.82	1.14	0.73
74	1.70	1.30	1.54	1.12	1.39	0.98	1.31	0.90	1.20	0.80
75	1.81	1.39	1.63	1.21	1.48	1.06	1.38	0.98	1.27	0.86
76	1.98	1.57	1.77	1.36	1.61	1.19	1.50	1.09	1.37	0.96
77	2.14	1.74	1.92	1.51	1.73	1.32	1.62	1.20	1.48	1.07
78	2.31	1.90	2.06	1.65	1.86	1.44	1.74	1.32	1.58	1.17
79	2.48	2.07	2.21	1.80	1.99	1.57	1.86	1.44	1.68	1.27
80	N/A	2.24	N/A	1.94	N/A	1.70	N/A	1.56	N/A	1.38
81	N/A	2.45	N/A	2.13	N/A	1.86	N/A	1.70	N/A	1.50
82	N/A	2.65	N/A	2.31	N/A	2.02	N/A	1.84	N/A	1.63
83	N/A	2.87	N/A	2.49	N/A	2.18	N/A	2.00	N/A	1.76
84	N/A	3.07	N/A	2.68	N/A	2.33	N/A	2.14	N/A	1.89
85	N/A	3.28	N/A	2.86	N/A	2.50	N/A	2.28	N/A	2.02
86	N/A	3.50	N/A	3.03	N/A	2.65	N/A	2.44	N/A	2.15
87	N/A	3.70	N/A	3.21	N/A	2.81	N/A	2.58	N/A	2.27
88	N/A	3.92	N/A	3.40	N/A	2.98	N/A	2.73	N/A	2.40
89	N/A	4.13	N/A	3.58	N/A	3.13	N/A	2.87	N/A	2.53
90	N/A	4.33	N/A	3.76	N/A	3.30	N/A	3.02	N/A	2.67
91	N/A	4.41	N/A	3.84	N/A	3.36	N/A	3.08	N/A	2.71
92	N/A	4.50	N/A	3.92	N/A	3.42	N/A	3.13	N/A	2.77
93	N/A	4.58	N/A	3.99	N/A	3.49	N/A	3.19	N/A	2.82
94	N/A	4.66	N/A	4.06	N/A	3.55	N/A	3.25	N/A	2.87
95	N/A	4.75	N/A	4.13	N/A	3.61	N/A	3.31	N/A	2.93
96	N/A	4.78	N/A	4.15	N/A	3.63	N/A	3.33	N/A	2.94
97	N/A	4.81	N/A	4.18	N/A	3.65	N/A	3.34	N/A	2.95
98	N/A	4.83	N/A	4.20	N/A	3.68	N/A	3.37	N/A	2.98
99	N/A	4.87	N/A	4.22	N/A	3.70	N/A	3.39	N/A	2.99
100	N/A	4.89	N/A	4.25	N/A	3.71	N/A	3.40	N/A	3.01

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.44	0.05	0.43	0.05	0.43	0.04	0.43	0.04	0.42	0.02
26	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04
27	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04
28	0.45	0.06	0.44	0.05	0.44	0.05	0.44	0.05	0.43	0.04
29	0.45	0.06	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04
30	0.46	0.07	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.05
31	0.46	0.07	0.45	0.07	0.45	0.06	0.44	0.05	0.44	0.05
32	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05
33	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06	0.44	0.05
34	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06
35	0.49	0.10	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06
36	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07	0.45	0.06
37	0.51	0.12	0.49	0.10	0.48	0.08	0.48	0.08	0.46	0.07
38	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
39	0.52	0.13	0.50	0.11	0.49	0.10	0.49	0.10	0.48	0.08
40	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
41	0.54	0.14	0.52	0.13	0.50	0.11	0.50	0.11	0.49	0.10
42	0.55	0.15	0.52	0.14	0.51	0.12	0.50	0.11	0.49	0.10
43	0.56	0.17	0.54	0.14	0.52	0.13	0.51	0.12	0.49	0.11
44	0.57	0.18	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11
45	0.58	0.19	0.56	0.17	0.54	0.14	0.52	0.13	0.50	0.12
46	0.60	0.20	0.56	0.17	0.55	0.15	0.54	0.14	0.51	0.12
47	0.61	0.21	0.57	0.18	0.55	0.17	0.54	0.14	0.52	0.13
48	0.62	0.23	0.58	0.19	0.56	0.17	0.55	0.15	0.52	0.13
49	0.63	0.24	0.60	0.20	0.57	0.18	0.56	0.17	0.54	0.14
50	0.64	0.25	0.61	0.21	0.58	0.19	0.57	0.18	0.55	0.15
51	0.65	0.26	0.62	0.23	0.60	0.20	0.58	0.19	0.55	0.15
52	0.68	0.29	0.63	0.24	0.61	0.21	0.58	0.19	0.56	0.17
53	0.69	0.30	0.65	0.26	0.62	0.23	0.60	0.20	0.57	0.18
54	0.70	0.31	0.67	0.27	0.63	0.24	0.61	0.21	0.58	0.19
55	0.73	0.33	0.68	0.29	0.64	0.25	0.62	0.23	0.60	0.20
56	0.75	0.36	0.70	0.31	0.67	0.27	0.64	0.25	0.61	0.21
57	0.77	0.38	0.71	0.32	0.68	0.29	0.65	0.26	0.62	0.23
58	0.80	0.40	0.74	0.35	0.70	0.31	0.68	0.29	0.64	0.25
59	0.82	0.43	0.76	0.37	0.71	0.32	0.69	0.30	0.65	0.26
60	0.84	0.45	0.79	0.39	0.74	0.35	0.71	0.32	0.67	0.27
61	0.88	0.49	0.82	0.43	0.76	0.37	0.74	0.35	0.69	0.30
62	0.93	0.52	0.86	0.45	0.80	0.39	0.76	0.37	0.71	0.32
63	0.96	0.56	0.88	0.49	0.82	0.43	0.80	0.39	0.74	0.35
64	1.00	0.60	0.92	0.51	0.86	0.45	0.82	0.42	0.76	0.36
65	1.04	0.63	0.95	0.55	0.88	0.48	0.84	0.44	0.80	0.38
66	1.12	0.70	1.02	0.61	0.94	0.54	0.90	0.49	0.83	0.43
67	1.19	0.79	1.08	0.68	1.00	0.60	0.95	0.55	0.88	0.48
68	1.26	0.86	1.14	0.74	1.06	0.64	1.00	0.60	0.93	0.52
69	1.34	0.93	1.21	0.81	1.11	0.70	1.06	0.64	0.98	0.57
70	1.42	1.00	1.27	0.87	1.17	0.76	1.11	0.70	1.02	0.61
71	1.54	1.13	1.38	0.98	1.26	0.84	1.19	0.79	1.09	0.69
72	1.65	1.25	1.49	1.08	1.36	0.94	1.27	0.87	1.17	0.76
73	1.77	1.37	1.59	1.18	1.44	1.04	1.37	0.95	1.25	0.83
74	1.90	1.49	1.70	1.29	1.54	1.13	1.45	1.04	1.32	0.90
75	2.02	1.61	1.81	1.39	1.63	1.21	1.54	1.12	1.39	0.99
76	2.21	1.81	1.98	1.56	1.77	1.37	1.67	1.26	1.51	1.09
77	2.40	2.00	2.14	1.73	1.92	1.51	1.80	1.39	1.63	1.21
78	2.61	2.19	2.31	1.89	2.07	1.65	1.94	1.52	1.75	1.33
79	2.80	2.38	2.48	2.06	2.21	1.80	2.07	1.67	1.87	1.45
80	N/A	2.58	N/A	2.23	N/A	1.95	N/A	1.80	N/A	1.57
81	N/A	2.82	N/A	2.44	N/A	2.13	N/A	1.96	N/A	1.71
82	N/A	3.06	N/A	2.64	N/A	2.31	N/A	2.13	N/A	1.87
83	N/A	3.31	N/A	2.86	N/A	2.50	N/A	2.30	N/A	2.01
84	N/A	3.55	N/A	3.06	N/A	2.68	N/A	2.46	N/A	2.17
85	N/A	3.78	N/A	3.27	N/A	2.86	N/A	2.64	N/A	2.31
86	N/A	4.02	N/A	3.49	N/A	3.05	N/A	2.81	N/A	2.45
87	N/A	4.27	N/A	3.69	N/A	3.22	N/A	2.98	N/A	2.61
88	N/A	4.51	N/A	3.90	N/A	3.40	N/A	3.14	N/A	2.75
89	N/A	4.75	N/A	4.11	N/A	3.59	N/A	3.31	N/A	2.90
90	N/A	5.00	N/A	4.32	N/A	3.77	N/A	3.47	N/A	3.05
91	N/A	5.09	N/A	4.40	N/A	3.84	N/A	3.55	N/A	3.11
92	N/A	5.19	N/A	4.49	N/A	3.92	N/A	3.62	N/A	3.17
93	N/A	5.28	N/A	4.57	N/A	3.99	N/A	3.68	N/A	3.22
94	N/A	5.38	N/A	4.65	N/A	4.07	N/A	3.75	N/A	3.28
95	N/A	5.47	N/A	4.74	N/A	4.14	N/A	3.82	N/A	3.34
96	N/A	5.51	N/A	4.76	N/A	4.17	N/A	3.83	N/A	3.36
97	N/A	5.55	N/A	4.80	N/A	4.19	N/A	3.86	N/A	3.38
98	N/A	5.58	N/A	4.82	N/A	4.21	N/A	3.88	N/A	3.40
99	N/A	5.60	N/A	4.84	N/A	4.24	N/A	3.90	N/A	3.42
100	N/A	5.64	N/A	4.88	N/A	4.26	N/A	3.93	N/A	3.44

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04	0.43	0.04
26	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04	0.43	0.04
27	0.45	0.06	0.44	0.06	0.44	0.05	0.44	0.05	0.43	0.04
28	0.46	0.07	0.45	0.06	0.44	0.05	0.44	0.05	0.43	0.04
29	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05	0.44	0.05
30	0.46	0.07	0.46	0.07	0.45	0.06	0.44	0.05	0.44	0.05
31	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06	0.44	0.05
32	0.48	0.08	0.48	0.08	0.46	0.07	0.45	0.06	0.45	0.06
33	0.49	0.10	0.48	0.08	0.46	0.07	0.46	0.07	0.45	0.06
34	0.50	0.11	0.48	0.08	0.48	0.08	0.46	0.07	0.45	0.06
35	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07	0.46	0.07
36	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
37	0.52	0.13	0.50	0.11	0.49	0.10	0.48	0.08	0.46	0.07
38	0.52	0.13	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
39	0.54	0.14	0.51	0.12	0.50	0.11	0.49	0.10	0.48	0.08
40	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11	0.49	0.10
41	0.56	0.17	0.54	0.14	0.51	0.13	0.50	0.11	0.49	0.10
42	0.56	0.17	0.55	0.15	0.52	0.13	0.51	0.12	0.50	0.11
43	0.57	0.18	0.55	0.17	0.54	0.14	0.52	0.13	0.50	0.11
44	0.58	0.19	0.56	0.17	0.55	0.15	0.52	0.13	0.51	0.12
45	0.60	0.20	0.57	0.18	0.55	0.15	0.54	0.14	0.52	0.13
46	0.61	0.21	0.58	0.19	0.56	0.17	0.55	0.15	0.52	0.13
47	0.62	0.23	0.60	0.20	0.57	0.18	0.56	0.17	0.54	0.14
48	0.64	0.25	0.61	0.21	0.58	0.19	0.56	0.17	0.55	0.15
49	0.65	0.26	0.62	0.23	0.60	0.20	0.57	0.18	0.55	0.15
50	0.67	0.27	0.63	0.24	0.60	0.21	0.58	0.19	0.56	0.17
51	0.68	0.29	0.64	0.25	0.62	0.23	0.60	0.20	0.57	0.18
52	0.70	0.31	0.67	0.27	0.63	0.24	0.61	0.21	0.58	0.19
53	0.71	0.32	0.68	0.29	0.64	0.25	0.62	0.23	0.60	0.20
54	0.74	0.35	0.69	0.30	0.65	0.26	0.63	0.24	0.61	0.21
55	0.75	0.36	0.70	0.31	0.67	0.27	0.64	0.25	0.62	0.23
56	0.79	0.39	0.73	0.33	0.69	0.30	0.67	0.27	0.63	0.24
57	0.81	0.42	0.75	0.36	0.71	0.32	0.68	0.29	0.64	0.25
58	0.83	0.44	0.77	0.38	0.73	0.33	0.70	0.31	0.67	0.27
59	0.87	0.48	0.81	0.40	0.75	0.36	0.73	0.33	0.68	0.29
60	0.89	0.50	0.83	0.43	0.77	0.38	0.74	0.35	0.70	0.31
61	0.94	0.54	0.87	0.46	0.81	0.40	0.77	0.38	0.73	0.33
62	0.98	0.58	0.90	0.50	0.83	0.44	0.80	0.40	0.75	0.36
63	1.02	0.62	0.94	0.54	0.87	0.46	0.83	0.43	0.77	0.38
64	1.06	0.65	0.98	0.57	0.90	0.50	0.87	0.45	0.81	0.40
65	1.11	0.70	1.01	0.61	0.94	0.54	0.89	0.49	0.83	0.43
66	1.19	0.79	1.08	0.68	1.00	0.60	0.95	0.55	0.88	0.48
67	1.27	0.86	1.15	0.75	1.06	0.65	1.01	0.60	0.93	0.52
68	1.36	0.94	1.23	0.82	1.12	0.71	1.07	0.65	0.99	0.57
69	1.43	1.02	1.30	0.89	1.19	0.77	1.12	0.71	1.04	0.62
70	1.51	1.11	1.37	0.96	1.25	0.84	1.18	0.77	1.08	0.68
71	1.64	1.24	1.49	1.07	1.34	0.94	1.27	0.87	1.17	0.75
72	1.77	1.37	1.59	1.19	1.45	1.04	1.37	0.95	1.25	0.83
73	1.92	1.50	1.71	1.30	1.55	1.14	1.46	1.05	1.33	0.92
74	2.05	1.63	1.83	1.42	1.65	1.24	1.56	1.14	1.42	1.00
75	2.18	1.76	1.94	1.54	1.75	1.34	1.64	1.24	1.49	1.08
76	2.38	1.98	2.13	1.71	1.92	1.50	1.80	1.38	1.62	1.21
77	2.59	2.19	2.31	1.89	2.08	1.67	1.94	1.54	1.75	1.34
78	2.81	2.39	2.49	2.08	2.24	1.82	2.09	1.68	1.88	1.48
79	3.02	2.61	2.68	2.26	2.40	1.99	2.24	1.83	2.01	1.59
80	N/A	2.82	N/A	2.45	N/A	2.15	N/A	1.98	N/A	1.73
81	N/A	3.08	N/A	2.68	N/A	2.36	N/A	2.17	N/A	1.89
82	N/A	3.34	N/A	2.90	N/A	2.55	N/A	2.34	N/A	2.06
83	N/A	3.62	N/A	3.14	N/A	2.75	N/A	2.53	N/A	2.21
84	N/A	3.88	N/A	3.37	N/A	2.95	N/A	2.73	N/A	2.38
85	N/A	4.14	N/A	3.59	N/A	3.15	N/A	2.90	N/A	2.55
86	N/A	4.40	N/A	3.83	N/A	3.36	N/A	3.09	N/A	2.70
87	N/A	4.68	N/A	4.06	N/A	3.56	N/A	3.27	N/A	2.87
88	N/A	4.94	N/A	4.28	N/A	3.76	N/A	3.46	N/A	3.02
89	N/A	5.20	N/A	4.51	N/A	3.96	N/A	3.64	N/A	3.19
90	N/A	5.46	N/A	4.75	N/A	4.17	N/A	3.83	N/A	3.36
91	N/A	5.57	N/A	4.83	N/A	4.25	N/A	3.90	N/A	3.42
92	N/A	5.68	N/A	4.93	N/A	4.32	N/A	3.97	N/A	3.49
93	N/A	5.78	N/A	5.02	N/A	4.40	N/A	4.06	N/A	3.55
94	N/A	5.89	N/A	5.12	N/A	4.49	N/A	4.13	N/A	3.61
95	N/A	6.00	N/A	5.20	N/A	4.57	N/A	4.20	N/A	3.68
96	N/A	6.03	N/A	5.24	N/A	4.59	N/A	4.22	N/A	3.70
97	N/A	6.07	N/A	5.26	N/A	4.62	N/A	4.25	N/A	3.72
98	N/A	6.10	N/A	5.30	N/A	4.65	N/A	4.27	N/A	3.74
99	N/A	6.14	N/A	5.33	N/A	4.68	N/A	4.30	N/A	3.76
100	N/A	6.16	N/A	5.36	N/A	4.70	N/A	4.33	N/A	3.78

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R257 - Proposed Rates

Monthly Premium Rates

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
Issue Age	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300	$300 Per Month Base	Additional $300
25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	0.63	0.24	0.60	0.20	0.57	0.18	0.56	0.17	0.54	0.14
46	0.64	0.25	0.61	0.21	0.58	0.19	0.57	0.18	0.55	0.15
47	0.65	0.26	0.62	0.23	0.60	0.20	0.58	0.19	0.56	0.17
48	0.68	0.29	0.64	0.25	0.61	0.21	0.60	0.20	0.57	0.18
49	0.69	0.30	0.65	0.26	0.62	0.23	0.61	0.21	0.57	0.18
50	0.70	0.32	0.67	0.27	0.63	0.24	0.61	0.23	0.58	0.19
51	0.73	0.33	0.68	0.29	0.64	0.25	0.63	0.24	0.60	0.20
52	0.75	0.36	0.70	0.31	0.67	0.27	0.64	0.25	0.61	0.21
53	0.77	0.38	0.71	0.32	0.68	0.29	0.65	0.26	0.62	0.23
54	0.80	0.40	0.74	0.35	0.69	0.30	0.67	0.27	0.63	0.24
55	0.82	0.43	0.75	0.36	0.71	0.32	0.68	0.29	0.64	0.25
56	0.84	0.45	0.79	0.39	0.74	0.35	0.70	0.31	0.67	0.27
57	0.88	0.49	0.81	0.42	0.76	0.37	0.73	0.33	0.69	0.30
58	0.92	0.52	0.84	0.45	0.79	0.39	0.75	0.36	0.70	0.31
59	0.95	0.56	0.88	0.49	0.81	0.42	0.79	0.39	0.73	0.33
60	0.99	0.60	0.90	0.51	0.84	0.45	0.81	0.42	0.75	0.36
61	1.05	0.65	0.95	0.56	0.88	0.49	0.84	0.45	0.79	0.38
62	1.11	0.70	1.00	0.61	0.93	0.52	0.88	0.48	0.81	0.42
63	1.15	0.75	1.05	0.65	0.96	0.56	0.92	0.51	0.84	0.44
64	1.21	0.81	1.09	0.69	1.01	0.61	0.95	0.55	0.88	0.48
65	1.27	0.86	1.14	0.74	1.05	0.64	1.00	0.58	0.92	0.51
66	1.38	0.98	1.25	0.83	1.13	0.73	1.07	0.67	0.98	0.57
67	1.50	1.08	1.34	0.94	1.21	0.81	1.15	0.74	1.05	0.64
68	1.61	1.20	1.44	1.04	1.31	0.89	1.23	0.82	1.12	0.70
69	1.73	1.32	1.55	1.14	1.39	0.99	1.31	0.90	1.19	0.77
70	1.84	1.44	1.65	1.24	1.49	1.07	1.39	0.99	1.26	0.84
71	2.03	1.63	1.81	1.40	1.62	1.21	1.52	1.12	1.37	0.96
72	2.23	1.82	1.98	1.57	1.77	1.36	1.65	1.24	1.49	1.07
73	2.43	2.01	2.14	1.74	1.92	1.50	1.79	1.38	1.59	1.19
74	2.63	2.21	2.32	1.90	2.06	1.65	1.93	1.51	1.71	1.31
75	2.83	2.42	2.50	2.08	2.21	1.80	2.06	1.65	1.83	1.43
76	3.12	2.71	2.75	2.33	2.43	2.02	2.26	1.84	2.00	1.59
77	3.40	3.00	3.00	2.58	2.64	2.24	2.45	2.05	2.18	1.76
78	3.70	3.28	3.25	2.83	2.86	2.45	2.65	2.25	2.34	1.94
79	3.99	3.58	3.50	3.08	3.08	2.67	2.86	2.44	2.51	2.11
80	N/A	3.87	N/A	3.33	N/A	2.88	N/A	2.64	N/A	2.27
81	N/A	4.22	N/A	3.64	N/A	3.15	N/A	2.89	N/A	2.49
82	N/A	4.59	N/A	3.96	N/A	3.43	N/A	3.13	N/A	2.70
83	N/A	4.95	N/A	4.27	N/A	3.69	N/A	3.38	N/A	2.92
84	N/A	5.32	N/A	4.58	N/A	3.96	N/A	3.63	N/A	3.13
85	N/A	5.68	N/A	4.89	N/A	4.24	N/A	3.88	N/A	3.34
86	N/A	6.05	N/A	5.21	N/A	4.50	N/A	4.13	N/A	3.56
87	N/A	6.40	N/A	5.52	N/A	4.77	N/A	4.37	N/A	3.77
88	N/A	6.77	N/A	5.83	N/A	5.05	N/A	4.62	N/A	3.99
89	N/A	7.13	N/A	6.15	N/A	5.32	N/A	4.87	N/A	4.20
90	N/A	7.50	N/A	6.46	N/A	5.58	N/A	5.12	N/A	4.41
91	N/A	7.64	N/A	6.58	N/A	5.69	N/A	5.21	N/A	4.50
92	N/A	7.78	N/A	6.71	N/A	5.80	N/A	5.31	N/A	4.58
93	N/A	7.93	N/A	6.83	N/A	5.91	N/A	5.41	N/A	4.66
94	N/A	8.07	N/A	6.96	N/A	6.02	N/A	5.51	N/A	4.75
95	N/A	8.22	N/A	7.08	N/A	6.13	N/A	5.60	N/A	4.83
96	N/A	8.27	N/A	7.13	N/A	6.16	N/A	5.64	N/A	4.87
97	N/A	8.32	N/A	7.16	N/A	6.20	N/A	5.68	N/A	4.89
98	N/A	8.37	N/A	7.21	N/A	6.24	N/A	5.71	N/A	4.93
99	N/A	8.41	N/A	7.25	N/A	6.27	N/A	5.74	N/A	4.95
100	N/A	8.46	N/A	7.29	N/A	6.31	N/A	5.77	N/A	4.97

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Exhibit 4

Long Term Care Policy Form P130 - Proposed Rates

Sample Rate Calculation Comparison

Issue Age	**65**
Daily Benefit Amount	**100**
Elimination Period	**90**
Benefit Period	**Lifetime**

Optional Riders Elected at Issue	
R485 (Inflation Protection Rider)	**Yes**
R951 (100% Home Health Care Rider)	**Yes**
R950 (Security Rider)	**Yes**
R952 (Surviving Spouse Waiver of Premium Rider)	**Yes**
R959 (Joint Spouse Waiver of Premium Rider)	**Yes**
R487 (Spouse Discount)	**Yes**
Payment Mode	**Monthly**
Risk Class	**Standard**

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $10 Daily Benefit	**17.31**
9 Additional $10 Units @ 10.22 per unit	**91.98**
Spouse Discount (7.5%)	**(8.20)**
A Total Base Premium	**101.09**
R485 Inflation Rider Monthly Premium	
First $10 Daily Benefit	**11.06**
9 Additional $10 Units @ 6.53 per unit	**58.77**
B Total Rider Premium	**69.83**
R951 100% Home Health Care Rider Monthly Premium	
First $10 Daily Benefit	**1.90**
9 Additional $10 Units @ 1.12 per unit	**10.08**
C Total Rider Premium	**11.98**
R950 Security Rider Monthly Premium @ 4.5 per Month	**4.50**
D Total Rider Premium	**4.50**
R952 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**35.61**
R959 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**3.56**
Total Monthly Premium = A + B + C + D + E + F	**226.57**
Multiply by Monthly Modal Factor of 1	**226.57**
Multiply by Standard Risk Class Adjustment of 1	**226.57**

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $10 Daily Benefit	**20.60**
9 Additional $10 Units @ 12.16 per unit	**109.44**
Spouse Discount (7.5%)	**(9.75)**
A Total Base Premium	**120.29**
R485 Inflation Rider Monthly Premium	
First $10 Daily Benefit	**13.16**
9 Additional $10 Units @ 7.77 per unit	**69.93**
B Total Rider Premium	**83.09**
R951 100% Home Health Care Rider Monthly Premium	
First $10 Daily Benefit	**2.26**
9 Additional $10 Units @ 1.33 per unit	**11.97**
C Total Rider Premium	**14.23**
R950 Security Rider Monthly Premium @ 5.36 per Month	**5.36**
D Total Rider Premium	**5.36**
R952 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**42.36**
R959 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**4.24**
Total Monthly Premium = A + B + C + D + E + F	**269.57**
Multiply by Monthly Modal Factor of 1	**269.57**
Multiply by Standard Risk Class Adjustment of 1	**269.57**

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.19 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	6.93	0.49	6.87	0.43	6.81	0.38	6.77	0.34	6.73	0.30
26	6.98	0.54	6.91	0.47	6.85	0.41	6.81	0.38	6.76	0.33
27	7.02	0.58	6.95	0.51	6.88	0.45	6.84	0.40	6.78	0.35
28	7.06	0.63	6.99	0.55	6.91	0.47	6.87	0.44	6.82	0.39
29	7.11	0.68	7.03	0.59	6.94	0.51	6.90	0.47	6.85	0.41
30	7.15	0.72	7.06	0.63	6.98	0.54	6.93	0.50	6.87	0.44
31	7.21	0.78	7.12	0.69	7.02	0.59	6.98	0.54	6.91	0.47
32	7.28	0.84	7.17	0.74	7.07	0.64	7.02	0.59	6.95	0.51
33	7.35	0.91	7.23	0.80	7.12	0.69	7.06	0.63	6.99	0.55
34	7.41	0.97	7.28	0.85	7.17	0.74	7.11	0.68	7.03	0.59
35	7.47	1.03	7.34	0.91	7.21	0.78	7.15	0.72	7.06	0.62
36	7.55	1.11	7.41	0.98	7.28	0.84	7.21	0.77	7.12	0.68
37	7.63	1.20	7.48	1.05	7.34	0.91	7.27	0.83	7.16	0.73
38	7.71	1.27	7.56	1.12	7.41	0.97	7.33	0.89	7.21	0.77
39	7.79	1.36	7.63	1.20	7.47	1.03	7.38	0.95	7.26	0.83
40	7.87	1.44	7.70	1.27	7.53	1.09	7.44	1.00	7.31	0.88
41	7.98	1.55	7.79	1.35	7.61	1.17	7.51	1.07	7.37	0.94
42	8.08	1.65	7.87	1.44	7.69	1.25	7.58	1.14	7.43	1.00
43	8.18	1.75	7.97	1.54	7.76	1.33	7.65	1.22	7.50	1.06
44	8.29	1.85	8.06	1.63	7.84	1.41	7.72	1.29	7.57	1.12
45	8.39	1.96	8.15	1.71	7.92	1.49	7.79	1.36	7.63	1.19
46	8.52	2.09	8.26	1.83	8.01	1.58	7.88	1.45	7.71	1.27
47	8.65	2.21	8.37	1.93	8.11	1.68	7.97	1.54	7.79	1.34
48	8.78	2.35	8.48	2.05	8.22	1.77	8.07	1.63	7.86	1.42
49	8.90	2.47	8.59	2.15	8.31	1.87	8.15	1.72	7.93	1.50
50	9.03	2.60	8.71	2.27	8.41	1.97	8.24	1.81	8.01	1.58
51	9.21	2.77	8.86	2.42	8.53	2.10	8.37	1.93	8.12	1.69
52	9.38	2.94	9.01	2.57	8.66	2.22	8.49	2.05	8.22	1.79
53	9.55	3.11	9.16	2.72	8.79	2.35	8.60	2.17	8.33	1.89
54	9.72	3.29	9.31	2.86	8.92	2.48	8.73	2.28	8.44	1.99
55	9.89	3.45	9.45	3.01	9.04	2.61	8.85	2.41	8.54	2.10
56	10.17	3.73	9.68	3.24	9.24	2.81	9.03	2.59	8.70	2.26
57	10.44	4.00	9.91	3.47	9.45	3.01	9.22	2.78	8.86	2.42
58	10.71	4.27	10.14	3.70	9.66	3.22	9.39	2.95	9.02	2.57
59	10.98	4.54	10.37	3.93	9.87	3.43	9.58	3.14	9.18	2.73
60	11.26	4.82	10.60	4.16	10.07	3.63	9.76	3.32	9.34	2.89
61	11.70	5.20	10.98	4.49	10.41	3.92	10.08	3.59	9.62	3.12
62	12.13	5.60	11.36	4.82	10.75	4.21	10.40	3.85	9.89	3.35
63	12.58	5.98	11.75	5.15	11.09	4.49	10.71	4.12	10.18	3.58
64	13.02	6.38	12.13	5.48	11.42	4.78	11.03	4.38	10.45	3.80
65	13.46	6.77	12.51	5.82	11.77	5.07	11.34	4.65	10.73	4.03
66	14.27	7.57	13.21	6.51	12.37	5.68	11.90	5.20	11.20	4.51
67	15.07	8.37	13.90	7.20	12.98	6.27	12.45	5.76	11.69	4.98
68	15.88	9.17	14.60	7.89	13.58	6.88	13.01	6.30	12.16	5.46
69	16.68	9.97	15.29	8.58	14.18	7.48	13.57	6.85	12.64	5.93
70	17.49	10.77	15.98	9.27	14.79	8.08	14.12	7.41	13.12	6.41
71	18.81	12.09	17.13	10.41	15.79	9.08	15.04	8.32	13.90	7.19
72	20.14	13.42	18.28	11.55	16.79	10.07	15.97	9.24	14.69	7.96
73	21.48	14.74	19.43	12.69	17.80	11.07	16.88	10.15	15.47	8.74
74	22.80	16.06	20.57	13.83	18.80	12.06	17.80	11.06	16.26	9.52
75	24.13	17.38	21.72	14.97	19.81	13.06	18.73	11.98	17.05	10.30
76	26.21	19.46	23.51	16.77	21.37	14.62	20.17	13.42	18.29	11.54
77	28.30	21.55	25.32	18.57	22.94	16.19	21.60	14.85	19.52	12.77
78	30.39	23.64	27.11	20.36	24.51	17.76	23.04	16.29	20.75	14.01
79	32.48	25.73	28.91	22.16	26.08	19.33	24.47	17.72	21.99	15.24
80	34.56	27.81	30.70	23.95	27.64	20.90	25.91	19.16	23.22	16.48
81	37.17	30.42	32.95	26.20	29.60	22.85	27.71	20.96	24.77	18.02
82	39.77	33.02	35.19	28.44	31.56	24.81	29.51	22.76	26.32	19.57
83	42.38	35.63	37.44	30.69	33.51	26.77	31.30	24.55	27.85	21.11
84	44.98	38.23	39.68	32.93	35.47	28.72	33.10	26.35	29.40	22.65
85	N/A	40.84	N/A	35.18	N/A	30.68	N/A	28.14	N/A	24.20
86	N/A	43.45	N/A	37.43	N/A	32.64	N/A	29.94	N/A	25.75
87	N/A	46.06	N/A	39.67	N/A	34.60	N/A	31.74	N/A	27.29
88	N/A	48.66	N/A	41.92	N/A	36.56	N/A	33.53	N/A	28.83
89	N/A	51.27	N/A	44.16	N/A	38.52	N/A	35.33	N/A	30.38
90	N/A	53.88	N/A	46.41	N/A	40.48	N/A	37.13	N/A	31.92
91	N/A	54.93	N/A	47.31	N/A	41.26	N/A	37.85	N/A	32.54
92	N/A	55.96	N/A	48.21	N/A	42.05	N/A	38.57	N/A	33.16
93	N/A	57.01	N/A	49.11	N/A	42.83	N/A	39.28	N/A	33.78
94	N/A	58.05	N/A	50.02	N/A	43.61	N/A	40.00	N/A	34.40
95	N/A	59.09	N/A	50.91	N/A	44.39	N/A	40.72	N/A	35.02
96	N/A	59.44	N/A	51.21	N/A	44.66	N/A	40.96	N/A	35.22
97	N/A	59.79	N/A	51.51	N/A	44.92	N/A	41.20	N/A	35.43
98	N/A	60.14	N/A	51.81	N/A	45.17	N/A	41.44	N/A	35.63
99	N/A	60.48	N/A	52.11	N/A	45.44	N/A	41.69	N/A	35.84
100	N/A	60.83	N/A	52.41	N/A	45.70	N/A	41.92	N/A	36.04

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.19	0.69	7.10	0.60	7.03	0.53	6.97	0.48	6.92	0.43
26	7.25	0.75	7.15	0.66	7.07	0.58	7.02	0.52	6.96	0.46
27	7.31	0.82	7.21	0.71	7.13	0.62	7.06	0.57	7.00	0.50
28	7.37	0.88	7.26	0.76	7.17	0.67	7.11	0.60	7.04	0.54
29	7.44	0.94	7.31	0.82	7.22	0.72	7.15	0.65	7.08	0.58
30	7.50	1.00	7.37	0.87	7.27	0.76	7.20	0.69	7.12	0.61
31	7.59	1.09	7.45	0.94	7.33	0.83	7.26	0.75	7.17	0.67
32	7.68	1.18	7.52	1.02	7.40	0.90	7.32	0.82	7.22	0.72
33	7.76	1.26	7.60	1.09	7.46	0.97	7.37	0.87	7.28	0.77
34	7.84	1.35	7.67	1.17	7.53	1.03	7.44	0.93	7.33	0.83
35	7.93	1.44	7.75	1.24	7.60	1.10	7.50	0.99	7.38	0.88
36	8.05	1.55	7.84	1.34	7.68	1.19	7.58	1.07	7.45	0.95
37	8.16	1.66	7.94	1.44	7.76	1.27	7.66	1.15	7.53	1.02
38	8.27	1.77	8.03	1.54	7.85	1.36	7.73	1.22	7.59	1.08
39	8.38	1.88	8.13	1.63	7.93	1.44	7.81	1.30	7.66	1.15
40	8.49	2.00	8.23	1.73	8.02	1.53	7.89	1.38	7.73	1.22
41	8.63	2.14	8.35	1.85	8.13	1.63	7.99	1.48	7.82	1.31
42	8.78	2.27	8.47	1.97	8.24	1.74	8.08	1.58	7.90	1.40
43	8.91	2.41	8.59	2.09	8.35	1.85	8.18	1.68	7.99	1.48
44	9.05	2.55	8.71	2.21	8.46	1.95	8.28	1.77	8.07	1.57
45	9.19	2.69	8.84	2.33	8.56	2.06	8.38	1.87	8.16	1.66
46	9.36	2.87	8.99	2.48	8.70	2.19	8.50	2.00	8.26	1.77
47	9.54	3.03	9.14	2.64	8.83	2.32	8.62	2.12	8.37	1.87
48	9.71	3.21	9.29	2.79	8.95	2.46	8.74	2.24	8.47	1.97
49	9.89	3.38	9.44	2.94	9.09	2.59	8.86	2.36	8.58	2.08
50	10.05	3.56	9.59	3.09	9.22	2.72	8.98	2.48	8.69	2.18
51	10.28	3.79	9.80	3.29	9.40	2.90	9.14	2.64	8.83	2.32
52	10.52	4.02	10.00	3.50	9.58	3.08	9.31	2.80	8.97	2.47
53	10.76	4.26	10.20	3.69	9.74	3.25	9.47	2.97	9.10	2.60
54	10.99	4.49	10.40	3.90	9.92	3.43	9.64	3.13	9.25	2.74
55	11.23	4.72	10.60	4.10	10.10	3.60	9.80	3.29	9.39	2.88
56	11.58	5.08	10.92	4.41	10.36	3.87	10.05	3.54	9.60	3.10
57	11.94	5.43	11.22	4.71	10.63	4.14	10.29	3.79	9.82	3.32
58	12.28	5.78	11.53	5.02	10.91	4.40	10.54	4.03	10.04	3.53
59	12.64	6.13	11.83	5.32	11.17	4.67	10.79	4.28	10.26	3.75
60	12.99	6.49	12.14	5.63	11.44	4.93	11.04	4.53	10.47	3.97
61	13.56	7.00	12.64	6.08	11.88	5.32	11.45	4.88	10.84	4.28
62	14.12	7.52	13.13	6.53	12.32	5.71	11.86	5.24	11.20	4.60
63	14.69	8.02	13.63	6.97	12.76	6.11	12.26	5.60	11.57	4.91
64	15.25	8.54	14.13	7.43	13.20	6.50	12.67	5.96	11.94	5.23
65	15.81	9.05	14.62	7.87	13.64	6.89	13.08	6.32	12.30	5.54
66	16.89	10.12	15.56	8.80	14.46	7.69	13.83	7.06	12.96	6.19
67	17.96	11.19	16.49	9.73	15.27	8.51	14.57	7.81	13.62	6.85
68	19.03	12.25	17.43	10.66	16.09	9.32	15.33	8.55	14.28	7.52
69	20.10	13.33	18.36	11.58	16.90	10.13	16.07	9.29	14.94	8.17
70	21.17	14.39	19.29	12.51	17.72	10.94	16.82	10.04	15.60	8.83
71	22.93	16.15	20.82	14.04	19.06	12.27	18.04	11.25	16.69	9.91
72	24.70	17.90	22.35	15.56	20.40	13.60	19.27	12.48	17.78	10.99
73	26.45	19.66	23.88	17.08	21.73	14.93	20.50	13.69	18.87	12.08
74	28.22	21.40	25.42	18.60	23.07	16.27	21.72	14.92	19.97	13.16
75	29.98	23.16	26.94	20.13	24.41	17.60	22.95	16.13	21.06	14.24
76	32.75	25.94	29.36	22.54	26.52	19.71	24.88	18.07	22.77	15.96
77	35.53	28.72	31.77	24.95	28.64	21.82	26.82	20.00	24.47	17.66
78	38.32	31.50	34.19	27.38	30.75	23.93	28.76	21.95	26.19	19.37
79	41.10	34.28	36.61	29.79	32.86	26.05	30.70	23.88	27.89	21.08
80	43.87	37.06	39.02	32.20	34.97	28.16	32.63	25.81	29.60	22.79
81	47.35	40.54	42.04	35.22	37.61	30.79	35.05	28.24	31.74	24.93
82	50.82	44.01	45.05	38.24	40.25	33.44	37.47	30.65	33.88	27.07
83	54.30	47.48	48.08	41.26	42.89	36.07	39.89	33.07	36.01	29.20
84	57.77	50.95	51.10	44.28	45.53	38.72	42.30	35.49	38.15	31.33
85	N/A	54.43	N/A	47.30	N/A	41.35	N/A	37.91	N/A	33.47
86	N/A	57.90	N/A	50.32	N/A	43.99	N/A	40.33	N/A	35.61
87	N/A	61.38	N/A	53.33	N/A	46.63	N/A	42.75	N/A	37.75
88	N/A	64.85	N/A	56.36	N/A	49.27	N/A	45.17	N/A	39.88
89	N/A	68.33	N/A	59.38	N/A	51.91	N/A	47.59	N/A	42.02
90	N/A	71.80	N/A	62.39	N/A	54.55	N/A	50.01	N/A	44.16
91	N/A	73.19	N/A	63.60	N/A	55.60	N/A	50.98	N/A	45.01
92	N/A	74.58	N/A	64.81	N/A	56.66	N/A	51.95	N/A	45.86
93	N/A	75.97	N/A	66.01	N/A	57.72	N/A	52.92	N/A	46.72
94	N/A	77.35	N/A	67.22	N/A	58.77	N/A	53.88	N/A	47.57
95	N/A	78.75	N/A	68.43	N/A	59.83	N/A	54.85	N/A	48.43
96	N/A	79.21	N/A	68.83	N/A	60.18	N/A	55.17	N/A	48.71
97	N/A	79.67	N/A	69.23	N/A	60.54	N/A	55.50	N/A	48.99
98	N/A	80.14	N/A	69.63	N/A	60.88	N/A	55.82	N/A	49.29
99	N/A	80.60	N/A	70.04	N/A	61.24	N/A	56.15	N/A	49.57
100	N/A	81.06	N/A	70.44	N/A	61.59	N/A	56.47	N/A	49.85

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.37	0.80	7.26	0.70	7.18	0.62	7.12	0.56	7.06	0.48
26	7.44	0.87	7.32	0.76	7.23	0.67	7.18	0.61	7.11	0.53
27	7.51	0.94	7.38	0.82	7.29	0.73	7.22	0.65	7.14	0.57
28	7.58	1.02	7.45	0.89	7.35	0.78	7.28	0.71	7.19	0.61
29	7.65	1.09	7.51	0.95	7.40	0.83	7.32	0.75	7.22	0.65
30	7.72	1.16	7.57	1.01	7.46	0.89	7.37	0.81	7.27	0.70
31	7.82	1.26	7.66	1.10	7.53	0.97	7.45	0.88	7.33	0.76
32	7.92	1.36	7.75	1.18	7.61	1.04	7.52	0.95	7.39	0.82
33	8.03	1.46	7.83	1.27	7.68	1.12	7.58	1.01	7.45	0.88
34	8.13	1.56	7.92	1.35	7.76	1.19	7.65	1.08	7.51	0.94
35	8.23	1.66	8.01	1.44	7.83	1.27	7.72	1.16	7.57	1.00
36	8.36	1.79	8.13	1.56	7.93	1.37	7.81	1.25	7.65	1.08
37	8.49	1.92	8.24	1.67	8.03	1.47	7.90	1.34	7.73	1.16
38	8.62	2.05	8.35	1.78	8.14	1.57	8.00	1.43	7.81	1.24
39	8.75	2.18	8.46	1.89	8.24	1.67	8.09	1.52	7.89	1.32
40	8.88	2.31	8.58	2.01	8.33	1.77	8.18	1.61	7.97	1.40
41	9.04	2.47	8.72	2.15	8.46	1.89	8.30	1.73	8.06	1.50
42	9.21	2.64	8.85	2.29	8.58	2.02	8.41	1.85	8.16	1.60
43	9.37	2.80	9.00	2.43	8.70	2.13	8.52	1.96	8.26	1.70
44	9.54	2.98	9.13	2.57	8.83	2.26	8.64	2.08	8.36	1.80
45	9.70	3.14	9.27	2.72	8.95	2.38	8.75	2.20	8.46	1.90
46	9.91	3.34	9.45	2.89	9.10	2.54	8.90	2.34	8.58	2.03
47	10.12	3.55	9.62	3.06	9.26	2.69	9.04	2.48	8.71	2.14
48	10.31	3.75	9.80	3.23	9.41	2.85	9.19	2.62	8.83	2.27
49	10.52	3.95	9.97	3.41	9.56	3.00	9.33	2.76	8.95	2.38
50	10.73	4.16	10.15	3.58	9.71	3.15	9.47	2.90	9.08	2.51
51	11.00	4.43	10.39	3.82	9.92	3.36	9.66	3.09	9.24	2.68
52	11.26	4.70	10.62	4.05	10.13	3.57	9.85	3.28	9.41	2.84
53	11.54	4.97	10.86	4.29	10.33	3.76	10.04	3.48	9.57	3.01
54	11.81	5.25	11.09	4.53	10.54	3.97	10.22	3.67	9.74	3.17
55	12.08	5.52	11.33	4.76	10.74	4.18	10.41	3.85	9.90	3.34
56	12.49	5.93	11.69	5.12	11.06	4.49	10.70	4.14	10.15	3.59
57	12.91	6.34	12.04	5.48	11.37	4.80	10.99	4.43	10.41	3.84
58	13.33	6.77	12.40	5.83	11.68	5.11	11.28	4.71	10.66	4.10
59	13.75	7.18	12.76	6.19	11.99	5.42	11.57	5.00	10.92	4.35
60	14.16	7.59	13.12	6.55	12.30	5.74	11.86	5.29	11.17	4.60
61	14.81	8.19	13.69	7.07	12.81	6.18	12.32	5.71	11.60	4.96
62	15.47	8.79	14.26	7.59	13.31	6.64	12.80	6.12	12.01	5.33
63	16.11	9.39	14.83	8.10	13.82	7.09	13.26	6.54	12.43	5.70
64	16.77	9.99	15.39	8.62	14.32	7.55	13.74	6.95	12.84	6.07
65	17.42	10.59	15.97	9.14	14.82	7.99	14.20	7.37	13.26	6.43
66	18.67	11.84	17.04	10.22	15.76	8.93	15.07	8.24	14.02	7.20
67	19.91	13.08	18.13	11.29	16.70	9.88	15.94	9.10	14.79	7.96
68	21.16	14.32	19.20	12.37	17.65	10.81	16.81	9.97	15.55	8.71
69	22.40	15.57	20.29	13.44	18.59	11.75	17.68	10.83	16.31	9.47
70	23.65	16.81	21.36	14.52	19.53	12.69	18.55	11.70	17.07	10.23
71	25.69	18.84	23.13	16.27	21.08	14.22	19.97	13.12	18.33	11.48
72	27.73	20.87	24.89	18.03	22.63	15.76	21.39	14.53	19.57	12.72
73	29.77	22.90	26.66	19.79	24.17	17.29	22.81	15.94	20.83	13.96
74	31.80	24.93	28.42	21.55	25.72	18.84	24.23	17.36	22.07	15.20
75	33.85	26.96	30.19	23.31	27.26	20.37	25.66	18.77	23.33	16.44
76	37.08	30.20	32.99	26.10	29.71	22.81	27.90	21.02	25.30	18.41
77	40.32	33.43	35.78	28.90	32.15	25.26	30.16	23.28	27.27	20.39
78	43.55	36.67	38.59	31.70	34.59	27.70	32.41	25.53	29.25	22.37
79	46.79	39.90	41.38	34.50	37.04	30.14	34.67	27.79	31.22	24.34
80	50.02	43.14	44.18	37.30	39.48	32.59	36.92	30.04	33.19	26.31
81	54.06	47.18	47.67	40.79	42.54	35.65	39.73	32.85	35.66	28.77
82	58.11	51.23	51.17	44.29	45.59	38.70	42.55	35.66	38.12	31.24
83	62.15	55.27	54.66	47.78	48.65	41.76	45.37	38.49	40.59	33.71
84	66.20	59.32	58.16	51.27	51.70	44.81	48.18	41.30	43.06	36.18
85	N/A	63.36	N/A	54.77	N/A	47.87	N/A	44.12	N/A	38.64
86	N/A	67.40	N/A	58.26	N/A	50.93	N/A	46.93	N/A	41.10
87	N/A	71.46	N/A	61.76	N/A	53.98	N/A	49.75	N/A	43.58
88	N/A	75.50	N/A	65.26	N/A	57.03	N/A	52.57	N/A	46.04
89	N/A	79.55	N/A	68.76	N/A	60.08	N/A	55.39	N/A	48.51
90	N/A	83.59	N/A	72.25	N/A	63.14	N/A	58.20	N/A	50.98
91	N/A	85.21	N/A	73.65	N/A	64.36	N/A	59.33	N/A	51.96
92	N/A	86.82	N/A	75.05	N/A	65.59	N/A	60.45	N/A	52.95
93	N/A	88.45	N/A	76.45	N/A	66.80	N/A	61.58	N/A	53.94
94	N/A	90.06	N/A	77.84	N/A	68.03	N/A	62.70	N/A	54.92
95	N/A	91.68	N/A	79.24	N/A	69.25	N/A	63.83	N/A	55.91
96	N/A	92.22	N/A	79.71	N/A	69.66	N/A	64.21	N/A	56.24
97	N/A	92.76	N/A	80.17	N/A	70.07	N/A	64.58	N/A	56.57
98	N/A	93.30	N/A	80.65	N/A	70.48	N/A	64.96	N/A	56.89
99	N/A	93.84	N/A	81.11	N/A	70.88	N/A	65.33	N/A	57.22
100	N/A	94.38	N/A	81.58	N/A	71.29	N/A	65.71	N/A	57.56

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.58	0.90	7.47	0.79	7.37	0.69	7.31	0.62	7.23	0.55
26	7.66	0.98	7.55	0.86	7.44	0.75	7.36	0.68	7.28	0.59
27	7.75	1.06	7.61	0.92	7.50	0.81	7.42	0.73	7.34	0.65
28	7.82	1.13	7.68	1.00	7.55	0.87	7.47	0.79	7.38	0.69
29	7.90	1.21	7.75	1.06	7.62	0.93	7.53	0.84	7.44	0.75
30	7.98	1.30	7.82	1.13	7.68	1.00	7.58	0.90	7.48	0.79
31	8.09	1.41	7.92	1.23	7.77	1.08	7.66	0.97	7.55	0.86
32	8.20	1.52	8.02	1.32	7.86	1.17	7.74	1.05	7.62	0.93
33	8.32	1.63	8.11	1.43	7.95	1.25	7.82	1.12	7.69	1.00
34	8.43	1.74	8.21	1.52	8.03	1.34	7.89	1.21	7.76	1.07
35	8.54	1.85	8.31	1.62	8.12	1.43	7.97	1.28	7.83	1.13
36	8.69	1.99	8.44	1.74	8.23	1.53	8.08	1.38	7.92	1.22
37	8.83	2.14	8.57	1.87	8.35	1.65	8.18	1.48	8.00	1.32
38	8.98	2.28	8.69	2.00	8.46	1.76	8.28	1.59	8.09	1.40
39	9.13	2.43	8.82	2.13	8.58	1.88	8.38	1.69	8.18	1.49
40	9.27	2.58	8.94	2.26	8.69	1.99	8.48	1.79	8.27	1.58
41	9.45	2.76	9.11	2.42	8.82	2.14	8.61	1.92	8.38	1.69
42	9.64	2.94	9.27	2.58	8.97	2.27	8.73	2.05	8.50	1.80
43	9.83	3.13	9.43	2.74	9.11	2.42	8.87	2.17	8.61	1.92
44	10.01	3.32	9.59	2.90	9.25	2.56	9.00	2.30	8.72	2.03
45	10.19	3.50	9.76	3.06	9.39	2.70	9.13	2.43	8.83	2.14
46	10.42	3.73	9.96	3.26	9.56	2.88	9.28	2.59	8.97	2.27
47	10.65	3.96	10.16	3.46	9.74	3.04	9.45	2.75	9.11	2.42
48	10.89	4.19	10.35	3.66	9.90	3.22	9.60	2.91	9.25	2.56
49	11.12	4.42	10.55	3.86	10.08	3.38	9.77	3.07	9.39	2.70
50	11.35	4.65	10.75	4.07	10.25	3.55	9.92	3.23	9.53	2.84
51	11.65	4.95	11.02	4.32	10.48	3.78	10.13	3.44	9.72	3.03
52	11.95	5.25	11.27	4.59	10.71	4.01	10.34	3.65	9.91	3.22
53	12.26	5.56	11.54	4.84	10.93	4.24	10.55	3.85	10.09	3.41
54	12.56	5.86	11.79	5.11	11.15	4.47	10.76	4.07	10.29	3.59
55	12.86	6.17	12.06	5.36	11.38	4.70	10.97	4.28	10.48	3.78
56	13.34	6.64	12.47	5.77	11.74	5.05	11.30	4.60	10.76	4.07
57	13.81	7.12	12.88	6.18	12.09	5.41	11.63	4.93	11.04	4.35
58	14.30	7.60	13.29	6.59	12.45	5.76	11.97	5.27	11.34	4.64
59	14.77	8.08	13.70	7.00	12.81	6.11	12.30	5.60	11.62	4.92
60	15.25	8.55	14.11	7.41	13.16	6.47	12.62	5.93	11.90	5.21
61	15.98	9.23	14.75	7.99	13.73	6.98	13.15	6.40	12.36	5.62
62	16.70	9.90	15.39	8.58	14.30	7.49	13.68	6.87	12.83	6.03
63	17.43	10.57	16.02	9.16	14.85	8.01	14.20	7.34	13.28	6.43
64	18.15	11.25	16.66	9.75	15.42	8.52	14.73	7.81	13.75	6.84
65	18.88	11.92	17.30	10.33	15.99	9.03	15.25	8.29	14.20	7.25
66	20.27	13.31	18.51	11.54	17.05	10.09	16.22	9.25	15.05	8.10
67	21.66	14.69	19.71	12.74	18.11	11.15	17.20	10.23	15.91	8.95
68	23.05	16.08	20.92	13.94	19.17	12.20	18.17	11.20	16.76	9.79
69	24.44	17.46	22.12	15.15	20.23	13.26	19.15	12.18	17.62	10.64
70	25.82	18.85	23.33	16.35	21.29	14.32	20.12	13.15	18.47	11.49
71	28.08	21.09	25.29	18.31	23.02	16.04	21.72	14.73	19.87	12.88
72	30.33	23.34	27.25	20.25	24.75	17.76	23.31	16.32	21.27	14.27
73	32.58	25.58	29.20	22.21	26.47	19.48	24.91	17.90	22.66	15.67
74	34.83	27.83	31.17	24.15	28.20	21.19	26.50	19.49	24.06	17.06
75	37.09	30.07	33.12	26.11	29.93	22.91	28.10	21.08	25.46	18.44
76	40.70	33.68	36.26	29.24	32.68	25.66	30.63	23.61	27.67	20.65
77	44.30	37.29	39.39	32.37	35.43	28.41	33.16	26.14	29.88	22.86
78	47.91	40.90	42.52	35.51	38.18	31.16	35.69	28.67	32.10	25.08
79	51.52	44.51	45.66	38.64	40.92	33.91	38.22	31.21	34.31	27.30
80	55.13	48.11	48.79	41.77	43.67	36.66	40.75	33.74	36.52	29.51
81	59.64	52.63	52.71	45.69	47.11	40.09	43.91	36.90	39.29	32.27
82	64.16	57.14	56.62	49.60	50.54	43.53	47.07	40.06	42.06	35.04
83	68.66	61.64	60.54	53.52	53.99	46.97	50.24	43.23	44.83	37.81
84	73.17	66.16	64.45	57.43	57.42	50.41	53.40	46.39	47.59	40.58
85	N/A	70.67	N/A	61.35	N/A	53.84	N/A	49.55	N/A	43.35
86	N/A	75.18	N/A	65.27	N/A	57.28	N/A	52.71	N/A	46.11
87	N/A	79.69	N/A	69.19	N/A	60.71	N/A	55.87	N/A	48.88
88	N/A	84.20	N/A	73.10	N/A	64.16	N/A	59.04	N/A	51.64
89	N/A	88.71	N/A	77.02	N/A	67.59	N/A	62.20	N/A	54.41
90	N/A	93.22	N/A	80.94	N/A	71.02	N/A	65.36	N/A	57.18
91	N/A	95.03	N/A	82.50	N/A	72.39	N/A	66.62	N/A	58.28
92	N/A	96.83	N/A	84.07	N/A	73.77	N/A	67.89	N/A	59.39
93	N/A	98.64	N/A	85.63	N/A	75.14	N/A	69.15	N/A	60.50
94	N/A	100.44	N/A	87.20	N/A	76.52	N/A	70.42	N/A	61.61
95	N/A	102.25	N/A	88.76	N/A	77.89	N/A	71.68	N/A	62.71
96	N/A	102.85	N/A	89.29	N/A	78.35	N/A	72.10	N/A	63.08
97	N/A	103.45	N/A	89.81	N/A	78.81	N/A	72.52	N/A	63.45
98	N/A	104.05	N/A	90.34	N/A	79.27	N/A	72.95	N/A	63.82
99	N/A	104.65	N/A	90.86	N/A	79.73	N/A	73.37	N/A	64.19
100	N/A	105.25	N/A	91.38	N/A	80.19	N/A	73.79	N/A	64.56

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	10.90	4.08	10.37	3.55	9.97	3.15	9.72	2.90	9.36	2.53
46	11.18	4.36	10.60	3.78	10.17	3.35	9.90	3.08	9.52	2.70
47	11.46	4.64	10.84	4.02	10.37	3.56	10.09	3.28	9.68	2.86
48	11.74	4.92	11.08	4.25	10.58	3.76	10.29	3.46	9.84	3.03
49	12.02	5.20	11.32	4.50	10.78	3.97	10.46	3.65	10.01	3.19
50	12.30	5.48	11.55	4.73	10.98	4.17	10.65	3.84	10.17	3.35
51	12.67	5.86	11.86	5.04	11.25	4.43	10.89	4.08	10.38	3.57
52	13.04	6.22	12.17	5.34	11.52	4.70	11.14	4.33	10.59	3.78
53	13.41	6.60	12.48	5.66	11.79	4.97	11.38	4.56	10.80	3.98
54	13.80	6.97	12.79	5.97	12.06	5.24	11.63	4.81	11.01	4.20
55	14.18	7.35	13.10	6.27	12.32	5.50	11.87	5.05	11.22	4.40
56	14.77	7.95	13.62	6.80	12.77	5.95	12.28	5.46	11.57	4.76
57	15.38	8.55	14.15	7.33	13.22	6.40	12.71	5.89	11.92	5.11
58	16.00	9.17	14.69	7.87	13.67	6.85	13.13	6.30	12.30	5.47
59	16.63	9.79	15.23	8.41	14.13	7.32	13.55	6.73	12.66	5.84
60	17.25	10.42	15.78	8.96	14.61	7.78	13.98	7.16	13.01	6.19
61	18.19	11.30	16.59	9.72	15.31	8.44	14.63	7.76	13.58	6.70
62	19.14	12.19	17.42	10.49	16.04	9.11	15.29	8.37	14.16	7.22
63	20.09	13.11	18.26	11.28	16.76	9.77	15.96	8.98	14.73	7.75
64	21.07	14.03	19.10	12.06	17.49	10.45	16.64	9.60	15.30	8.28
65	22.04	14.95	19.95	12.87	18.23	11.14	17.31	10.22	15.88	8.80
66	23.98	16.89	21.62	14.54	19.68	12.60	18.64	11.54	17.03	9.94
67	25.97	18.87	23.35	16.25	21.16	14.07	20.00	12.90	18.21	11.11
68	27.99	20.89	25.09	17.98	22.68	15.58	21.38	14.28	19.40	12.31
69	30.05	22.94	26.88	19.76	24.21	17.11	22.80	15.69	20.63	13.53
70	32.14	25.03	28.68	21.57	25.78	18.67	24.23	17.12	21.87	14.76
71	35.43	28.31	31.51	24.39	28.22	21.11	26.47	19.34	23.79	16.68
72	38.77	31.64	34.40	27.28	30.72	23.60	28.74	21.61	25.76	18.64
73	42.17	35.04	37.34	30.20	33.26	26.12	31.05	23.92	27.76	20.63
74	45.64	38.50	40.32	33.18	35.84	28.69	33.42	26.28	29.80	22.66
75	49.17	42.02	43.37	36.22	38.47	31.32	35.82	28.67	31.87	24.72
76	54.22	47.07	47.72	40.57	42.23	35.08	39.27	32.12	34.84	27.69
77	59.25	52.10	52.07	44.92	45.99	38.83	42.70	35.55	37.81	30.66
78	64.30	57.15	56.41	49.26	49.75	42.59	46.14	39.00	40.77	33.62
79	69.33	62.18	60.76	53.61	53.50	46.34	49.58	42.43	43.74	36.59
80	74.38	67.23	65.11	57.96	57.26	50.10	53.02	45.87	46.71	39.56
81	80.68	73.53	70.54	63.39	61.96	54.80	57.32	50.18	50.42	43.27
82	86.98	79.83	75.97	68.82	66.65	59.49	61.63	54.48	54.13	46.98
83	93.29	86.15	81.41	74.26	71.35	64.19	65.93	58.78	57.84	50.69
84	99.60	92.45	86.83	79.69	76.05	68.89	70.23	63.08	61.55	54.40
85	N/A	98.75	N/A	85.12	N/A	73.59	N/A	67.38	N/A	58.11
86	N/A	105.05	N/A	90.56	N/A	78.29	N/A	71.68	N/A	61.81
87	N/A	111.35	N/A	95.99	N/A	82.98	N/A	75.98	N/A	65.53
88	N/A	117.66	N/A	101.42	N/A	87.68	N/A	80.28	N/A	69.23
89	N/A	123.96	N/A	106.85	N/A	92.37	N/A	84.58	N/A	72.95
90	N/A	130.26	N/A	112.29	N/A	97.07	N/A	88.88	N/A	76.65
91	N/A	132.78	N/A	114.45	N/A	98.95	N/A	90.60	N/A	78.13
92	N/A	135.31	N/A	116.63	N/A	100.84	N/A	92.33	N/A	79.61
93	N/A	137.83	N/A	118.80	N/A	102.72	N/A	94.04	N/A	81.10
94	N/A	140.35	N/A	120.98	N/A	104.60	N/A	95.76	N/A	82.58
95	N/A	142.87	N/A	123.15	N/A	106.48	N/A	97.48	N/A	84.06
96	N/A	143.71	N/A	123.87	N/A	107.10	N/A	98.06	N/A	84.55
97	N/A	144.55	N/A	124.60	N/A	107.72	N/A	98.63	N/A	85.05
98	N/A	145.40	N/A	125.33	N/A	108.36	N/A	99.21	N/A	85.55
99	N/A	146.24	N/A	126.05	N/A	108.98	N/A	99.77	N/A	86.04
100	N/A	147.07	N/A	126.78	N/A	109.60	N/A	100.35	N/A	86.54

ADD $6.00 POLICY FEE TO FIRST PREMIUM ONLY.

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	7.00	0.50	6.94	0.43	6.87	0.38	6.84	0.35	6.79	0.30
26	7.00	0.54	6.94	0.47	6.87	0.41	6.84	0.38	6.79	0.33
27	7.00	0.57	6.94	0.50	6.87	0.44	6.84	0.40	6.79	0.35
28	7.00	0.62	6.94	0.54	6.87	0.47	6.84	0.43	6.79	0.38
29	7.00	0.66	6.94	0.57	6.87	0.50	6.84	0.45	6.79	0.40
30	7.00	0.69	6.94	0.61	6.87	0.52	6.84	0.48	6.79	0.42
31	7.00	0.75	6.94	0.65	6.87	0.56	6.84	0.52	6.79	0.45
32	7.00	0.80	6.94	0.70	6.87	0.61	6.84	0.56	6.79	0.48
33	7.00	0.85	6.94	0.75	6.87	0.64	6.84	0.59	6.79	0.52
34	7.00	0.89	6.94	0.79	6.87	0.68	6.84	0.63	6.79	0.55
35	7.00	0.94	6.94	0.83	6.87	0.72	6.84	0.66	6.79	0.57
36	7.00	1.00	6.94	0.89	6.87	0.77	6.84	0.70	6.79	0.61
37	7.00	1.07	6.94	0.94	6.87	0.81	6.84	0.75	6.79	0.66
38	7.00	1.13	6.94	1.00	6.87	0.86	6.84	0.79	6.79	0.69
39	7.00	1.20	6.94	1.05	6.87	0.90	6.84	0.83	6.79	0.73
40	7.00	1.25	6.94	1.10	6.87	0.95	6.84	0.87	6.79	0.76
41	7.00	1.33	6.94	1.17	6.87	1.01	6.84	0.92	6.79	0.81
42	7.00	1.41	6.94	1.23	6.87	1.06	6.84	0.97	6.79	0.85
43	7.00	1.47	6.94	1.30	6.87	1.12	6.84	1.03	6.79	0.90
44	7.00	1.55	6.94	1.35	6.87	1.17	6.84	1.08	6.79	0.94
45	7.00	1.61	6.94	1.41	6.87	1.22	6.84	1.12	6.79	0.98
46	7.00	1.70	6.94	1.49	6.87	1.29	6.84	1.18	6.79	1.03
47	7.00	1.78	6.94	1.56	6.87	1.35	6.84	1.24	6.79	1.08
48	7.00	1.87	6.94	1.63	6.87	1.41	6.84	1.30	6.79	1.13
49	7.01	1.94	6.94	1.69	6.87	1.47	6.84	1.36	6.79	1.18
50	7.03	2.02	6.94	1.76	6.87	1.53	6.84	1.41	6.79	1.23
51	7.08	2.13	6.94	1.86	6.87	1.61	6.84	1.49	6.79	1.30
52	7.12	2.23	6.94	1.95	6.87	1.69	6.84	1.55	6.79	1.36
53	7.16	2.33	6.94	2.04	6.87	1.77	6.84	1.63	6.79	1.42
54	7.20	2.43	6.94	2.12	6.87	1.84	6.84	1.69	6.79	1.48
55	7.24	2.53	6.94	2.20	6.87	1.91	6.84	1.76	6.79	1.54
56	7.34	2.69	6.99	2.34	6.87	2.03	6.84	1.87	6.79	1.63
57	7.44	2.85	7.07	2.47	6.87	2.15	6.84	1.98	6.79	1.72
58	7.54	3.01	7.14	2.60	6.87	2.27	6.84	2.08	6.79	1.81
59	7.63	3.15	7.20	2.73	6.87	2.38	6.84	2.18	6.79	1.90
60	7.71	3.30	7.26	2.85	6.90	2.49	6.84	2.28	6.79	1.98
61	7.91	3.52	7.42	3.04	7.04	2.65	6.84	2.42	6.79	2.11
62	8.09	3.73	7.57	3.22	7.16	2.81	6.93	2.57	6.79	2.23
63	8.27	3.93	7.72	3.39	7.29	2.95	7.04	2.71	6.79	2.35
64	8.44	4.13	7.86	3.55	7.40	3.10	7.15	2.84	6.79	2.47
65	8.60	4.32	7.99	3.72	7.52	3.24	7.25	2.97	6.85	2.58
66	8.98	4.76	8.32	4.10	7.79	3.57	7.49	3.28	7.05	2.84
67	9.35	5.19	8.62	4.46	8.05	3.89	7.72	3.57	7.25	3.09
68	9.70	5.61	8.92	4.82	8.30	4.20	7.95	3.85	7.43	3.33
69	10.04	6.00	9.20	5.16	8.54	4.50	8.17	4.13	7.61	3.57
70	10.36	6.38	9.47	5.49	8.76	4.79	8.37	4.39	7.77	3.80
71	10.97	7.05	10.00	6.07	9.21	5.29	8.78	4.85	8.11	4.19
72	11.56	7.70	10.49	6.63	9.64	5.78	9.17	5.30	8.43	4.57
73	12.13	8.32	10.97	7.17	10.06	6.25	9.53	5.73	8.74	4.94
74	12.67	8.92	11.43	7.68	10.45	6.70	9.89	6.15	9.04	5.29
75	13.18	9.50	11.87	8.18	10.82	7.13	10.23	6.54	9.31	5.63
76	14.08	10.45	12.63	9.00	11.48	7.85	10.83	7.21	9.82	6.20
77	14.94	11.38	13.36	9.80	12.11	8.55	11.40	7.84	10.30	6.74
78	15.76	12.26	14.06	10.56	12.71	9.21	11.95	8.45	10.76	7.26
79	16.54	13.10	14.72	11.29	13.28	9.84	12.46	9.03	11.20	7.76
80	17.28	13.91	15.35	11.98	13.82	10.45	12.96	9.58	11.61	8.24
81	18.58	15.21	16.48	13.10	14.80	11.43	13.85	10.48	12.39	9.01
82	19.88	16.51	17.60	14.22	15.78	12.41	14.75	11.38	13.16	9.78
83	21.19	17.82	18.72	15.35	16.76	13.38	15.65	12.28	13.93	10.55
84	22.49	19.12	19.84	16.47	17.74	14.36	16.55	13.18	14.70	11.33
85	N/A	20.42	N/A	17.59	N/A	15.34	N/A	14.07	N/A	12.10
86	N/A	21.73	N/A	18.72	N/A	16.32	N/A	14.97	N/A	12.87
87	N/A	23.03	N/A	19.84	N/A	17.30	N/A	15.87	N/A	13.65
88	N/A	24.33	N/A	20.96	N/A	18.28	N/A	16.77	N/A	14.42
89	N/A	25.64	N/A	22.08	N/A	19.26	N/A	17.67	N/A	15.19
90	N/A	26.94	N/A	23.21	N/A	20.24	N/A	18.56	N/A	15.96
91	N/A	27.46	N/A	23.65	N/A	20.63	N/A	18.92	N/A	16.27
92	N/A	27.98	N/A	24.11	N/A	21.02	N/A	19.28	N/A	16.58
93	N/A	28.51	N/A	24.56	N/A	21.41	N/A	19.64	N/A	16.89
94	N/A	29.02	N/A	25.01	N/A	21.80	N/A	20.00	N/A	17.20
95	N/A	29.55	N/A	25.46	N/A	22.20	N/A	20.36	N/A	17.51
96	N/A	29.72	N/A	25.61	N/A	22.33	N/A	20.48	N/A	17.61
97	N/A	29.89	N/A	25.75	N/A	22.46	N/A	20.60	N/A	17.71
98	N/A	30.07	N/A	25.90	N/A	22.59	N/A	20.72	N/A	17.82
99	N/A	30.24	N/A	26.05	N/A	22.72	N/A	20.84	N/A	17.92
100	N/A	30.42	N/A	26.20	N/A	22.85	N/A	20.96	N/A	18.02

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.25	0.70	7.16	0.61	7.09	0.54	7.04	0.48	6.99	0.43
26	7.25	0.75	7.16	0.66	7.09	0.58	7.04	0.52	6.99	0.46
27	7.25	0.81	7.16	0.70	7.09	0.62	7.04	0.56	6.99	0.49
28	7.25	0.86	7.16	0.75	7.09	0.66	7.04	0.59	6.99	0.53
29	7.25	0.91	7.16	0.79	7.09	0.70	7.04	0.63	6.99	0.56
30	7.25	0.97	7.16	0.84	7.09	0.73	7.04	0.67	6.99	0.59
31	7.25	1.04	7.16	0.90	7.09	0.80	7.04	0.72	6.99	0.63
32	7.25	1.11	7.16	0.96	7.09	0.85	7.04	0.77	6.99	0.68
33	7.25	1.18	7.16	1.02	7.09	0.90	7.04	0.81	6.99	0.72
34	7.26	1.25	7.16	1.08	7.09	0.95	7.04	0.86	6.99	0.76
35	7.27	1.32	7.16	1.14	7.09	1.01	7.04	0.91	6.99	0.81
36	7.30	1.41	7.16	1.22	7.09	1.08	7.04	0.97	6.99	0.86
37	7.32	1.49	7.16	1.29	7.09	1.14	7.04	1.04	6.99	0.92
38	7.35	1.58	7.16	1.36	7.09	1.21	7.04	1.09	6.99	0.96
39	7.37	1.65	7.16	1.44	7.09	1.26	7.04	1.15	6.99	1.01
40	7.39	1.74	7.16	1.51	7.09	1.33	7.04	1.20	6.99	1.07
41	7.44	1.84	7.19	1.60	7.09	1.41	7.04	1.28	6.99	1.13
42	7.48	1.94	7.22	1.68	7.09	1.48	7.04	1.35	6.99	1.19
43	7.51	2.03	7.24	1.76	7.09	1.56	7.04	1.41	6.99	1.25
44	7.54	2.12	7.26	1.84	7.09	1.63	7.04	1.48	6.99	1.31
45	7.58	2.22	7.28	1.92	7.09	1.70	7.04	1.54	6.99	1.37
46	7.63	2.34	7.32	2.02	7.09	1.79	7.04	1.63	6.99	1.44
47	7.68	2.44	7.36	2.12	7.11	1.87	7.04	1.71	6.99	1.51
48	7.73	2.56	7.40	2.22	7.13	1.96	7.04	1.78	6.99	1.57
49	7.78	2.66	7.43	2.31	7.15	2.04	7.04	1.86	6.99	1.63
50	7.82	2.77	7.46	2.40	7.17	2.12	7.04	1.93	6.99	1.70
51	7.90	2.91	7.53	2.53	7.22	2.23	7.04	2.03	6.99	1.79
52	7.99	3.05	7.59	2.65	7.27	2.34	7.07	2.13	6.99	1.87
53	8.07	3.19	7.65	2.77	7.31	2.44	7.10	2.23	6.99	1.95
54	8.14	3.33	7.70	2.89	7.35	2.54	7.14	2.32	6.99	2.03
55	8.21	3.45	7.76	3.00	7.39	2.64	7.17	2.41	6.99	2.11
56	8.36	3.67	7.88	3.19	7.49	2.79	7.25	2.56	6.99	2.24
57	8.51	3.87	8.00	3.36	7.58	2.95	7.34	2.70	7.00	2.37
58	8.64	4.07	8.11	3.53	7.67	3.10	7.42	2.84	7.06	2.49
59	8.78	4.26	8.21	3.70	7.76	3.24	7.49	2.97	7.12	2.61
60	8.90	4.44	8.32	3.86	7.84	3.38	7.56	3.10	7.17	2.72
61	9.17	4.73	8.54	4.11	8.03	3.60	7.74	3.30	7.32	2.89
62	9.41	5.01	8.76	4.35	8.21	3.81	7.90	3.50	7.47	3.06
63	9.65	5.27	8.96	4.59	8.39	4.01	8.06	3.68	7.61	3.23
64	9.88	5.53	9.16	4.81	8.55	4.21	8.21	3.87	7.74	3.39
65	10.10	5.78	9.34	5.03	8.71	4.40	8.36	4.04	7.86	3.54
66	10.63	6.37	9.79	5.54	9.10	4.84	8.71	4.45	8.16	3.90
67	11.14	6.94	10.23	6.03	9.47	5.28	9.04	4.84	8.45	4.25
68	11.63	7.49	10.65	6.51	9.83	5.69	9.37	5.22	8.73	4.59
69	12.10	8.02	11.05	6.97	10.17	6.10	9.67	5.59	8.99	4.92
70	12.55	8.53	11.43	7.41	10.50	6.48	9.97	5.95	9.24	5.23
71	13.38	9.42	12.14	8.19	11.12	7.16	10.52	6.56	9.74	5.78
72	14.18	10.28	12.83	8.93	11.71	7.81	11.06	7.16	10.21	6.31
73	14.94	11.10	13.49	9.65	12.27	8.44	11.58	7.73	10.66	6.82
74	15.68	11.89	14.12	10.33	12.82	9.04	12.07	8.29	11.09	7.31
75	16.38	12.65	14.72	10.99	13.34	9.61	12.54	8.81	11.50	7.78
76	17.59	13.93	15.76	12.10	14.24	10.58	13.36	9.70	12.23	8.57
77	18.75	15.16	16.77	13.17	15.11	11.52	14.15	10.56	12.92	9.32
78	19.87	16.33	17.73	14.20	15.94	12.41	14.91	11.38	13.58	10.04
79	20.93	17.46	18.64	15.17	16.73	13.26	15.63	12.16	14.20	10.73
80	21.94	18.53	19.51	16.10	17.49	14.08	16.31	12.91	14.80	11.39
81	23.68	20.27	21.02	17.61	18.80	15.40	17.53	14.12	15.87	12.46
82	25.41	22.00	22.53	19.12	20.13	16.72	18.73	15.33	16.94	13.53
83	27.15	23.74	24.04	20.63	21.44	18.04	19.94	16.54	18.01	14.60
84	28.88	25.48	25.55	22.14	22.77	19.36	21.15	17.74	19.07	15.67
85	N/A	27.22	N/A	23.65	N/A	20.68	N/A	18.95	N/A	16.74
86	N/A	28.95	N/A	25.16	N/A	21.99	N/A	20.17	N/A	17.81
87	N/A	30.69	N/A	26.67	N/A	23.32	N/A	21.38	N/A	18.87
88	N/A	32.43	N/A	28.18	N/A	24.63	N/A	22.58	N/A	19.94
89	N/A	34.16	N/A	29.69	N/A	25.96	N/A	23.80	N/A	21.01
90	N/A	35.90	N/A	31.20	N/A	27.27	N/A	25.01	N/A	22.08
91	N/A	36.60	N/A	31.80	N/A	27.80	N/A	25.49	N/A	22.50
92	N/A	37.29	N/A	32.40	N/A	28.33	N/A	25.97	N/A	22.93
93	N/A	37.99	N/A	33.01	N/A	28.86	N/A	26.46	N/A	23.36
94	N/A	38.68	N/A	33.61	N/A	29.39	N/A	26.94	N/A	23.79
95	N/A	39.37	N/A	34.21	N/A	29.91	N/A	27.43	N/A	24.21
96	N/A	39.60	N/A	34.41	N/A	30.09	N/A	27.58	N/A	24.35
97	N/A	39.84	N/A	34.62	N/A	30.27	N/A	27.75	N/A	24.50
98	N/A	40.07	N/A	34.82	N/A	30.44	N/A	27.91	N/A	24.64
99	N/A	40.30	N/A	35.02	N/A	30.62	N/A	28.07	N/A	24.79
100	N/A	40.53	N/A	35.22	N/A	30.80	N/A	28.23	N/A	24.93

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.43	0.80	7.33	0.71	7.24	0.62	7.19	0.56	7.13	0.49
26	7.44	0.87	7.33	0.76	7.24	0.67	7.19	0.61	7.13	0.53
27	7.44	0.93	7.33	0.82	7.24	0.72	7.19	0.65	7.13	0.57
28	7.44	1.00	7.33	0.87	7.24	0.77	7.19	0.69	7.13	0.60
29	7.44	1.06	7.33	0.92	7.24	0.81	7.19	0.73	7.13	0.64
30	7.44	1.12	7.33	0.98	7.24	0.85	7.19	0.78	7.13	0.67
31	7.46	1.21	7.33	1.05	7.24	0.92	7.19	0.84	7.13	0.73
32	7.48	1.29	7.33	1.12	7.24	0.98	7.19	0.90	7.13	0.78
33	7.51	1.37	7.33	1.19	7.24	1.05	7.19	0.95	7.13	0.82
34	7.53	1.44	7.33	1.25	7.24	1.10	7.19	1.00	7.13	0.87
35	7.54	1.52	7.34	1.32	7.24	1.17	7.19	1.06	7.13	0.92
36	7.59	1.63	7.38	1.41	7.24	1.24	7.19	1.13	7.13	0.98
37	7.62	1.72	7.40	1.50	7.24	1.32	7.19	1.20	7.13	1.05
38	7.66	1.82	7.42	1.59	7.24	1.39	7.19	1.27	7.13	1.10
39	7.69	1.92	7.44	1.66	7.24	1.47	7.19	1.34	7.13	1.16
40	7.73	2.01	7.46	1.75	7.25	1.54	7.19	1.40	7.13	1.22
41	7.79	2.13	7.51	1.85	7.28	1.63	7.19	1.49	7.13	1.29
42	7.85	2.25	7.54	1.95	7.31	1.72	7.19	1.57	7.13	1.36
43	7.90	2.36	7.58	2.05	7.33	1.80	7.19	1.65	7.13	1.43
44	7.95	2.48	7.61	2.14	7.36	1.88	7.20	1.73	7.13	1.50
45	8.00	2.58	7.64	2.24	7.38	1.96	7.21	1.81	7.13	1.57
46	8.08	2.72	7.70	2.35	7.42	2.07	7.25	1.91	7.13	1.65
47	8.15	2.86	7.75	2.47	7.46	2.17	7.28	2.00	7.13	1.73
48	8.21	2.98	7.81	2.58	7.49	2.27	7.31	2.08	7.13	1.81
49	8.28	3.11	7.85	2.69	7.53	2.36	7.34	2.17	7.13	1.88
50	8.34	3.23	7.90	2.79	7.56	2.45	7.37	2.26	7.13	1.95
51	8.45	3.40	7.98	2.93	7.62	2.58	7.42	2.38	7.13	2.06
52	8.55	3.57	8.06	3.08	7.69	2.71	7.48	2.49	7.14	2.16
53	8.66	3.73	8.15	3.22	7.75	2.82	7.53	2.61	7.18	2.26
54	8.75	3.89	8.22	3.35	7.81	2.94	7.57	2.71	7.22	2.35
55	8.84	4.04	8.29	3.48	7.86	3.05	7.62	2.82	7.24	2.44
56	9.02	4.28	8.44	3.70	7.99	3.24	7.73	2.99	7.33	2.60
57	9.21	4.52	8.59	3.90	8.11	3.42	7.83	3.16	7.42	2.74
58	9.38	4.76	8.73	4.11	8.22	3.59	7.94	3.32	7.50	2.88
59	9.55	4.98	8.86	4.30	8.33	3.76	8.03	3.47	7.59	3.02
60	9.70	5.20	8.99	4.49	8.43	3.93	8.12	3.62	7.66	3.15
61	10.01	5.54	9.26	4.78	8.66	4.18	8.33	3.86	7.84	3.36
62	10.31	5.86	9.50	5.06	8.87	4.43	8.53	4.08	8.01	3.55
63	10.59	6.17	9.75	5.33	9.08	4.66	8.72	4.30	8.17	3.75
64	10.87	6.48	9.98	5.59	9.28	4.89	8.90	4.51	8.32	3.93
65	11.13	6.77	10.20	5.84	9.47	5.11	9.07	4.71	8.47	4.11
66	11.75	7.45	10.73	6.43	9.92	5.63	9.49	5.19	8.83	4.53
67	12.35	8.12	11.25	7.00	10.36	6.13	9.89	5.65	9.17	4.94
68	12.93	8.75	11.74	7.56	10.79	6.60	10.27	6.09	9.50	5.32
69	13.48	9.37	12.21	8.09	11.19	7.07	10.64	6.52	9.82	5.70
70	14.01	9.96	12.66	8.60	11.58	7.52	10.99	6.94	10.12	6.06
71	14.99	10.99	13.49	9.49	12.29	8.30	11.65	7.65	10.69	6.70
72	15.92	11.98	14.29	10.35	12.99	9.05	12.28	8.34	11.24	7.30
73	16.81	12.94	15.06	11.18	13.65	9.77	12.89	9.00	11.76	7.89
74	17.67	13.85	15.79	11.97	14.29	10.46	13.46	9.64	12.26	8.44
75	18.49	14.73	16.49	12.73	14.89	11.13	14.02	10.26	12.74	8.98
76	19.91	16.22	17.71	14.02	15.95	12.25	14.99	11.29	13.59	9.89
77	21.28	17.65	18.88	15.25	16.97	13.33	15.92	12.29	14.39	10.76
78	22.58	19.01	20.01	16.44	17.94	14.36	16.81	13.24	15.17	11.60
79	23.83	20.32	21.07	17.57	18.86	15.35	17.66	14.15	15.90	12.39
80	25.01	21.57	22.09	18.65	19.74	16.30	18.46	15.02	16.60	13.15
81	27.03	23.59	23.84	20.40	21.27	17.82	19.87	16.43	17.83	14.39
82	29.06	25.62	25.58	22.14	22.80	19.35	21.27	17.83	19.06	15.62
83	31.08	27.64	27.33	23.89	24.32	20.88	22.68	19.24	20.30	16.86
84	33.10	29.66	29.08	25.64	25.85	22.41	24.09	20.65	21.53	18.09
85	N/A	31.68	N/A	27.38	N/A	23.93	N/A	22.06	N/A	19.32
86	N/A	33.70	N/A	29.13	N/A	25.46	N/A	23.46	N/A	20.55
87	N/A	35.73	N/A	30.88	N/A	26.99	N/A	24.88	N/A	21.79
88	N/A	37.75	N/A	32.63	N/A	28.51	N/A	26.28	N/A	23.02
89	N/A	39.77	N/A	34.38	N/A	30.04	N/A	27.69	N/A	24.26
90	N/A	41.79	N/A	36.13	N/A	31.57	N/A	29.10	N/A	25.49
91	N/A	42.61	N/A	36.83	N/A	32.18	N/A	29.67	N/A	25.98
92	N/A	43.41	N/A	37.52	N/A	32.79	N/A	30.23	N/A	26.48
93	N/A	44.22	N/A	38.22	N/A	33.40	N/A	30.79	N/A	26.97
94	N/A	45.03	N/A	38.92	N/A	34.02	N/A	31.35	N/A	27.46
95	N/A	45.84	N/A	39.62	N/A	34.63	N/A	31.91	N/A	27.95
96	N/A	46.11	N/A	39.85	N/A	34.83	N/A	32.10	N/A	28.12
97	N/A	46.38	N/A	40.09	N/A	35.03	N/A	32.29	N/A	28.29
98	N/A	46.65	N/A	40.32	N/A	35.24	N/A	32.48	N/A	28.45
99	N/A	46.92	N/A	40.56	N/A	35.44	N/A	32.67	N/A	28.61
100	N/A	47.19	N/A	40.79	N/A	35.65	N/A	32.86	N/A	28.78

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	7.65	0.90	7.54	0.79	7.44	0.69	7.38	0.63	7.30	0.55
26	7.66	0.98	7.55	0.86	7.44	0.75	7.38	0.68	7.30	0.59
27	7.67	1.05	7.54	0.91	7.44	0.81	7.38	0.72	7.30	0.64
28	7.67	1.11	7.54	0.98	7.44	0.85	7.38	0.77	7.30	0.68
29	7.68	1.18	7.54	1.03	7.44	0.91	7.38	0.82	7.30	0.73
30	7.69	1.25	7.54	1.09	7.44	0.96	7.38	0.86	7.30	0.77
31	7.72	1.34	7.55	1.18	7.44	1.03	7.38	0.92	7.30	0.82
32	7.75	1.43	7.57	1.25	7.44	1.10	7.38	0.99	7.30	0.88
33	7.78	1.52	7.59	1.33	7.44	1.17	7.38	1.05	7.30	0.93
34	7.81	1.61	7.60	1.40	7.44	1.24	7.38	1.12	7.30	0.99
35	7.83	1.69	7.62	1.48	7.44	1.31	7.38	1.17	7.30	1.04
36	7.88	1.81	7.66	1.58	7.47	1.39	7.38	1.25	7.30	1.11
37	7.93	1.92	7.70	1.68	7.50	1.49	7.38	1.33	7.30	1.18
38	7.98	2.03	7.72	1.78	7.52	1.57	7.38	1.41	7.30	1.24
39	8.03	2.14	7.75	1.87	7.55	1.66	7.38	1.49	7.30	1.31
40	8.07	2.24	7.78	1.96	7.56	1.73	7.38	1.56	7.30	1.38
41	8.14	2.38	7.84	2.08	7.60	1.84	7.41	1.65	7.30	1.46
42	8.21	2.51	7.90	2.19	7.64	1.94	7.44	1.74	7.30	1.53
43	8.28	2.64	7.94	2.31	7.67	2.04	7.47	1.83	7.30	1.62
44	8.34	2.76	7.99	2.41	7.71	2.13	7.50	1.92	7.30	1.69
45	8.40	2.88	8.04	2.52	7.74	2.23	7.52	2.00	7.30	1.76
46	8.49	3.04	8.11	2.66	7.79	2.34	7.56	2.11	7.31	1.85
47	8.58	3.19	8.18	2.79	7.84	2.45	7.61	2.21	7.34	1.95
48	8.67	3.34	8.24	2.92	7.89	2.56	7.65	2.32	7.37	2.04
49	8.75	3.48	8.30	3.04	7.93	2.66	7.69	2.42	7.39	2.13
50	8.82	3.62	8.36	3.16	7.97	2.76	7.72	2.52	7.41	2.21
51	8.95	3.81	8.47	3.32	8.05	2.91	7.79	2.65	7.47	2.33
52	9.07	3.99	8.56	3.48	8.13	3.04	7.85	2.77	7.53	2.44
53	9.19	4.17	8.65	3.63	8.19	3.18	7.91	2.89	7.57	2.56
54	9.30	4.34	8.74	3.78	8.26	3.31	7.97	3.01	7.62	2.66
55	9.41	4.51	8.82	3.92	8.33	3.43	8.03	3.13	7.66	2.77
56	9.63	4.80	9.01	4.17	8.48	3.65	8.16	3.33	7.77	2.94
57	9.85	5.07	9.18	4.41	8.62	3.86	8.29	3.52	7.87	3.10
58	10.06	5.35	9.35	4.63	8.76	4.05	8.42	3.71	7.98	3.27
59	10.26	5.61	9.52	4.86	8.89	4.24	8.54	3.89	8.07	3.42
60	10.45	5.86	9.67	5.08	9.02	4.43	8.65	4.06	8.16	3.57
61	10.80	6.24	9.97	5.40	9.28	4.72	8.89	4.33	8.35	3.80
62	11.13	6.60	10.26	5.72	9.53	4.99	9.12	4.58	8.55	4.02
63	11.46	6.95	10.53	6.02	9.76	5.27	9.33	4.83	8.73	4.23
64	11.76	7.29	10.80	6.32	9.99	5.52	9.54	5.06	8.91	4.43
65	12.06	7.62	11.05	6.60	10.21	5.77	9.74	5.29	9.08	4.63
66	12.76	8.38	11.65	7.26	10.73	6.36	10.21	5.83	9.48	5.10
67	13.44	9.11	12.23	7.91	11.23	6.92	10.67	6.35	9.87	5.55
68	14.08	9.83	12.78	8.52	11.72	7.46	11.10	6.84	10.24	5.98
69	14.71	10.51	13.32	9.12	12.18	7.98	11.52	7.33	10.61	6.41
70	15.30	11.17	13.83	9.69	12.62	8.49	11.93	7.79	10.95	6.81
71	16.38	12.30	14.75	10.68	13.43	9.36	12.67	8.60	11.59	7.51
72	17.41	13.40	15.64	11.63	14.21	10.19	13.38	9.37	12.21	8.19
73	18.40	14.45	16.50	12.54	14.95	11.00	14.07	10.11	12.80	8.85
74	19.35	15.46	17.32	13.42	15.67	11.77	14.72	10.83	13.37	9.48
75	20.26	16.43	18.10	14.26	16.35	12.52	15.35	11.52	13.91	10.08
76	21.86	18.09	19.47	15.70	17.55	13.78	16.45	12.68	14.86	11.09
77	23.38	19.68	20.79	17.09	18.70	14.99	17.50	13.80	15.77	12.07
78	24.84	21.21	22.05	18.41	19.79	16.16	18.51	14.87	16.64	13.01
79	26.24	22.66	23.25	19.68	20.84	17.27	19.46	15.89	17.47	13.90
80	27.56	24.06	24.40	20.89	21.84	18.33	20.38	16.87	18.26	14.75
81	29.82	26.31	26.35	22.85	23.55	20.05	21.96	18.45	19.64	16.14
82	32.08	28.57	28.31	24.80	25.27	21.76	23.54	20.03	21.03	17.52
83	34.33	30.82	30.27	26.76	26.99	23.49	25.12	21.61	22.41	18.90
84	36.59	33.08	32.22	28.72	28.71	25.20	26.70	23.19	23.80	20.29
85	N/A	35.33	N/A	30.68	N/A	26.92	N/A	24.77	N/A	21.67
86	N/A	37.59	N/A	32.63	N/A	28.64	N/A	26.35	N/A	23.06
87	N/A	39.85	N/A	34.59	N/A	30.36	N/A	27.93	N/A	24.44
88	N/A	42.10	N/A	36.55	N/A	32.08	N/A	29.52	N/A	25.82
89	N/A	44.35	N/A	38.51	N/A	33.79	N/A	31.10	N/A	27.20
90	N/A	46.61	N/A	40.47	N/A	35.51	N/A	32.68	N/A	28.59
91	N/A	47.52	N/A	41.25	N/A	36.20	N/A	33.31	N/A	29.14
92	N/A	48.42	N/A	42.03	N/A	36.89	N/A	33.95	N/A	29.69
93	N/A	49.32	N/A	42.82	N/A	37.57	N/A	34.58	N/A	30.25
94	N/A	50.22	N/A	43.60	N/A	38.26	N/A	35.21	N/A	30.80
95	N/A	51.12	N/A	44.38	N/A	38.95	N/A	35.84	N/A	31.36
96	N/A	51.43	N/A	44.64	N/A	39.18	N/A	36.05	N/A	31.54
97	N/A	51.73	N/A	44.90	N/A	39.40	N/A	36.26	N/A	31.73
98	N/A	52.02	N/A	45.17	N/A	39.64	N/A	36.48	N/A	31.91
99	N/A	52.33	N/A	45.43	N/A	39.87	N/A	36.69	N/A	32.10
100	N/A	52.63	N/A	45.69	N/A	40.09	N/A	36.90	N/A	32.28

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Rider R485
Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	8.98	3.36	8.55	2.92	8.22	2.59	8.01	2.39	7.71	2.09
46	9.11	3.55	8.64	3.08	8.29	2.73	8.07	2.51	7.76	2.20
47	9.23	3.73	8.74	3.24	8.35	2.86	8.13	2.64	7.80	2.30
48	9.35	3.92	8.82	3.39	8.43	2.99	8.19	2.76	7.84	2.41
49	9.46	4.10	8.91	3.54	8.48	3.12	8.24	2.87	7.88	2.51
50	9.56	4.26	8.99	3.68	8.54	3.24	8.28	2.98	7.91	2.61
51	9.74	4.50	9.11	3.87	8.64	3.41	8.37	3.13	7.98	2.74
52	9.90	4.72	9.24	4.06	8.74	3.57	8.46	3.29	8.04	2.87
53	10.06	4.95	9.36	4.24	8.84	3.73	8.53	3.42	8.10	2.99
54	10.22	5.16	9.47	4.42	8.93	3.88	8.61	3.57	8.16	3.11
55	10.37	5.38	9.58	4.59	9.01	4.02	8.68	3.70	8.21	3.22
56	10.67	5.74	9.84	4.91	9.22	4.30	8.87	3.95	8.36	3.44
57	10.96	6.10	10.09	5.22	9.42	4.57	9.06	4.20	8.50	3.64
58	11.26	6.45	10.34	5.54	9.62	4.82	9.24	4.43	8.65	3.85
59	11.55	6.80	10.58	5.84	9.81	5.08	9.41	4.67	8.79	4.05
60	11.82	7.14	10.81	6.14	10.01	5.33	9.58	4.90	8.92	4.24
61	12.29	7.64	11.21	6.57	10.35	5.71	9.89	5.25	9.18	4.53
62	12.76	8.13	11.61	6.99	10.69	6.08	10.20	5.58	9.44	4.82
63	13.21	8.62	12.01	7.42	11.02	6.43	10.50	5.91	9.68	5.10
64	13.65	9.09	12.38	7.82	11.34	6.78	10.78	6.22	9.92	5.36
65	14.08	9.55	12.75	8.22	11.65	7.12	11.06	6.53	10.15	5.62
66	15.10	10.63	13.62	9.16	12.39	7.93	11.73	7.27	10.72	6.26
67	16.11	11.71	14.48	10.08	13.13	8.73	12.40	8.00	11.30	6.90
68	17.11	12.77	15.33	10.99	13.86	9.52	13.07	8.73	11.86	7.52
69	18.09	13.80	16.17	11.89	14.57	10.30	13.72	9.45	12.42	8.14
70	19.05	14.83	17.00	12.78	15.28	11.07	14.36	10.14	12.96	8.75
71	20.67	16.51	18.38	14.23	16.46	12.32	15.44	11.28	13.88	9.73
72	22.26	18.16	19.75	15.66	17.64	13.55	16.50	12.40	14.79	10.70
73	23.82	19.79	21.09	17.06	18.79	14.75	17.54	13.51	15.68	11.65
74	25.36	21.39	22.40	18.43	19.91	15.94	18.57	14.60	16.55	12.59
75	26.86	22.96	23.69	19.79	21.02	17.11	19.57	15.66	17.41	13.51
76	29.12	25.28	25.63	21.79	22.68	18.84	21.09	17.25	18.71	14.87
77	31.27	27.50	27.48	23.71	24.27	20.49	22.54	18.76	19.96	16.18
78	33.34	29.63	29.25	25.54	25.79	22.08	23.93	20.22	21.14	17.43
79	35.31	31.67	30.94	27.30	27.24	23.60	25.25	21.61	22.28	18.64
80	37.19	33.61	32.55	28.98	28.63	25.05	26.51	22.94	23.36	19.78
81	40.34	36.77	35.27	31.70	30.98	27.40	28.66	25.09	25.21	21.63
82	43.49	39.92	37.99	34.41	33.33	29.75	30.81	27.24	27.07	23.49
83	46.65	43.07	40.70	37.13	35.68	32.10	32.96	29.39	28.92	25.34
84	49.80	46.22	43.42	39.84	38.02	34.44	35.11	31.54	30.78	27.20
85	N/A	49.37	N/A	42.56	N/A	36.79	N/A	33.69	N/A	29.05
86	N/A	52.53	N/A	45.28	N/A	39.14	N/A	35.84	N/A	30.91
87	N/A	55.68	N/A	47.99	N/A	41.49	N/A	37.99	N/A	32.76
88	N/A	58.83	N/A	50.71	N/A	43.84	N/A	40.14	N/A	34.62
89	N/A	61.98	N/A	53.42	N/A	46.19	N/A	42.29	N/A	36.47
90	N/A	65.13	N/A	56.14	N/A	48.54	N/A	44.44	N/A	38.33
91	N/A	66.39	N/A	57.23	N/A	49.48	N/A	45.30	N/A	39.07
92	N/A	67.65	N/A	58.32	N/A	50.42	N/A	46.16	N/A	39.81
93	N/A	68.91	N/A	59.40	N/A	51.36	N/A	47.02	N/A	40.55
94	N/A	70.18	N/A	60.49	N/A	52.30	N/A	47.88	N/A	41.29
95	N/A	71.44	N/A	61.57	N/A	53.24	N/A	48.74	N/A	42.03
96	N/A	71.86	N/A	61.94	N/A	53.55	N/A	49.03	N/A	42.28
97	N/A	72.28	N/A	62.30	N/A	53.86	N/A	49.31	N/A	42.52
98	N/A	72.70	N/A	62.66	N/A	54.18	N/A	49.60	N/A	42.77
99	N/A	73.12	N/A	63.03	N/A	54.49	N/A	49.89	N/A	43.02
100	N/A	73.54	N/A	63.39	N/A	54.80	N/A	50.18	N/A	43.27

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	0.76	0.05	0.76	0.05	0.75	0.04	0.75	0.04	0.74	0.03
26	0.77	0.06	0.76	0.05	0.75	0.05	0.75	0.04	0.74	0.04
27	0.77	0.06	0.76	0.06	0.76	0.05	0.75	0.04	0.75	0.04
28	0.78	0.07	0.77	0.06	0.76	0.05	0.76	0.05	0.75	0.04
29	0.78	0.07	0.77	0.06	0.76	0.06	0.76	0.05	0.75	0.05
30	0.79	0.08	0.78	0.07	0.77	0.06	0.76	0.06	0.76	0.05
31	0.79	0.09	0.78	0.08	0.77	0.06	0.77	0.06	0.76	0.05
32	0.80	0.09	0.79	0.08	0.78	0.07	0.77	0.06	0.76	0.06
33	0.81	0.10	0.80	0.09	0.78	0.08	0.78	0.07	0.77	0.06
34	0.81	0.11	0.80	0.09	0.79	0.08	0.78	0.07	0.77	0.06
35	0.82	0.11	0.81	0.10	0.79	0.09	0.79	0.08	0.78	0.07
36	0.83	0.12	0.81	0.11	0.80	0.09	0.79	0.09	0.78	0.07
37	0.84	0.13	0.82	0.12	0.81	0.10	0.80	0.09	0.79	0.08
38	0.85	0.14	0.83	0.12	0.81	0.11	0.81	0.10	0.79	0.09
39	0.86	0.15	0.84	0.13	0.82	0.11	0.81	0.10	0.80	0.09
40	0.87	0.16	0.85	0.14	0.83	0.12	0.82	0.11	0.80	0.10
41	0.88	0.17	0.86	0.15	0.84	0.13	0.83	0.12	0.81	0.10
42	0.89	0.18	0.87	0.16	0.85	0.14	0.83	0.13	0.82	0.11
43	0.90	0.19	0.88	0.17	0.85	0.15	0.84	0.13	0.83	0.12
44	0.91	0.20	0.89	0.18	0.86	0.15	0.85	0.14	0.83	0.12
45	0.92	0.22	0.90	0.19	0.87	0.16	0.86	0.15	0.84	0.13
46	0.94	0.23	0.91	0.20	0.88	0.17	0.87	0.16	0.85	0.14
47	0.95	0.24	0.92	0.21	0.89	0.18	0.88	0.17	0.86	0.15
48	0.97	0.26	0.93	0.23	0.90	0.20	0.89	0.18	0.86	0.16
49	0.98	0.27	0.95	0.24	0.91	0.21	0.90	0.19	0.87	0.17
50	0.99	0.29	0.96	0.25	0.93	0.22	0.91	0.20	0.88	0.17
51	1.01	0.30	0.97	0.27	0.94	0.23	0.92	0.21	0.89	0.19
52	1.03	0.32	0.99	0.28	0.95	0.24	0.93	0.23	0.90	0.20
53	1.05	0.34	1.01	0.30	0.97	0.26	0.95	0.24	0.92	0.21
54	1.07	0.36	1.02	0.32	0.98	0.27	0.96	0.25	0.93	0.22
55	1.09	0.38	1.04	0.33	0.99	0.29	0.97	0.26	0.94	0.23
56	1.12	0.41	1.07	0.36	1.02	0.31	0.99	0.29	0.96	0.25
57	1.15	0.44	1.09	0.38	1.04	0.33	1.01	0.31	0.97	0.27
58	1.18	0.47	1.12	0.41	1.06	0.35	1.03	0.32	0.99	0.28
59	1.21	0.50	1.14	0.43	1.09	0.38	1.05	0.35	1.01	0.30
60	1.24	0.53	1.17	0.46	1.11	0.40	1.07	0.37	1.03	0.32
61	1.29	0.57	1.21	0.49	1.15	0.43	1.11	0.39	1.06	0.34
62	1.33	0.62	1.25	0.53	1.18	0.46	1.14	0.42	1.09	0.37
63	1.38	0.66	1.29	0.57	1.22	0.49	1.18	0.45	1.12	0.39
64	1.43	0.70	1.33	0.60	1.26	0.53	1.21	0.48	1.15	0.42
65	1.48	0.74	1.38	0.64	1.29	0.56	1.25	0.51	1.18	0.44
66	1.57	0.83	1.45	0.72	1.36	0.62	1.31	0.57	1.23	0.50
67	1.66	0.92	1.53	0.79	1.43	0.69	1.37	0.63	1.29	0.55
68	1.75	1.01	1.61	0.87	1.49	0.76	1.43	0.69	1.34	0.60
69	1.83	1.10	1.68	0.94	1.56	0.82	1.49	0.75	1.39	0.65
70	1.92	1.19	1.76	1.02	1.63	0.89	1.55	0.81	1.44	0.70
71	2.07	1.33	1.88	1.15	1.74	1.00	1.65	0.92	1.53	0.79
72	2.22	1.48	2.01	1.27	1.85	1.11	1.76	1.02	1.62	0.88
73	2.36	1.62	2.14	1.40	1.96	1.22	1.86	1.12	1.70	0.96
74	2.51	1.77	2.26	1.52	2.07	1.33	1.96	1.22	1.79	1.05
75	2.65	1.91	2.39	1.65	2.18	1.44	2.06	1.32	1.88	1.13
76	2.88	2.14	2.59	1.84	2.35	1.61	2.22	1.48	2.01	1.27
77	3.11	2.37	2.78	2.04	2.52	1.78	2.38	1.63	2.15	1.40
78	3.34	2.60	2.98	2.24	2.70	1.95	2.53	1.79	2.28	1.54
79	3.57	2.83	3.18	2.44	2.87	2.13	2.69	1.95	2.42	1.68
80	3.80	3.06	3.38	2.63	3.04	2.30	2.85	2.11	2.55	1.81
81	4.09	3.35	3.62	2.88	3.26	2.51	3.05	2.31	2.72	1.98
82	4.37	3.63	3.87	3.13	3.47	2.73	3.25	2.50	2.89	2.15
83	4.66	3.92	4.12	3.38	3.69	2.94	3.44	2.70	3.06	2.32
84	4.95	4.21	4.37	3.62	3.90	3.16	3.64	2.90	3.23	2.49
85	N/A	4.49	N/A	3.87	N/A	3.38	N/A	3.10	N/A	2.66
86	N/A	4.78	N/A	4.12	N/A	3.59	N/A	3.29	N/A	2.83
87	N/A	5.07	N/A	4.36	N/A	3.81	N/A	3.49	N/A	3.00
88	N/A	5.35	N/A	4.61	N/A	4.02	N/A	3.69	N/A	3.17
89	N/A	5.64	N/A	4.86	N/A	4.24	N/A	3.89	N/A	3.34
90	N/A	5.93	N/A	5.11	N/A	4.45	N/A	4.08	N/A	3.51
91	N/A	6.04	N/A	5.20	N/A	4.54	N/A	4.16	N/A	3.58
92	N/A	6.16	N/A	5.30	N/A	4.63	N/A	4.24	N/A	3.65
93	N/A	6.27	N/A	5.40	N/A	4.71	N/A	4.32	N/A	3.72
94	N/A	6.39	N/A	5.50	N/A	4.80	N/A	4.40	N/A	3.78
95	N/A	6.50	N/A	5.60	N/A	4.88	N/A	4.48	N/A	3.85
96	N/A	6.54	N/A	5.63	N/A	4.91	N/A	4.51	N/A	3.87
97	N/A	6.58	N/A	5.67	N/A	4.94	N/A	4.53	N/A	3.90
98	N/A	6.62	N/A	5.70	N/A	4.97	N/A	4.56	N/A	3.92
99	N/A	6.65	N/A	5.73	N/A	5.00	N/A	4.59	N/A	3.94
100	N/A	6.69	N/A	5.76	N/A	5.03	N/A	4.61	N/A	3.96

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.79	0.08	0.78	0.07	0.77	0.06	0.77	0.05	0.76	0.05
26	0.80	0.08	0.79	0.07	0.78	0.06	0.77	0.06	0.77	0.05
27	0.80	0.09	0.79	0.08	0.78	0.07	0.78	0.06	0.77	0.05
28	0.81	0.10	0.80	0.08	0.79	0.07	0.78	0.07	0.77	0.06
29	0.82	0.10	0.80	0.09	0.79	0.08	0.79	0.07	0.78	0.06
30	0.82	0.11	0.81	0.10	0.80	0.08	0.79	0.08	0.78	0.07
31	0.83	0.12	0.82	0.10	0.81	0.09	0.80	0.08	0.79	0.07
32	0.84	0.13	0.83	0.11	0.81	0.10	0.81	0.09	0.79	0.08
33	0.85	0.14	0.84	0.12	0.82	0.11	0.81	0.10	0.80	0.08
34	0.86	0.15	0.84	0.13	0.83	0.11	0.82	0.10	0.81	0.09
35	0.87	0.16	0.85	0.14	0.84	0.12	0.82	0.11	0.81	0.10
36	0.89	0.17	0.86	0.15	0.85	0.13	0.83	0.12	0.82	0.10
37	0.90	0.18	0.87	0.16	0.85	0.14	0.84	0.13	0.83	0.11
38	0.91	0.20	0.88	0.17	0.86	0.15	0.85	0.13	0.83	0.12
39	0.92	0.21	0.89	0.18	0.87	0.16	0.86	0.14	0.84	0.13
40	0.93	0.22	0.90	0.19	0.88	0.17	0.87	0.15	0.85	0.13
41	0.95	0.24	0.92	0.20	0.89	0.18	0.88	0.16	0.86	0.14
42	0.97	0.25	0.93	0.22	0.91	0.19	0.89	0.17	0.87	0.15
43	0.98	0.27	0.94	0.23	0.92	0.20	0.90	0.18	0.88	0.16
44	1.00	0.28	0.96	0.24	0.93	0.21	0.91	0.20	0.89	0.17
45	1.01	0.30	0.97	0.26	0.94	0.23	0.92	0.21	0.90	0.18
46	1.03	0.32	0.99	0.27	0.96	0.24	0.94	0.22	0.91	0.19
47	1.05	0.33	1.01	0.29	0.97	0.26	0.95	0.23	0.92	0.21
48	1.07	0.35	1.02	0.31	0.98	0.27	0.96	0.25	0.93	0.22
49	1.09	0.37	1.04	0.32	1.00	0.29	0.97	0.26	0.94	0.23
50	1.11	0.39	1.06	0.34	1.01	0.30	0.99	0.27	0.96	0.24
51	1.13	0.42	1.08	0.36	1.03	0.32	1.01	0.29	0.97	0.26
52	1.16	0.44	1.10	0.38	1.05	0.34	1.02	0.31	0.99	0.27
53	1.18	0.47	1.12	0.41	1.07	0.36	1.04	0.33	1.00	0.29
54	1.21	0.49	1.14	0.43	1.09	0.38	1.06	0.34	1.02	0.30
55	1.23	0.52	1.17	0.45	1.11	0.40	1.08	0.36	1.03	0.32
56	1.27	0.56	1.20	0.49	1.14	0.43	1.10	0.39	1.06	0.34
57	1.31	0.60	1.23	0.52	1.17	0.45	1.13	0.42	1.08	0.37
58	1.35	0.64	1.27	0.55	1.20	0.48	1.16	0.44	1.10	0.39
59	1.39	0.67	1.30	0.59	1.23	0.51	1.19	0.47	1.13	0.41
60	1.43	0.71	1.34	0.62	1.26	0.54	1.21	0.50	1.15	0.44
61	1.49	0.77	1.39	0.67	1.31	0.59	1.26	0.54	1.19	0.47
62	1.55	0.83	1.44	0.72	1.35	0.63	1.30	0.58	1.23	0.51
63	1.62	0.88	1.50	0.77	1.40	0.67	1.35	0.62	1.27	0.54
64	1.68	0.94	1.55	0.82	1.45	0.71	1.39	0.66	1.31	0.57
65	1.74	1.00	1.61	0.87	1.50	0.76	1.44	0.70	1.35	0.61
66	1.86	1.11	1.71	0.97	1.59	0.85	1.52	0.78	1.43	0.68
67	1.98	1.23	1.81	1.07	1.68	0.94	1.60	0.86	1.50	0.75
68	2.09	1.35	1.92	1.17	1.77	1.02	1.69	0.94	1.57	0.83
69	2.21	1.47	2.02	1.27	1.86	1.11	1.77	1.02	1.64	0.90
70	2.33	1.58	2.12	1.38	1.95	1.20	1.85	1.10	1.72	0.97
71	2.52	1.78	2.29	1.54	2.10	1.35	1.98	1.24	1.84	1.09
72	2.72	1.97	2.46	1.71	2.24	1.50	2.12	1.37	1.96	1.21
73	2.91	2.16	2.63	1.88	2.39	1.64	2.25	1.51	2.08	1.33
74	3.10	2.35	2.80	2.05	2.54	1.79	2.39	1.64	2.20	1.45
75	3.30	2.55	2.96	2.21	2.69	1.94	2.52	1.77	2.32	1.57
76	3.60	2.85	3.23	2.48	2.92	2.17	2.74	1.99	2.50	1.76
77	3.91	3.16	3.49	2.74	3.15	2.40	2.95	2.20	2.69	1.94
78	4.21	3.47	3.76	3.01	3.38	2.63	3.16	2.41	2.88	2.13
79	4.52	3.77	4.03	3.28	3.61	2.86	3.38	2.63	3.07	2.32
80	4.83	4.08	4.29	3.54	3.85	3.10	3.59	2.84	3.26	2.51
81	5.21	4.46	4.62	3.87	4.14	3.39	3.86	3.11	3.49	2.74
82	5.59	4.84	4.96	4.21	4.43	3.68	4.12	3.37	3.73	2.98
83	5.97	5.22	5.29	4.54	4.72	3.97	4.39	3.64	3.96	3.21
84	6.35	5.60	5.62	4.87	5.01	4.26	4.65	3.90	4.20	3.45
85	N/A	5.99	N/A	5.20	N/A	4.55	N/A	4.17	N/A	3.68
86	N/A	6.37	N/A	5.53	N/A	4.84	N/A	4.44	N/A	3.92
87	N/A	6.75	N/A	5.87	N/A	5.13	N/A	4.70	N/A	4.15
88	N/A	7.13	N/A	6.20	N/A	5.42	N/A	4.97	N/A	4.39
89	N/A	7.52	N/A	6.53	N/A	5.71	N/A	5.24	N/A	4.62
90	N/A	7.90	N/A	6.86	N/A	6.00	N/A	5.50	N/A	4.86
91	N/A	8.05	N/A	7.00	N/A	6.12	N/A	5.61	N/A	4.95
92	N/A	8.20	N/A	7.13	N/A	6.23	N/A	5.71	N/A	5.04
93	N/A	8.36	N/A	7.26	N/A	6.35	N/A	5.82	N/A	5.14
94	N/A	8.51	N/A	7.39	N/A	6.46	N/A	5.93	N/A	5.23
95	N/A	8.66	N/A	7.53	N/A	6.58	N/A	6.03	N/A	5.33
96	N/A	8.71	N/A	7.57	N/A	6.62	N/A	6.07	N/A	5.36
97	N/A	8.76	N/A	7.62	N/A	6.66	N/A	6.10	N/A	5.39
98	N/A	8.82	N/A	7.66	N/A	6.70	N/A	6.14	N/A	5.42
99	N/A	8.87	N/A	7.70	N/A	6.74	N/A	6.18	N/A	5.45
100	N/A	8.92	N/A	7.75	N/A	6.78	N/A	6.21	N/A	5.48

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.81	0.09	0.80	0.08	0.79	0.07	0.78	0.06	0.78	0.05
26	0.82	0.10	0.81	0.08	0.80	0.07	0.79	0.07	0.78	0.06
27	0.83	0.10	0.81	0.09	0.80	0.08	0.79	0.07	0.79	0.06
28	0.83	0.11	0.82	0.10	0.81	0.09	0.80	0.08	0.79	0.07
29	0.84	0.12	0.83	0.10	0.81	0.09	0.81	0.08	0.79	0.07
30	0.85	0.13	0.83	0.11	0.82	0.10	0.81	0.09	0.80	0.08
31	0.86	0.14	0.84	0.12	0.83	0.11	0.82	0.10	0.81	0.08
32	0.87	0.15	0.85	0.13	0.84	0.11	0.83	0.10	0.81	0.09
33	0.88	0.16	0.86	0.14	0.84	0.12	0.83	0.11	0.82	0.10
34	0.89	0.17	0.87	0.15	0.85	0.13	0.84	0.12	0.83	0.10
35	0.90	0.18	0.88	0.16	0.86	0.14	0.85	0.13	0.83	0.11
36	0.92	0.20	0.89	0.17	0.87	0.15	0.86	0.14	0.84	0.12
37	0.93	0.21	0.91	0.18	0.88	0.16	0.87	0.15	0.85	0.13
38	0.95	0.23	0.92	0.20	0.90	0.17	0.88	0.16	0.86	0.14
39	0.96	0.24	0.93	0.21	0.91	0.18	0.89	0.17	0.87	0.14
40	0.98	0.25	0.94	0.22	0.92	0.19	0.90	0.18	0.88	0.15
41	0.99	0.27	0.96	0.24	0.93	0.21	0.91	0.19	0.89	0.16
42	1.01	0.29	0.97	0.25	0.94	0.22	0.93	0.20	0.90	0.18
43	1.03	0.31	0.99	0.27	0.96	0.23	0.94	0.22	0.91	0.19
44	1.05	0.33	1.00	0.28	0.97	0.25	0.95	0.23	0.92	0.20
45	1.07	0.34	1.02	0.30	0.98	0.26	0.96	0.24	0.93	0.21
46	1.09	0.37	1.04	0.32	1.00	0.28	0.98	0.26	0.94	0.22
47	1.11	0.39	1.06	0.34	1.02	0.30	0.99	0.27	0.96	0.24
48	1.13	0.41	1.08	0.36	1.03	0.31	1.01	0.29	0.97	0.25
49	1.16	0.43	1.10	0.38	1.05	0.33	1.03	0.30	0.98	0.26
50	1.18	0.46	1.12	0.39	1.07	0.35	1.04	0.32	1.00	0.28
51	1.21	0.49	1.14	0.42	1.09	0.37	1.06	0.34	1.02	0.29
52	1.24	0.52	1.17	0.45	1.11	0.39	1.08	0.36	1.03	0.31
53	1.27	0.55	1.19	0.47	1.14	0.41	1.10	0.38	1.05	0.33
54	1.30	0.58	1.22	0.50	1.16	0.44	1.12	0.40	1.07	0.35
55	1.33	0.61	1.25	0.52	1.18	0.46	1.15	0.42	1.09	0.37
56	1.37	0.65	1.29	0.56	1.22	0.49	1.18	0.46	1.12	0.40
57	1.42	0.70	1.32	0.60	1.25	0.53	1.21	0.49	1.15	0.42
58	1.47	0.74	1.36	0.64	1.28	0.56	1.24	0.52	1.17	0.45
59	1.51	0.79	1.40	0.68	1.32	0.60	1.27	0.55	1.20	0.48
60	1.56	0.83	1.44	0.72	1.35	0.63	1.30	0.58	1.23	0.51
61	1.63	0.90	1.51	0.78	1.41	0.68	1.36	0.63	1.28	0.55
62	1.70	0.97	1.57	0.83	1.46	0.73	1.41	0.67	1.32	0.59
63	1.77	1.03	1.63	0.89	1.52	0.78	1.46	0.72	1.37	0.63
64	1.84	1.10	1.69	0.95	1.58	0.83	1.51	0.76	1.41	0.67
65	1.92	1.17	1.76	1.01	1.63	0.88	1.56	0.81	1.46	0.71
66	2.05	1.30	1.87	1.12	1.73	0.98	1.66	0.91	1.54	0.79
67	2.19	1.44	1.99	1.24	1.84	1.09	1.75	1.00	1.63	0.88
68	2.33	1.58	2.11	1.36	1.94	1.19	1.85	1.10	1.71	0.96
69	2.46	1.71	2.23	1.48	2.05	1.29	1.94	1.19	1.79	1.04
70	2.60	1.85	2.35	1.60	2.15	1.40	2.04	1.29	1.88	1.13
71	2.83	2.07	2.54	1.79	2.32	1.56	2.20	1.44	2.02	1.26
72	3.05	2.30	2.74	1.98	2.49	1.73	2.35	1.60	2.15	1.40
73	3.27	2.52	2.93	2.18	2.66	1.90	2.51	1.75	2.29	1.54
74	3.50	2.74	3.13	2.37	2.83	2.07	2.67	1.91	2.43	1.67
75	3.72	2.97	3.32	2.56	3.00	2.24	2.82	2.07	2.57	1.81
76	4.08	3.32	3.63	2.87	3.27	2.51	3.07	2.31	2.78	2.03
77	4.43	3.68	3.94	3.18	3.54	2.78	3.32	2.56	3.00	2.24
78	4.79	4.03	4.24	3.49	3.80	3.05	3.57	2.81	3.22	2.46
79	5.15	4.39	4.55	3.79	4.07	3.32	3.81	3.06	3.43	2.68
80	5.50	4.75	4.86	4.10	4.34	3.59	4.06	3.30	3.65	2.89
81	5.95	5.19	5.24	4.49	4.68	3.92	4.37	3.61	3.92	3.17
82	6.39	5.64	5.63	4.87	5.02	4.26	4.68	3.92	4.19	3.44
83	6.84	6.08	6.01	5.26	5.35	4.59	4.99	4.23	4.47	3.71
84	7.28	6.53	6.40	5.64	5.69	4.93	5.30	4.54	4.74	3.98
85	N/A	6.97	N/A	6.02	N/A	5.27	N/A	4.85	N/A	4.25
86	N/A	7.41	N/A	6.41	N/A	5.60	N/A	5.16	N/A	4.52
87	N/A	7.86	N/A	6.79	N/A	5.94	N/A	5.47	N/A	4.79
88	N/A	8.30	N/A	7.18	N/A	6.27	N/A	5.78	N/A	5.06
89	N/A	8.75	N/A	7.56	N/A	6.61	N/A	6.09	N/A	5.34
90	N/A	9.19	N/A	7.95	N/A	6.95	N/A	6.40	N/A	5.61
91	N/A	9.37	N/A	8.10	N/A	7.08	N/A	6.53	N/A	5.72
92	N/A	9.55	N/A	8.26	N/A	7.21	N/A	6.65	N/A	5.82
93	N/A	9.73	N/A	8.41	N/A	7.35	N/A	6.77	N/A	5.93
94	N/A	9.91	N/A	8.56	N/A	7.48	N/A	6.90	N/A	6.04
95	N/A	10.08	N/A	8.72	N/A	7.62	N/A	7.02	N/A	6.15
96	N/A	10.14	N/A	8.77	N/A	7.66	N/A	7.06	N/A	6.19
97	N/A	10.20	N/A	8.82	N/A	7.71	N/A	7.10	N/A	6.22
98	N/A	10.26	N/A	8.87	N/A	7.75	N/A	7.15	N/A	6.26
99	N/A	10.32	N/A	8.92	N/A	7.80	N/A	7.19	N/A	6.29
100	N/A	10.38	N/A	8.97	N/A	7.84	N/A	7.23	N/A	6.33

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.83	0.10	0.82	0.09	0.81	0.08	0.80	0.07	0.80	0.06
26	0.84	0.11	0.83	0.09	0.82	0.08	0.81	0.07	0.80	0.07
27	0.85	0.12	0.84	0.10	0.82	0.09	0.82	0.08	0.81	0.07
28	0.86	0.12	0.85	0.11	0.83	0.10	0.82	0.09	0.81	0.08
29	0.87	0.13	0.85	0.12	0.84	0.10	0.83	0.09	0.82	0.08
30	0.88	0.14	0.86	0.12	0.85	0.11	0.83	0.10	0.82	0.09
31	0.89	0.15	0.87	0.14	0.86	0.12	0.84	0.11	0.83	0.09
32	0.90	0.17	0.88	0.15	0.86	0.13	0.85	0.12	0.84	0.10
33	0.92	0.18	0.89	0.16	0.87	0.14	0.86	0.12	0.85	0.11
34	0.93	0.19	0.90	0.17	0.88	0.15	0.87	0.13	0.85	0.12
35	0.94	0.20	0.91	0.18	0.89	0.16	0.88	0.14	0.86	0.12
36	0.96	0.22	0.93	0.19	0.91	0.17	0.89	0.15	0.87	0.13
37	0.97	0.24	0.94	0.21	0.92	0.18	0.90	0.16	0.88	0.14
38	0.99	0.25	0.96	0.22	0.93	0.19	0.91	0.17	0.89	0.15
39	1.00	0.27	0.97	0.23	0.94	0.21	0.92	0.19	0.90	0.16
40	1.02	0.28	0.98	0.25	0.96	0.22	0.93	0.20	0.91	0.17
41	1.04	0.30	1.00	0.27	0.97	0.24	0.95	0.21	0.92	0.19
42	1.06	0.32	1.02	0.28	0.99	0.25	0.96	0.23	0.93	0.20
43	1.08	0.34	1.04	0.30	1.00	0.27	0.98	0.24	0.95	0.21
44	1.10	0.36	1.06	0.32	1.02	0.28	0.99	0.25	0.96	0.22
45	1.12	0.38	1.07	0.34	1.03	0.30	1.00	0.27	0.97	0.24
46	1.15	0.41	1.10	0.36	1.05	0.32	1.02	0.29	0.99	0.25
47	1.17	0.44	1.12	0.38	1.07	0.33	1.04	0.30	1.00	0.27
48	1.20	0.46	1.14	0.40	1.09	0.35	1.06	0.32	1.02	0.28
49	1.22	0.49	1.16	0.43	1.11	0.37	1.07	0.34	1.03	0.30
50	1.25	0.51	1.18	0.45	1.13	0.39	1.09	0.36	1.05	0.31
51	1.28	0.54	1.21	0.48	1.15	0.42	1.11	0.38	1.07	0.33
52	1.31	0.58	1.24	0.50	1.18	0.44	1.14	0.40	1.09	0.35
53	1.35	0.61	1.27	0.53	1.20	0.47	1.16	0.42	1.11	0.37
54	1.38	0.65	1.30	0.56	1.23	0.49	1.18	0.45	1.13	0.39
55	1.41	0.68	1.33	0.59	1.25	0.52	1.21	0.47	1.15	0.42
56	1.47	0.73	1.37	0.64	1.29	0.56	1.24	0.51	1.18	0.45
57	1.52	0.78	1.42	0.68	1.33	0.59	1.28	0.54	1.21	0.48
58	1.57	0.84	1.46	0.72	1.37	0.63	1.32	0.58	1.25	0.51
59	1.62	0.89	1.51	0.77	1.41	0.67	1.35	0.62	1.28	0.54
60	1.68	0.94	1.55	0.81	1.45	0.71	1.39	0.65	1.31	0.57
61	1.76	1.01	1.62	0.88	1.51	0.77	1.45	0.70	1.36	0.62
62	1.84	1.09	1.69	0.94	1.57	0.82	1.50	0.76	1.41	0.66
63	1.92	1.16	1.76	1.01	1.63	0.88	1.56	0.81	1.46	0.71
64	2.00	1.24	1.83	1.07	1.70	0.94	1.62	0.86	1.51	0.75
65	2.08	1.31	1.90	1.14	1.76	0.99	1.68	0.91	1.56	0.80
66	2.23	1.46	2.04	1.27	1.88	1.11	1.78	1.02	1.66	0.89
67	2.38	1.62	2.17	1.40	1.99	1.23	1.89	1.13	1.75	0.98
68	2.54	1.77	2.30	1.53	2.11	1.34	2.00	1.23	1.84	1.08
69	2.69	1.92	2.43	1.67	2.23	1.46	2.11	1.34	1.94	1.17
70	2.84	2.07	2.57	1.80	2.34	1.58	2.21	1.45	2.03	1.26
71	3.09	2.32	2.78	2.01	2.53	1.76	2.39	1.62	2.19	1.42
72	3.34	2.57	3.00	2.23	2.72	1.95	2.56	1.80	2.34	1.57
73	3.58	2.81	3.21	2.44	2.91	2.14	2.74	1.97	2.49	1.72
74	3.83	3.06	3.43	2.66	3.10	2.33	2.92	2.14	2.65	1.88
75	4.08	3.31	3.64	2.87	3.29	2.52	3.09	2.32	2.80	2.03
76	4.48	3.70	3.99	3.22	3.59	2.82	3.37	2.60	3.04	2.27
77	4.87	4.10	4.33	3.56	3.90	3.13	3.65	2.88	3.29	2.52
78	5.27	4.50	4.68	3.91	4.20	3.43	3.93	3.15	3.53	2.76
79	5.67	4.90	5.02	4.25	4.50	3.73	4.20	3.43	3.77	3.00
80	6.06	5.29	5.37	4.60	4.80	4.03	4.48	3.71	4.02	3.25
81	6.56	5.79	5.80	5.03	5.18	4.41	4.83	4.06	4.32	3.55
82	7.06	6.29	6.23	5.46	5.56	4.79	5.18	4.41	4.63	3.85
83	7.55	6.78	6.66	5.89	5.94	5.17	5.53	4.75	4.93	4.16
84	8.05	7.28	7.09	6.32	6.32	5.54	5.87	5.10	5.24	4.46
85	N/A	7.77	N/A	6.75	N/A	5.92	N/A	5.45	N/A	4.77
86	N/A	8.27	N/A	7.18	N/A	6.30	N/A	5.80	N/A	5.07
87	N/A	8.77	N/A	7.61	N/A	6.68	N/A	6.15	N/A	5.38
88	N/A	9.26	N/A	8.04	N/A	7.06	N/A	6.49	N/A	5.68
89	N/A	9.76	N/A	8.47	N/A	7.43	N/A	6.84	N/A	5.98
90	N/A	10.25	N/A	8.90	N/A	7.81	N/A	7.19	N/A	6.29
91	N/A	10.45	N/A	9.07	N/A	7.96	N/A	7.33	N/A	6.41
92	N/A	10.65	N/A	9.25	N/A	8.12	N/A	7.47	N/A	6.53
93	N/A	10.85	N/A	9.42	N/A	8.27	N/A	7.61	N/A	6.66
94	N/A	11.05	N/A	9.59	N/A	8.42	N/A	7.75	N/A	6.78
95	N/A	11.25	N/A	9.76	N/A	8.57	N/A	7.89	N/A	6.90
96	N/A	11.31	N/A	9.82	N/A	8.62	N/A	7.93	N/A	6.94
97	N/A	11.38	N/A	9.88	N/A	8.67	N/A	7.98	N/A	6.98
98	N/A	11.45	N/A	9.94	N/A	8.72	N/A	8.02	N/A	7.02
99	N/A	11.51	N/A	9.99	N/A	8.77	N/A	8.07	N/A	7.06
100	N/A	11.58	N/A	10.05	N/A	8.82	N/A	8.12	N/A	7.10

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	1.20	0.45	1.14	0.39	1.10	0.35	1.07	0.32	1.03	0.28
46	1.23	0.48	1.17	0.42	1.12	0.37	1.09	0.34	1.05	0.30
47	1.26	0.51	1.19	0.44	1.14	0.39	1.11	0.36	1.06	0.31
48	1.29	0.54	1.22	0.47	1.16	0.41	1.13	0.38	1.08	0.33
49	1.32	0.57	1.25	0.49	1.19	0.44	1.15	0.40	1.10	0.35
50	1.35	0.60	1.27	0.52	1.21	0.46	1.17	0.42	1.12	0.37
51	1.39	0.64	1.30	0.55	1.24	0.49	1.20	0.45	1.14	0.39
52	1.43	0.68	1.34	0.59	1.27	0.52	1.23	0.48	1.17	0.42
53	1.48	0.73	1.37	0.62	1.30	0.55	1.25	0.50	1.19	0.44
54	1.52	0.77	1.41	0.66	1.33	0.58	1.28	0.53	1.21	0.46
55	1.56	0.81	1.44	0.69	1.35	0.61	1.31	0.56	1.23	0.48
56	1.63	0.87	1.50	0.75	1.40	0.65	1.35	0.60	1.27	0.52
57	1.69	0.94	1.56	0.81	1.45	0.70	1.40	0.65	1.31	0.56
58	1.76	1.01	1.62	0.87	1.50	0.75	1.44	0.69	1.35	0.60
59	1.83	1.08	1.68	0.92	1.55	0.80	1.49	0.74	1.39	0.64
60	1.90	1.15	1.74	0.99	1.61	0.86	1.54	0.79	1.43	0.68
61	2.00	1.24	1.82	1.07	1.68	0.93	1.61	0.85	1.49	0.74
62	2.11	1.34	1.92	1.15	1.76	1.00	1.68	0.92	1.56	0.79
63	2.21	1.44	2.01	1.24	1.84	1.08	1.76	0.99	1.62	0.85
64	2.32	1.54	2.10	1.33	1.92	1.15	1.83	1.06	1.68	0.91
65	2.42	1.64	2.19	1.42	2.00	1.23	1.90	1.12	1.75	0.97
66	2.64	1.86	2.38	1.60	2.16	1.39	2.05	1.27	1.87	1.09
67	2.86	2.08	2.57	1.79	2.33	1.55	2.20	1.42	2.00	1.22
68	3.08	2.30	2.76	1.98	2.49	1.71	2.35	1.57	2.13	1.35
69	3.31	2.52	2.96	2.17	2.66	1.88	2.51	1.73	2.27	1.49
70	3.54	2.75	3.15	2.37	2.84	2.05	2.67	1.88	2.41	1.62
71	3.90	3.11	3.47	2.68	3.10	2.32	2.91	2.13	2.62	1.83
72	4.26	3.48	3.78	3.00	3.38	2.60	3.16	2.38	2.83	2.05
73	4.64	3.85	4.11	3.32	3.66	2.87	3.42	2.63	3.05	2.27
74	5.02	4.24	4.43	3.65	3.94	3.16	3.68	2.89	3.28	2.49
75	5.41	4.62	4.77	3.98	4.23	3.44	3.94	3.15	3.51	2.72
76	5.96	5.18	5.25	4.46	4.65	3.86	4.32	3.53	3.83	3.05
77	6.52	5.73	5.73	4.94	5.06	4.27	4.70	3.91	4.16	3.37
78	7.07	6.29	6.21	5.42	5.47	4.68	5.08	4.29	4.49	3.70
79	7.63	6.84	6.68	5.90	5.88	5.10	5.45	4.67	4.81	4.03
80	8.18	7.40	7.16	6.38	6.30	5.51	5.83	5.05	5.14	4.35
81	8.87	8.09	7.76	6.97	6.82	6.03	6.31	5.52	5.55	4.76
82	9.57	8.78	8.36	7.57	7.33	6.54	6.78	5.99	5.95	5.17
83	10.26	9.48	8.95	8.17	7.85	7.06	7.25	6.47	6.36	5.58
84	10.96	10.17	9.55	8.77	8.36	7.58	7.72	6.94	6.77	5.98
85	N/A	10.86	N/A	9.36	N/A	8.09	N/A	7.41	N/A	6.39
86	N/A	11.56	N/A	9.96	N/A	8.61	N/A	7.88	N/A	6.80
87	N/A	12.25	N/A	10.56	N/A	9.13	N/A	8.36	N/A	7.21
88	N/A	12.94	N/A	11.16	N/A	9.64	N/A	8.83	N/A	7.62
89	N/A	13.64	N/A	11.75	N/A	10.16	N/A	9.30	N/A	8.02
90	N/A	14.33	N/A	12.35	N/A	10.68	N/A	9.78	N/A	8.43
91	N/A	14.61	N/A	12.59	N/A	10.89	N/A	9.97	N/A	8.59
92	N/A	14.88	N/A	12.83	N/A	11.09	N/A	10.16	N/A	8.76
93	N/A	15.16	N/A	13.07	N/A	11.30	N/A	10.34	N/A	8.92
94	N/A	15.44	N/A	13.31	N/A	11.51	N/A	10.53	N/A	9.08
95	N/A	15.72	N/A	13.55	N/A	11.71	N/A	10.72	N/A	9.25
96	N/A	15.81	N/A	13.63	N/A	11.78	N/A	10.79	N/A	9.30
97	N/A	15.90	N/A	13.71	N/A	11.85	N/A	10.85	N/A	9.36
98	N/A	15.99	N/A	13.79	N/A	11.92	N/A	10.91	N/A	9.41
99	N/A	16.09	N/A	13.87	N/A	11.99	N/A	10.98	N/A	9.46
100	N/A	16.18	N/A	13.95	N/A	12.06	N/A	11.04	N/A	9.52

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R950

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-39	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00
40-49	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00	1.57	0.00
50-54	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00	1.99	0.00
55-59	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00	2.49	0.00
60-64	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00	3.20	0.00
65-69	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00	4.50	0.00
70-74	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00	6.66	0.00
75-79	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00	9.96	0.00
80+	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00	14.13	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R952
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R959
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	8.25	0.58	8.18	0.51	8.10	0.45	8.06	0.40	8.01	0.36
26	8.31	0.64	8.22	0.56	8.15	0.49	8.10	0.45	8.04	0.39
27	8.35	0.69	8.27	0.61	8.19	0.54	8.14	0.48	8.07	0.42
28	8.40	0.75	8.32	0.65	8.22	0.56	8.18	0.52	8.12	0.46
29	8.46	0.81	8.37	0.70	8.26	0.61	8.21	0.56	8.15	0.49
30	8.51	0.86	8.40	0.75	8.31	0.64	8.25	0.60	8.18	0.52
31	8.58	0.93	8.47	0.82	8.35	0.70	8.31	0.64	8.22	0.56
32	8.66	1.00	8.53	0.88	8.41	0.76	8.35	0.70	8.27	0.61
33	8.75	1.08	8.60	0.95	8.47	0.82	8.40	0.75	8.32	0.65
34	8.82	1.15	8.66	1.01	8.53	0.88	8.46	0.81	8.37	0.70
35	8.89	1.23	8.73	1.08	8.58	0.93	8.51	0.86	8.40	0.74
36	8.98	1.32	8.82	1.17	8.66	1.00	8.58	0.92	8.47	0.81
37	9.08	1.43	8.90	1.25	8.73	1.08	8.65	0.99	8.52	0.87
38	9.17	1.51	9.00	1.33	8.82	1.15	8.72	1.06	8.58	0.92
39	9.27	1.62	9.08	1.43	8.89	1.23	8.78	1.13	8.64	0.99
40	9.37	1.71	9.16	1.51	8.96	1.30	8.85	1.19	8.70	1.05
41	9.50	1.84	9.27	1.61	9.06	1.39	8.94	1.27	8.77	1.12
42	9.62	1.96	9.37	1.71	9.15	1.49	9.02	1.36	8.84	1.19
43	9.73	2.08	9.48	1.83	9.23	1.58	9.10	1.45	8.93	1.26
44	9.87	2.20	9.59	1.94	9.33	1.68	9.19	1.54	9.01	1.33
45	9.98	2.33	9.70	2.03	9.42	1.77	9.27	1.62	9.08	1.42
46	10.14	2.49	9.83	2.18	9.53	1.88	9.38	1.73	9.17	1.51
47	10.29	2.63	9.96	2.30	9.65	2.00	9.48	1.83	9.27	1.59
48	10.45	2.80	10.09	2.44	9.78	2.11	9.60	1.94	9.35	1.69
49	10.59	2.94	10.22	2.56	9.89	2.23	9.70	2.05	9.44	1.79
50	10.75	3.09	10.36	2.70	10.01	2.34	9.81	2.15	9.53	1.88
51	10.96	3.30	10.54	2.88	10.15	2.50	9.96	2.30	9.66	2.01
52	11.16	3.50	10.72	3.06	10.31	2.64	10.10	2.44	9.78	2.13
53	11.36	3.70	10.90	3.24	10.46	2.80	10.23	2.58	9.91	2.25
54	11.57	3.92	11.08	3.40	10.61	2.95	10.39	2.71	10.04	2.37
55	11.77	4.11	11.25	3.58	10.76	3.11	10.53	2.87	10.16	2.50
56	12.10	4.44	11.52	3.86	11.00	3.34	10.75	3.08	10.35	2.69
57	12.42	4.76	11.79	4.13	11.25	3.58	10.97	3.31	10.54	2.88
58	12.74	5.08	12.07	4.40	11.50	3.83	11.17	3.51	10.73	3.06
59	13.07	5.40	12.34	4.68	11.75	4.08	11.40	3.74	10.92	3.25
60	13.40	5.74	12.61	4.95	11.98	4.32	11.61	3.95	11.11	3.44
61	13.92	6.19	13.07	5.34	12.39	4.66	12.00	4.27	11.45	3.71
62	14.43	6.66	13.52	5.74	12.79	5.01	12.38	4.58	11.77	3.99
63	14.97	7.12	13.98	6.13	13.20	5.34	12.74	4.90	12.11	4.26
64	15.49	7.59	14.43	6.52	13.59	5.69	13.13	5.21	12.44	4.52
65	16.02	8.06	14.89	6.93	14.01	6.03	13.49	5.53	12.77	4.80
66	16.98	9.01	15.72	7.75	14.72	6.76	14.16	6.19	13.33	5.37
67	17.93	9.96	16.54	8.57	15.45	7.46	14.82	6.85	13.91	5.93
68	18.90	10.91	17.37	9.39	16.16	8.19	15.48	7.50	14.47	6.50
69	19.85	11.86	18.20	10.21	16.87	8.90	16.15	8.15	15.04	7.06
70	20.81	12.82	19.02	11.03	17.60	9.62	16.80	8.82	15.61	7.63
71	22.38	14.39	20.38	12.39	18.79	10.81	17.90	9.90	16.54	8.56
72	23.97	15.97	21.75	13.74	19.98	11.98	19.00	11.00	17.48	9.47
73	25.56	17.54	23.12	15.10	21.18	13.17	20.09	12.08	18.41	10.40
74	27.13	19.11	24.48	16.46	22.37	14.35	21.18	13.16	19.35	11.33
75	28.71	20.68	25.85	17.81	23.57	15.54	22.29	14.26	20.29	12.26
76	31.19	23.16	27.98	19.96	25.43	17.40	24.00	15.97	21.77	13.73
77	33.68	25.64	30.13	22.10	27.30	19.27	25.70	17.67	23.23	15.20
78	36.16	28.13	32.26	24.23	29.17	21.13	27.42	19.39	24.69	16.67
79	38.65	30.62	34.40	26.37	31.04	23.00	29.12	21.09	26.17	18.14
80	41.13	33.09	36.53	28.50	32.89	24.87	30.83	22.80	27.63	19.61
81	44.23	36.20	39.21	31.18	35.22	27.19	32.97	24.94	29.48	21.44
82	47.33	39.29	41.88	33.84	37.56	29.52	35.12	27.08	31.32	23.29
83	50.43	42.40	44.55	36.52	39.88	31.86	37.25	29.21	33.14	25.12
84	53.53	45.49	47.22	39.19	42.21	34.18	39.39	31.36	34.99	26.95
85	N/A	48.60	N/A	41.86	N/A	36.51	N/A	33.49	N/A	28.80
86	N/A	51.71	N/A	44.54	N/A	38.84	N/A	35.63	N/A	30.64
87	N/A	54.81	N/A	47.21	N/A	41.17	N/A	37.77	N/A	32.48
88	N/A	57.91	N/A	49.88	N/A	43.51	N/A	39.90	N/A	34.31
89	N/A	61.01	N/A	52.55	N/A	45.84	N/A	42.04	N/A	36.15
90	N/A	64.12	N/A	55.23	N/A	48.17	N/A	44.18	N/A	37.98
91	N/A	65.37	N/A	56.30	N/A	49.10	N/A	45.04	N/A	38.72
92	N/A	66.59	N/A	57.37	N/A	50.04	N/A	45.90	N/A	39.46
93	N/A	67.84	N/A	58.44	N/A	50.97	N/A	46.74	N/A	40.20
94	N/A	69.08	N/A	59.52	N/A	51.90	N/A	47.60	N/A	40.94
95	N/A	70.32	N/A	60.58	N/A	52.82	N/A	48.46	N/A	41.67
96	N/A	70.73	N/A	60.94	N/A	53.15	N/A	48.74	N/A	41.91
97	N/A	71.15	N/A	61.30	N/A	53.45	N/A	49.03	N/A	42.16
98	N/A	71.57	N/A	61.65	N/A	53.75	N/A	49.31	N/A	42.40
99	N/A	71.97	N/A	62.01	N/A	54.07	N/A	49.61	N/A	42.65
100	N/A	72.39	N/A	62.37	N/A	54.38	N/A	49.88	N/A	42.89

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.56	0.82	8.45	0.71	8.37	0.63	8.29	0.57	8.23	0.51
26	8.63	0.89	8.51	0.79	8.41	0.69	8.35	0.62	8.28	0.55
27	8.70	0.98	8.58	0.84	8.48	0.74	8.40	0.68	8.33	0.60
28	8.77	1.05	8.64	0.90	8.53	0.80	8.46	0.71	8.38	0.64
29	8.85	1.12	8.70	0.98	8.59	0.86	8.51	0.77	8.43	0.69
30	8.93	1.19	8.77	1.04	8.65	0.90	8.57	0.82	8.47	0.73
31	9.03	1.30	8.87	1.12	8.72	0.99	8.64	0.89	8.53	0.80
32	9.14	1.40	8.95	1.21	8.81	1.07	8.71	0.98	8.59	0.86
33	9.23	1.50	9.04	1.30	8.88	1.15	8.77	1.04	8.66	0.92
34	9.33	1.61	9.13	1.39	8.96	1.23	8.85	1.11	8.72	0.99
35	9.44	1.71	9.22	1.48	9.04	1.31	8.93	1.18	8.78	1.05
36	9.58	1.84	9.33	1.59	9.14	1.42	9.02	1.27	8.87	1.13
37	9.71	1.98	9.45	1.71	9.23	1.51	9.12	1.37	8.96	1.21
38	9.84	2.11	9.56	1.83	9.34	1.62	9.20	1.45	9.03	1.29
39	9.97	2.24	9.67	1.94	9.44	1.71	9.29	1.55	9.12	1.37
40	10.10	2.38	9.79	2.06	9.54	1.82	9.39	1.64	9.20	1.45
41	10.27	2.55	9.94	2.20	9.67	1.94	9.51	1.76	9.31	1.56
42	10.45	2.70	10.08	2.34	9.81	2.07	9.62	1.88	9.40	1.67
43	10.60	2.87	10.22	2.49	9.94	2.20	9.73	2.00	9.51	1.76
44	10.77	3.03	10.36	2.63	10.07	2.32	9.85	2.11	9.60	1.87
45	10.94	3.20	10.52	2.77	10.19	2.45	9.97	2.23	9.71	1.98
46	11.14	3.42	10.70	2.95	10.35	2.61	10.12	2.38	9.83	2.11
47	11.35	3.61	10.88	3.14	10.51	2.76	10.26	2.52	9.96	2.23
48	11.55	3.82	11.06	3.32	10.65	2.93	10.40	2.67	10.08	2.34
49	11.77	4.02	11.23	3.50	10.82	3.08	10.54	2.81	10.21	2.48
50	11.96	4.24	11.41	3.68	10.97	3.24	10.69	2.95	10.34	2.59
51	12.23	4.51	11.66	3.92	11.19	3.45	10.88	3.14	10.51	2.76
52	12.52	4.78	11.90	4.17	11.40	3.67	11.08	3.33	10.67	2.94
53	12.80	5.07	12.14	4.39	11.59	3.87	11.27	3.53	10.83	3.09
54	13.08	5.34	12.38	4.64	11.80	4.08	11.47	3.72	11.01	3.26
55	13.36	5.62	12.61	4.88	12.02	4.28	11.66	3.92	11.17	3.43
56	13.78	6.05	12.99	5.25	12.33	4.61	11.96	4.21	11.42	3.69
57	14.21	6.46	13.35	5.60	12.65	4.93	12.25	4.51	11.69	3.95
58	14.61	6.88	13.72	5.97	12.98	5.24	12.54	4.80	11.95	4.20
59	15.04	7.29	14.08	6.33	13.29	5.56	12.84	5.09	12.21	4.46
60	15.46	7.72	14.45	6.70	13.61	5.87	13.14	5.39	12.46	4.72
61	16.14	8.33	15.04	7.24	14.14	6.33	13.63	5.81	12.90	5.09
62	16.80	8.95	15.62	7.77	14.66	6.79	14.11	6.24	13.33	5.47
63	17.48	9.54	16.22	8.29	15.18	7.27	14.59	6.66	13.77	5.84
64	18.15	10.16	16.81	8.84	15.71	7.74	15.08	7.09	14.21	6.22
65	18.81	10.77	17.40	9.37	16.23	8.20	15.57	7.52	14.64	6.59
66	20.10	12.04	18.52	10.47	17.21	9.15	16.46	8.40	15.42	7.37
67	21.37	13.32	19.62	11.58	18.17	10.13	17.34	9.29	16.21	8.15
68	22.65	14.58	20.74	12.69	19.15	11.09	18.24	10.17	16.99	8.95
69	23.92	15.86	21.85	13.78	20.11	12.05	19.12	11.06	17.78	9.72
70	25.19	17.12	22.96	14.89	21.09	13.02	20.02	11.95	18.56	10.51
71	27.29	19.22	24.78	16.71	22.68	14.60	21.47	13.39	19.86	11.79
72	29.39	21.30	26.60	18.52	24.28	16.18	22.93	14.85	21.16	13.08
73	31.48	23.40	28.42	20.33	25.86	17.77	24.40	16.29	22.46	14.38
74	33.58	25.47	30.25	22.13	27.45	19.36	25.85	17.75	23.76	15.66
75	35.68	27.56	32.06	23.95	29.05	20.94	27.31	19.19	25.06	16.95
76	38.97	30.87	34.94	26.82	31.56	23.45	29.61	21.50	27.10	18.99
77	42.28	34.18	37.81	29.69	34.08	25.97	31.92	23.80	29.12	21.02
78	45.60	37.49	40.69	32.58	36.59	28.48	34.22	26.12	31.17	23.05
79	48.91	40.79	43.57	35.45	39.10	31.00	36.53	28.42	33.19	25.09
80	52.21	44.10	46.43	38.32	41.61	33.51	38.83	30.71	35.22	27.12
81	56.35	48.24	50.03	41.91	44.76	36.64	41.71	33.61	37.77	29.67
82	60.48	52.37	53.61	45.51	47.90	39.79	44.59	36.47	40.32	32.21
83	64.62	56.50	57.22	49.10	51.04	42.92	47.47	39.35	42.85	34.75
84	68.75	60.63	60.81	52.69	54.18	46.08	50.34	42.23	45.40	37.28
85	N/A	64.77	N/A	56.29	N/A	49.21	N/A	45.11	N/A	39.83
86	N/A	68.90	N/A	59.88	N/A	52.35	N/A	47.99	N/A	42.38
87	N/A	73.04	N/A	63.46	N/A	55.49	N/A	50.87	N/A	44.92
88	N/A	77.17	N/A	67.07	N/A	58.63	N/A	53.75	N/A	47.46
89	N/A	81.31	N/A	70.66	N/A	61.77	N/A	56.63	N/A	50.00
90	N/A	85.44	N/A	74.24	N/A	64.91	N/A	59.51	N/A	52.55
91	N/A	87.10	N/A	75.68	N/A	66.16	N/A	60.67	N/A	53.56
92	N/A	88.75	N/A	77.12	N/A	67.43	N/A	61.82	N/A	54.57
93	N/A	90.40	N/A	78.55	N/A	68.69	N/A	62.97	N/A	55.60
94	N/A	92.05	N/A	79.99	N/A	69.94	N/A	64.12	N/A	56.61
95	N/A	93.71	N/A	81.43	N/A	71.20	N/A	65.27	N/A	57.63
96	N/A	94.26	N/A	81.91	N/A	71.61	N/A	65.65	N/A	57.96
97	N/A	94.81	N/A	82.38	N/A	72.04	N/A	66.05	N/A	58.30
98	N/A	95.37	N/A	82.86	N/A	72.45	N/A	66.43	N/A	58.66
99	N/A	95.91	N/A	83.35	N/A	72.88	N/A	66.82	N/A	58.99
100	N/A	96.46	N/A	83.82	N/A	73.29	N/A	67.20	N/A	59.32

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.77	0.95	8.64	0.83	8.54	0.74	8.47	0.67	8.40	0.57
26	8.85	1.04	8.71	0.90	8.60	0.80	8.54	0.73	8.46	0.63
27	8.94	1.12	8.78	0.98	8.68	0.87	8.59	0.77	8.50	0.68
28	9.02	1.21	8.87	1.06	8.75	0.93	8.66	0.84	8.56	0.73
29	9.10	1.30	8.94	1.13	8.81	0.99	8.71	0.89	8.59	0.77
30	9.19	1.38	9.01	1.20	8.88	1.06	8.77	0.96	8.65	0.83
31	9.31	1.50	9.12	1.31	8.96	1.15	8.87	1.05	8.72	0.90
32	9.42	1.62	9.22	1.40	9.06	1.24	8.95	1.13	8.79	0.98
33	9.56	1.74	9.32	1.51	9.14	1.33	9.02	1.20	8.87	1.05
34	9.67	1.86	9.42	1.61	9.23	1.42	9.10	1.29	8.94	1.12
35	9.79	1.98	9.53	1.71	9.32	1.51	9.19	1.38	9.01	1.19
36	9.95	2.13	9.67	1.86	9.44	1.63	9.29	1.49	9.10	1.29
37	10.10	2.28	9.81	1.99	9.56	1.75	9.40	1.59	9.20	1.38
38	10.26	2.44	9.94	2.12	9.69	1.87	9.52	1.70	9.29	1.48
39	10.41	2.59	10.07	2.25	9.81	1.99	9.63	1.81	9.39	1.57
40	10.57	2.75	10.21	2.39	9.91	2.11	9.73	1.92	9.48	1.67
41	10.76	2.94	10.38	2.56	10.07	2.25	9.88	2.06	9.59	1.79
42	10.96	3.14	10.53	2.73	10.21	2.40	10.01	2.20	9.71	1.90
43	11.15	3.33	10.71	2.89	10.35	2.53	10.14	2.33	9.83	2.02
44	11.35	3.55	10.86	3.06	10.51	2.69	10.28	2.48	9.95	2.14
45	11.54	3.74	11.03	3.24	10.65	2.83	10.41	2.62	10.07	2.26
46	11.79	3.97	11.25	3.44	10.83	3.02	10.59	2.78	10.21	2.42
47	12.04	4.22	11.45	3.64	11.02	3.20	10.76	2.95	10.36	2.55
48	12.27	4.46	11.66	3.84	11.20	3.39	10.94	3.12	10.51	2.70
49	12.52	4.70	11.86	4.06	11.38	3.57	11.10	3.28	10.65	2.83
50	12.77	4.95	12.08	4.26	11.55	3.75	11.27	3.45	10.81	2.99
51	13.09	5.27	12.36	4.55	11.80	4.00	11.50	3.68	11.00	3.19
52	13.40	5.59	12.64	4.82	12.05	4.25	11.72	3.90	11.20	3.38
53	13.73	5.91	12.92	5.11	12.29	4.47	11.95	4.14	11.39	3.58
54	14.05	6.25	13.20	5.39	12.54	4.72	12.16	4.37	11.59	3.77
55	14.38	6.57	13.48	5.66	12.78	4.97	12.39	4.58	11.78	3.97
56	14.86	7.06	13.91	6.09	13.16	5.34	12.73	4.93	12.08	4.27
57	15.36	7.54	14.33	6.52	13.53	5.71	13.08	5.27	12.39	4.57
58	15.86	8.06	14.76	6.94	13.90	6.08	13.42	5.60	12.69	4.88
59	16.36	8.54	15.18	7.37	14.27	6.45	13.77	5.95	12.99	5.18
60	16.85	9.03	15.61	7.79	14.64	6.83	14.11	6.30	13.29	5.47
61	17.62	9.75	16.29	8.41	15.24	7.35	14.66	6.79	13.80	5.90
62	18.41	10.46	16.97	9.03	15.84	7.90	15.23	7.28	14.29	6.34
63	19.17	11.17	17.65	9.64	16.45	8.44	15.78	7.78	14.79	6.78
64	19.96	11.89	18.31	10.26	17.04	8.98	16.35	8.27	15.28	7.22
65	20.73	12.60	19.00	10.88	17.64	9.51	16.90	8.77	15.78	7.65
66	22.22	14.09	20.28	12.16	18.75	10.63	17.93	9.81	16.68	8.57
67	23.69	15.57	21.57	13.44	19.87	11.76	18.97	10.83	17.60	9.47
68	25.18	17.04	22.85	14.72	21.00	12.86	20.00	11.86	18.50	10.36
69	26.66	18.53	24.15	15.99	22.12	13.98	21.04	12.89	19.41	11.27
70	28.14	20.00	25.42	17.28	23.24	15.10	22.07	13.92	20.31	12.17
71	30.57	22.42	27.52	19.36	25.09	16.92	23.76	15.61	21.81	13.66
72	33.00	24.84	29.62	21.46	26.93	18.75	25.45	17.29	23.29	15.14
73	35.43	27.25	31.73	23.55	28.76	20.58	27.14	18.97	24.79	16.61
74	37.84	29.67	33.82	25.64	30.61	22.42	28.83	20.66	26.26	18.09
75	40.28	32.08	35.93	27.74	32.44	24.24	30.54	22.34	27.76	19.56
76	44.13	35.94	39.26	31.06	35.35	27.14	33.20	25.01	30.11	21.91
77	47.98	39.78	42.58	34.39	38.26	30.06	35.89	27.70	32.45	24.26
78	51.82	43.64	45.92	37.72	41.16	32.96	38.57	30.38	34.81	26.62
79	55.68	47.48	49.24	41.06	44.08	35.87	41.26	33.07	37.15	28.96
80	59.52	51.34	52.57	44.39	46.98	38.78	43.93	35.75	39.50	31.31
81	64.33	56.14	56.73	48.54	50.62	42.42	47.28	39.09	42.44	34.24
82	69.15	60.96	60.89	52.71	54.25	46.05	50.63	42.44	45.36	37.18
83	73.96	65.77	65.05	56.86	57.89	49.69	53.99	45.80	48.30	40.11
84	78.78	70.59	69.21	61.01	61.52	53.32	57.33	49.15	51.24	43.05
85	N/A	75.40	N/A	65.18	N/A	56.97	N/A	52.50	N/A	45.98
86	N/A	80.21	N/A	69.33	N/A	60.61	N/A	55.85	N/A	48.91
87	N/A	85.04	N/A	73.49	N/A	64.24	N/A	59.20	N/A	51.86
88	N/A	89.85	N/A	77.66	N/A	67.87	N/A	62.56	N/A	54.79
89	N/A	94.66	N/A	81.82	N/A	71.50	N/A	65.91	N/A	57.73
90	N/A	99.47	N/A	85.98	N/A	75.14	N/A	69.26	N/A	60.67
91	N/A	101.40	N/A	87.64	N/A	76.59	N/A	70.60	N/A	61.83
92	N/A	103.32	N/A	89.31	N/A	78.05	N/A	71.94	N/A	63.01
93	N/A	105.26	N/A	90.98	N/A	79.49	N/A	73.28	N/A	64.19
94	N/A	107.17	N/A	92.63	N/A	80.96	N/A	74.61	N/A	65.35
95	N/A	109.10	N/A	94.30	N/A	82.41	N/A	75.96	N/A	66.53
96	N/A	109.74	N/A	94.85	N/A	82.90	N/A	76.41	N/A	66.93
97	N/A	110.38	N/A	95.40	N/A	83.38	N/A	76.85	N/A	67.32
98	N/A	111.03	N/A	95.97	N/A	83.87	N/A	77.30	N/A	67.70
99	N/A	111.67	N/A	96.52	N/A	84.35	N/A	77.74	N/A	68.09
100	N/A	112.31	N/A	97.08	N/A	84.84	N/A	78.19	N/A	68.50

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	9.02	1.07	8.89	0.94	8.77	0.82	8.70	0.74	8.60	0.65
26	9.12	1.17	8.98	1.02	8.85	0.89	8.76	0.81	8.66	0.70
27	9.22	1.26	9.06	1.09	8.93	0.96	8.83	0.87	8.73	0.77
28	9.31	1.34	9.14	1.19	8.98	1.04	8.89	0.94	8.78	0.82
29	9.40	1.44	9.22	1.26	9.07	1.11	8.96	1.00	8.85	0.89
30	9.50	1.55	9.31	1.34	9.14	1.19	9.02	1.07	8.90	0.94
31	9.63	1.68	9.42	1.46	9.25	1.29	9.12	1.15	8.98	1.02
32	9.76	1.81	9.54	1.57	9.35	1.39	9.21	1.25	9.07	1.11
33	9.90	1.94	9.65	1.70	9.46	1.49	9.31	1.33	9.15	1.19
34	10.03	2.07	9.77	1.81	9.56	1.59	9.39	1.44	9.23	1.27
35	10.16	2.20	9.89	1.93	9.66	1.70	9.48	1.52	9.32	1.34
36	10.34	2.37	10.04	2.07	9.79	1.82	9.62	1.64	9.42	1.45
37	10.51	2.55	10.20	2.23	9.94	1.96	9.73	1.76	9.52	1.57
38	10.69	2.71	10.34	2.38	10.07	2.09	9.85	1.89	9.63	1.67
39	10.86	2.89	10.50	2.53	10.21	2.24	9.97	2.01	9.73	1.77
40	11.03	3.07	10.64	2.69	10.34	2.37	10.09	2.13	9.84	1.88
41	11.25	3.28	10.84	2.88	10.50	2.55	10.25	2.28	9.97	2.01
42	11.47	3.50	11.03	3.07	10.67	2.70	10.39	2.44	10.12	2.14
43	11.70	3.72	11.22	3.26	10.84	2.88	10.56	2.58	10.25	2.28
44	11.91	3.95	11.41	3.45	11.01	3.05	10.71	2.74	10.38	2.42
45	12.13	4.17	11.61	3.64	11.17	3.21	10.86	2.89	10.51	2.55
46	12.40	4.44	11.85	3.88	11.38	3.43	11.04	3.08	10.67	2.70
47	12.67	4.71	12.09	4.12	11.59	3.62	11.25	3.27	10.84	2.88
48	12.96	4.99	12.32	4.36	11.78	3.83	11.42	3.46	11.01	3.05
49	13.23	5.26	12.55	4.59	12.00	4.02	11.63	3.65	11.17	3.21
50	13.51	5.53	12.79	4.84	12.20	4.22	11.80	3.84	11.34	3.38
51	13.86	5.89	13.11	5.14	12.47	4.50	12.05	4.09	11.57	3.61
52	14.22	6.25	13.41	5.46	12.74	4.77	12.30	4.34	11.79	3.83
53	14.59	6.62	13.73	5.76	13.01	5.05	12.55	4.58	12.01	4.06
54	14.95	6.97	14.03	6.08	13.27	5.32	12.80	4.84	12.25	4.27
55	15.30	7.34	14.35	6.38	13.54	5.59	13.05	5.09	12.47	4.50
56	15.87	7.90	14.84	6.87	13.97	6.01	13.45	5.47	12.80	4.84
57	16.43	8.47	15.33	7.35	14.39	6.44	13.84	5.87	13.14	5.18
58	17.02	9.04	15.82	7.84	14.82	6.85	14.24	6.27	13.49	5.52
59	17.58	9.62	16.30	8.33	15.24	7.27	14.64	6.66	13.83	5.85
60	18.15	10.17	16.79	8.82	15.66	7.70	15.02	7.06	14.16	6.20
61	19.02	10.98	17.55	9.51	16.34	8.31	15.65	7.62	14.71	6.69
62	19.87	11.78	18.31	10.21	17.02	8.91	16.28	8.18	15.27	7.18
63	20.74	12.58	19.06	10.90	17.67	9.53	16.90	8.73	15.80	7.65
64	21.60	13.39	19.83	11.60	18.35	10.14	17.53	9.29	16.36	8.14
65	22.47	14.18	20.59	12.29	19.03	10.75	18.15	9.87	16.90	8.63
66	24.12	15.84	22.03	13.73	20.29	12.01	19.30	11.01	17.91	9.64
67	25.78	17.48	23.45	15.16	21.55	13.27	20.47	12.17	18.93	10.65
68	27.43	19.14	24.89	16.59	22.81	14.52	21.62	13.33	19.94	11.65
69	29.08	20.78	26.32	18.03	24.07	15.78	22.79	14.49	20.97	12.66
70	30.73	22.43	27.76	19.46	25.34	17.04	23.94	15.65	21.98	13.67
71	33.42	25.10	30.10	21.79	27.39	19.09	25.85	17.53	23.65	15.33
72	36.09	27.77	32.43	24.10	29.45	21.13	27.74	19.42	25.31	16.98
73	38.77	30.44	34.75	26.43	31.50	23.18	29.64	21.30	26.97	18.65
74	41.45	33.12	37.09	28.74	33.56	25.22	31.54	23.19	28.63	20.30
75	44.14	35.78	39.41	31.07	35.62	27.26	33.44	25.09	30.30	21.94
76	48.43	40.08	43.15	34.80	38.89	30.54	36.45	28.10	32.93	24.57
77	52.72	44.38	46.87	38.52	42.16	33.81	39.46	31.11	35.56	27.20
78	57.01	48.67	50.60	42.26	45.43	37.08	42.47	34.12	38.20	29.85
79	61.31	52.97	54.34	45.98	48.69	40.35	45.48	37.14	40.83	32.49
80	65.60	57.25	58.06	49.71	51.97	43.63	48.49	40.15	43.46	35.12
81	70.97	62.63	62.72	54.37	56.06	47.71	52.25	43.91	46.76	38.40
82	76.35	68.00	67.38	59.02	60.14	51.80	56.01	47.67	50.05	41.70
83	81.71	73.35	72.04	63.69	64.25	55.89	59.79	51.44	53.35	44.99
84	87.07	78.73	76.70	68.34	68.33	59.99	63.55	55.20	56.63	48.29
85	N/A	84.10	N/A	73.01	N/A	64.07	N/A	58.96	N/A	51.59
86	N/A	89.46	N/A	77.67	N/A	68.16	N/A	62.72	N/A	54.87
87	N/A	94.83	N/A	82.34	N/A	72.24	N/A	66.49	N/A	58.17
88	N/A	100.20	N/A	86.99	N/A	76.35	N/A	70.26	N/A	61.45
89	N/A	105.56	N/A	91.65	N/A	80.43	N/A	74.02	N/A	64.75
90	N/A	110.93	N/A	96.32	N/A	84.51	N/A	77.78	N/A	68.04
91	N/A	113.09	N/A	98.18	N/A	86.14	N/A	79.28	N/A	69.35
92	N/A	115.23	N/A	100.04	N/A	87.79	N/A	80.79	N/A	70.67
93	N/A	117.38	N/A	101.90	N/A	89.42	N/A	82.29	N/A	72.00
94	N/A	119.52	N/A	103.77	N/A	91.06	N/A	83.80	N/A	73.32
95	N/A	121.68	N/A	105.62	N/A	92.69	N/A	85.30	N/A	74.62
96	N/A	122.39	N/A	106.26	N/A	93.24	N/A	85.80	N/A	75.07
97	N/A	123.11	N/A	106.87	N/A	93.78	N/A	86.30	N/A	75.51
98	N/A	123.82	N/A	107.50	N/A	94.33	N/A	86.81	N/A	75.95
99	N/A	124.53	N/A	108.12	N/A	94.88	N/A	87.31	N/A	76.39
100	N/A	125.25	N/A	108.74	N/A	95.43	N/A	87.81	N/A	76.83

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	12.97	4.86	12.34	4.22	11.86	3.75	11.57	3.45	11.14	3.01
46	13.30	5.19	12.61	4.50	12.10	3.99	11.78	3.67	11.33	3.21
47	13.64	5.52	12.90	4.78	12.34	4.24	12.01	3.90	11.52	3.40
48	13.97	5.85	13.19	5.06	12.59	4.47	12.25	4.12	11.71	3.61
49	14.30	6.19	13.47	5.36	12.83	4.72	12.45	4.34	11.91	3.80
50	14.64	6.52	13.74	5.63	13.07	4.96	12.67	4.57	12.10	3.99
51	15.08	6.97	14.11	6.00	13.39	5.27	12.96	4.86	12.35	4.25
52	15.52	7.40	14.48	6.35	13.71	5.59	13.26	5.15	12.60	4.50
53	15.96	7.85	14.85	6.74	14.03	5.91	13.54	5.43	12.85	4.74
54	16.42	8.29	15.22	7.10	14.35	6.24	13.84	5.72	13.10	5.00
55	16.87	8.75	15.59	7.46	14.66	6.55	14.13	6.01	13.35	5.24
56	17.58	9.46	16.21	8.09	15.20	7.08	14.61	6.50	13.77	5.66
57	18.30	10.17	16.84	8.72	15.73	7.62	15.12	7.01	14.18	6.08
58	19.04	10.91	17.48	9.37	16.27	8.15	15.62	7.50	14.64	6.51
59	19.79	11.65	18.12	10.01	16.81	8.71	16.12	8.01	15.07	6.95
60	20.53	12.40	18.78	10.66	17.39	9.26	16.64	8.52	15.48	7.37
61	21.65	13.45	19.74	11.57	18.22	10.04	17.41	9.23	16.16	7.97
62	22.78	14.51	20.73	12.48	19.09	10.84	18.20	9.96	16.85	8.59
63	23.91	15.60	21.73	13.42	19.94	11.63	18.99	10.69	17.53	9.22
64	25.07	16.70	22.73	14.35	20.81	12.44	19.80	11.42	18.21	9.85
65	26.23	17.79	23.74	15.32	21.69	13.26	20.60	12.16	18.90	10.47
66	28.54	20.10	25.73	17.30	23.42	14.99	22.18	13.73	20.27	11.83
67	30.90	22.46	27.79	19.34	25.18	16.74	23.80	15.35	21.67	13.22
68	33.31	24.86	29.86	21.40	26.99	18.54	25.44	16.99	23.09	14.65
69	35.76	27.30	31.99	23.51	28.81	20.36	27.13	18.67	24.55	16.10
70	38.25	29.79	34.13	25.67	30.68	22.22	28.83	20.37	26.03	17.56
71	42.16	33.69	37.50	29.02	33.58	25.12	31.50	23.01	28.31	19.85
72	46.14	37.65	40.94	32.46	36.56	28.08	34.20	25.72	30.65	22.18
73	50.18	41.70	44.43	35.94	39.58	31.08	36.95	28.46	33.03	24.55
74	54.31	45.82	47.98	39.48	42.65	34.14	39.77	31.27	35.46	26.97
75	58.51	50.00	51.61	43.10	45.78	37.27	42.63	34.12	37.93	29.42
76	64.52	56.01	56.79	48.28	50.25	41.75	46.73	38.22	41.46	32.95
77	70.51	62.00	61.96	53.45	54.73	46.21	50.81	42.30	44.99	36.49
78	76.52	68.01	67.13	58.62	59.20	50.68	54.91	46.41	48.52	40.01
79	82.50	73.99	72.30	63.80	63.67	55.14	59.00	50.49	52.05	43.54
80	88.51	80.00	77.48	68.97	68.14	59.62	63.09	54.59	55.58	47.08
81	96.01	87.50	83.94	75.43	73.73	65.21	68.21	59.71	60.00	51.49
82	103.51	95.00	90.40	81.90	79.31	70.79	73.34	64.83	64.41	55.91
83	111.02	102.52	96.88	88.37	84.91	76.39	78.46	69.95	68.83	60.32
84	118.52	110.02	103.33	94.83	90.50	81.98	83.57	75.07	73.24	64.74
85	N/A	117.51	N/A	101.29	N/A	87.57	N/A	80.18	N/A	69.15
86	N/A	125.01	N/A	107.77	N/A	93.17	N/A	85.30	N/A	73.55
87	N/A	132.51	N/A	114.23	N/A	98.75	N/A	90.42	N/A	77.98
88	N/A	140.02	N/A	120.69	N/A	104.34	N/A	95.53	N/A	82.38
89	N/A	147.51	N/A	127.15	N/A	109.92	N/A	100.65	N/A	86.81
90	N/A	155.01	N/A	133.63	N/A	115.51	N/A	105.77	N/A	91.21
91	N/A	158.01	N/A	136.20	N/A	117.75	N/A	107.81	N/A	92.97
92	N/A	161.02	N/A	138.79	N/A	120.00	N/A	109.87	N/A	94.74
93	N/A	164.02	N/A	141.37	N/A	122.24	N/A	111.91	N/A	96.51
94	N/A	167.02	N/A	143.97	N/A	124.47	N/A	113.95	N/A	98.27
95	N/A	170.02	N/A	146.55	N/A	126.71	N/A	116.00	N/A	100.03
96	N/A	171.01	N/A	147.41	N/A	127.45	N/A	116.69	N/A	100.61
97	N/A	172.01	N/A	148.27	N/A	128.19	N/A	117.37	N/A	101.21
98	N/A	173.03	N/A	149.14	N/A	128.95	N/A	118.06	N/A	101.80
99	N/A	174.03	N/A	150.00	N/A	129.69	N/A	118.73	N/A	102.39
100	N/A	175.01	N/A	150.87	N/A	130.42	N/A	119.42	N/A	102.98

Spouse dicount is 7 1/2% of the base policy.

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Two Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	8.33	0.60	8.26	0.51	8.18	0.45	8.14	0.42	8.08	0.36
26	8.33	0.64	8.26	0.56	8.18	0.49	8.14	0.45	8.08	0.39
27	8.33	0.68	8.26	0.60	8.18	0.52	8.14	0.48	8.08	0.42
28	8.33	0.74	8.26	0.64	8.18	0.56	8.14	0.51	8.08	0.45
29	8.33	0.79	8.26	0.68	8.18	0.60	8.14	0.54	8.08	0.48
30	8.33	0.82	8.26	0.73	8.18	0.62	8.14	0.57	8.08	0.50
31	8.33	0.89	8.26	0.77	8.18	0.67	8.14	0.62	8.08	0.54
32	8.33	0.95	8.26	0.83	8.18	0.73	8.14	0.67	8.08	0.57
33	8.33	1.01	8.26	0.89	8.18	0.76	8.14	0.70	8.08	0.62
34	8.33	1.06	8.26	0.94	8.18	0.81	8.14	0.75	8.08	0.65
35	8.33	1.12	8.26	0.99	8.18	0.86	8.14	0.79	8.08	0.68
36	8.33	1.19	8.26	1.06	8.18	0.92	8.14	0.83	8.08	0.73
37	8.33	1.27	8.26	1.12	8.18	0.96	8.14	0.89	8.08	0.79
38	8.33	1.34	8.26	1.19	8.18	1.02	8.14	0.94	8.08	0.82
39	8.33	1.43	8.26	1.25	8.18	1.07	8.14	0.99	8.08	0.87
40	8.33	1.49	8.26	1.31	8.18	1.13	8.14	1.04	8.08	0.90
41	8.33	1.58	8.26	1.39	8.18	1.20	8.14	1.09	8.08	0.96
42	8.33	1.68	8.26	1.46	8.18	1.26	8.14	1.15	8.08	1.01
43	8.33	1.75	8.26	1.55	8.18	1.33	8.14	1.23	8.08	1.07
44	8.33	1.84	8.26	1.61	8.18	1.39	8.14	1.29	8.08	1.12
45	8.33	1.92	8.26	1.68	8.18	1.45	8.14	1.33	8.08	1.17
46	8.33	2.02	8.26	1.77	8.18	1.54	8.14	1.40	8.08	1.23
47	8.33	2.12	8.26	1.86	8.18	1.61	8.14	1.48	8.08	1.29
48	8.33	2.23	8.26	1.94	8.18	1.68	8.14	1.55	8.08	1.34
49	8.34	2.31	8.26	2.01	8.18	1.75	8.14	1.62	8.08	1.40
50	8.37	2.40	8.26	2.09	8.18	1.82	8.14	1.68	8.08	1.46
51	8.43	2.53	8.26	2.21	8.18	1.92	8.14	1.77	8.08	1.55
52	8.47	2.65	8.26	2.32	8.18	2.01	8.14	1.84	8.08	1.62
53	8.52	2.77	8.26	2.43	8.18	2.11	8.14	1.94	8.08	1.69
54	8.57	2.89	8.26	2.52	8.18	2.19	8.14	2.01	8.08	1.76
55	8.62	3.01	8.26	2.62	8.18	2.27	8.14	2.09	8.08	1.83
56	8.73	3.20	8.32	2.78	8.18	2.42	8.14	2.23	8.08	1.94
57	8.85	3.39	8.41	2.94	8.18	2.56	8.14	2.36	8.08	2.05
58	8.97	3.58	8.50	3.09	8.18	2.70	8.14	2.48	8.08	2.15
59	9.08	3.75	8.57	3.25	8.18	2.83	8.14	2.59	8.08	2.26
60	9.17	3.93	8.64	3.39	8.21	2.96	8.14	2.71	8.08	2.36
61	9.41	4.19	8.83	3.62	8.38	3.15	8.14	2.88	8.08	2.51
62	9.63	4.44	9.01	3.83	8.52	3.34	8.25	3.06	8.08	2.65
63	9.84	4.68	9.19	4.03	8.68	3.51	8.38	3.22	8.08	2.80
64	10.04	4.91	9.35	4.22	8.81	3.69	8.51	3.38	8.08	2.94
65	10.23	5.14	9.51	4.43	8.95	3.86	8.63	3.53	8.15	3.07
66	10.69	5.66	9.90	4.88	9.27	4.25	8.91	3.90	8.39	3.38
67	11.13	6.18	10.26	5.31	9.58	4.63	9.19	4.25	8.63	3.68
68	11.54	6.68	10.61	5.74	9.88	5.00	9.46	4.58	8.84	3.96
69	11.95	7.14	10.95	6.14	10.16	5.36	9.72	4.91	9.06	4.25
70	12.33	7.59	11.27	6.53	10.42	5.70	9.96	5.22	9.25	4.52
71	13.05	8.39	11.90	7.22	10.96	6.30	10.45	5.77	9.65	4.99
72	13.76	9.16	12.48	7.89	11.47	6.88	10.91	6.31	10.03	5.44
73	14.43	9.90	13.05	8.53	11.97	7.44	11.34	6.82	10.40	5.88
74	15.08	10.61	13.60	9.14	12.44	7.97	11.77	7.32	10.76	6.30
75	15.68	11.31	14.13	9.73	12.88	8.48	12.17	7.78	11.08	6.70
76	16.76	12.44	15.03	10.71	13.66	9.34	12.89	8.58	11.69	7.38
77	17.78	13.54	15.90	11.66	14.41	10.17	13.57	9.33	12.26	8.02
78	18.75	14.59	16.73	12.57	15.12	10.96	14.22	10.06	12.80	8.64
79	19.68	15.59	17.52	13.44	15.80	11.71	14.83	10.75	13.33	9.23
80	20.56	16.55	18.27	14.26	16.45	12.44	15.42	11.40	13.82	9.81
81	22.11	18.10	19.61	15.59	17.61	13.60	16.48	12.47	14.74	10.72
82	23.66	19.65	20.94	16.92	18.78	14.77	17.55	13.54	15.66	11.64
83	25.22	21.21	22.28	18.27	19.94	15.92	18.62	14.61	16.58	12.55
84	26.76	22.75	23.61	19.60	21.11	17.09	19.69	15.68	17.49	13.48
85	N/A	24.30	N/A	20.93	N/A	18.25	N/A	16.74	N/A	14.40
86	N/A	25.86	N/A	22.28	N/A	19.42	N/A	17.81	N/A	15.32
87	N/A	27.41	N/A	23.61	N/A	20.59	N/A	18.89	N/A	16.24
88	N/A	28.95	N/A	24.94	N/A	21.75	N/A	19.96	N/A	17.16
89	N/A	30.51	N/A	26.28	N/A	22.92	N/A	21.03	N/A	18.08
90	N/A	32.06	N/A	27.62	N/A	24.09	N/A	22.09	N/A	18.99
91	N/A	32.68	N/A	28.14	N/A	24.55	N/A	22.51	N/A	19.36
92	N/A	33.30	N/A	28.69	N/A	25.01	N/A	22.94	N/A	19.73
93	N/A	33.93	N/A	29.23	N/A	25.48	N/A	23.37	N/A	20.10
94	N/A	34.53	N/A	29.76	N/A	25.94	N/A	23.80	N/A	20.47
95	N/A	35.16	N/A	30.30	N/A	26.42	N/A	24.23	N/A	20.84
96	N/A	35.37	N/A	30.48	N/A	26.57	N/A	24.37	N/A	20.96
97	N/A	35.57	N/A	30.64	N/A	26.73	N/A	24.51	N/A	21.07
98	N/A	35.78	N/A	30.82	N/A	26.88	N/A	24.66	N/A	21.21
99	N/A	35.99	N/A	31.00	N/A	27.04	N/A	24.80	N/A	21.32
100	N/A	36.20	N/A	31.18	N/A	27.19	N/A	24.94	N/A	21.44

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Three Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.63	0.83	8.52	0.73	8.44	0.64	8.38	0.57	8.32	0.51
26	8.63	0.89	8.52	0.79	8.44	0.69	8.38	0.62	8.32	0.55
27	8.63	0.96	8.52	0.83	8.44	0.74	8.38	0.67	8.32	0.58
28	8.63	1.02	8.52	0.89	8.44	0.79	8.38	0.70	8.32	0.63
29	8.63	1.08	8.52	0.94	8.44	0.83	8.38	0.75	8.32	0.67
30	8.63	1.15	8.52	1.00	8.44	0.87	8.38	0.80	8.32	0.70
31	8.63	1.24	8.52	1.07	8.44	0.95	8.38	0.86	8.32	0.75
32	8.63	1.32	8.52	1.14	8.44	1.01	8.38	0.92	8.32	0.81
33	8.63	1.40	8.52	1.21	8.44	1.07	8.38	0.96	8.32	0.86
34	8.64	1.49	8.52	1.29	8.44	1.13	8.38	1.02	8.32	0.90
35	8.65	1.57	8.52	1.36	8.44	1.20	8.38	1.08	8.32	0.96
36	8.69	1.68	8.52	1.45	8.44	1.29	8.38	1.15	8.32	1.02
37	8.71	1.77	8.52	1.54	8.44	1.36	8.38	1.24	8.32	1.09
38	8.75	1.88	8.52	1.62	8.44	1.44	8.38	1.30	8.32	1.14
39	8.77	1.96	8.52	1.71	8.44	1.50	8.38	1.37	8.32	1.20
40	8.79	2.07	8.52	1.80	8.44	1.58	8.38	1.43	8.32	1.27
41	8.85	2.19	8.56	1.90	8.44	1.68	8.38	1.52	8.32	1.34
42	8.90	2.31	8.59	2.00	8.44	1.76	8.38	1.61	8.32	1.42
43	8.94	2.42	8.62	2.09	8.44	1.86	8.38	1.68	8.32	1.49
44	8.97	2.52	8.64	2.19	8.44	1.94	8.38	1.76	8.32	1.56
45	9.02	2.64	8.66	2.28	8.44	2.02	8.38	1.83	8.32	1.63
46	9.08	2.78	8.71	2.40	8.44	2.13	8.38	1.94	8.32	1.71
47	9.14	2.90	8.76	2.52	8.46	2.23	8.38	2.03	8.32	1.80
48	9.20	3.05	8.81	2.64	8.48	2.33	8.38	2.12	8.32	1.87
49	9.26	3.17	8.84	2.75	8.51	2.43	8.38	2.21	8.32	1.94
50	9.31	3.30	8.88	2.86	8.53	2.52	8.38	2.30	8.32	2.02
51	9.40	3.46	8.96	3.01	8.59	2.65	8.38	2.42	8.32	2.13
52	9.51	3.63	9.03	3.15	8.65	2.78	8.41	2.53	8.32	2.23
53	9.60	3.80	9.10	3.30	8.70	2.90	8.45	2.65	8.32	2.32
54	9.69	3.96	9.16	3.44	8.75	3.02	8.50	2.76	8.32	2.42
55	9.77	4.11	9.23	3.57	8.79	3.14	8.53	2.87	8.32	2.51
56	9.95	4.37	9.38	3.80	8.91	3.32	8.63	3.05	8.32	2.67
57	10.13	4.61	9.52	4.00	9.02	3.51	8.73	3.21	8.33	2.82
58	10.28	4.84	9.65	4.20	9.13	3.69	8.83	3.38	8.40	2.96
59	10.45	5.07	9.77	4.40	9.23	3.86	8.91	3.53	8.47	3.11
60	10.59	5.28	9.90	4.59	9.33	4.02	9.00	3.69	8.53	3.24
61	10.91	5.63	10.16	4.89	9.56	4.28	9.21	3.93	8.71	3.44
62	11.20	5.96	10.42	5.18	9.77	4.53	9.40	4.17	8.89	3.64
63	11.48	6.27	10.66	5.46	9.98	4.77	9.59	4.38	9.06	3.84
64	11.76	6.58	10.90	5.72	10.17	5.01	9.77	4.61	9.21	4.03
65	12.02	6.88	11.11	5.99	10.36	5.24	9.95	4.81	9.35	4.21
66	12.65	7.58	11.65	6.59	10.83	5.76	10.36	5.30	9.71	4.64
67	13.26	8.26	12.17	7.18	11.27	6.28	10.76	5.76	10.06	5.06
68	13.84	8.91	12.67	7.75	11.70	6.77	11.15	6.21	10.39	5.46
69	14.40	9.54	13.15	8.29	12.10	7.26	11.51	6.65	10.70	5.85
70	14.93	10.15	13.60	8.82	12.50	7.71	11.86	7.08	11.00	6.22
71	15.92	11.21	14.45	9.75	13.23	8.52	12.52	7.81	11.59	6.88
72	16.87	12.23	15.27	10.63	13.93	9.29	13.16	8.52	12.15	7.51
73	17.78	13.21	16.05	11.48	14.60	10.04	13.78	9.20	12.69	8.12
74	18.66	14.15	16.80	12.29	15.26	10.76	14.36	9.87	13.20	8.70
75	19.49	15.05	17.52	13.08	15.87	11.44	14.92	10.48	13.69	9.26
76	20.93	16.58	18.75	14.40	16.95	12.59	15.90	11.54	14.55	10.20
77	22.31	18.04	19.96	15.67	17.98	13.71	16.84	12.57	15.37	11.09
78	23.65	19.43	21.10	16.90	18.97	14.77	17.74	13.54	16.16	11.95
79	24.91	20.78	22.18	18.05	19.91	15.78	18.60	14.47	16.90	12.77
80	26.11	22.05	23.22	19.16	20.81	16.76	19.41	15.36	17.61	13.55
81	28.18	24.12	25.01	20.96	22.37	18.33	20.86	16.80	18.89	14.83
82	30.24	26.18	26.81	22.75	23.95	19.90	22.29	18.24	20.16	16.10
83	32.31	28.25	28.61	24.55	25.51	21.47	23.73	19.68	21.43	17.37
84	34.37	30.32	30.40	26.35	27.10	23.04	25.17	21.11	22.69	18.65
85	N/A	32.39	N/A	28.14	N/A	24.61	N/A	22.55	N/A	19.92
86	N/A	34.45	N/A	29.94	N/A	26.17	N/A	24.00	N/A	21.19
87	N/A	36.52	N/A	31.74	N/A	27.75	N/A	25.44	N/A	22.46
88	N/A	38.59	N/A	33.53	N/A	29.31	N/A	26.87	N/A	23.73
89	N/A	40.65	N/A	35.33	N/A	30.89	N/A	28.32	N/A	25.00
90	N/A	42.72	N/A	37.13	N/A	32.45	N/A	29.76	N/A	26.28
91	N/A	43.55	N/A	37.84	N/A	33.08	N/A	30.33	N/A	26.78
92	N/A	44.38	N/A	38.56	N/A	33.71	N/A	30.90	N/A	27.29
93	N/A	45.21	N/A	39.28	N/A	34.34	N/A	31.49	N/A	27.80
94	N/A	46.03	N/A	40.00	N/A	34.97	N/A	32.06	N/A	28.31
95	N/A	46.85	N/A	40.71	N/A	35.59	N/A	32.64	N/A	28.81
96	N/A	47.12	N/A	40.95	N/A	35.81	N/A	32.82	N/A	28.98
97	N/A	47.41	N/A	41.20	N/A	36.02	N/A	33.02	N/A	29.16
98	N/A	47.68	N/A	41.44	N/A	36.22	N/A	33.21	N/A	29.32
99	N/A	47.96	N/A	41.67	N/A	36.44	N/A	33.40	N/A	29.50
100	N/A	48.23	N/A	41.91	N/A	36.65	N/A	33.59	N/A	29.67

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Four Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	8.84	0.95	8.72	0.84	8.62	0.74	8.56	0.67	8.48	0.58
26	8.85	1.04	8.72	0.90	8.62	0.80	8.56	0.73	8.48	0.63
27	8.85	1.11	8.72	0.98	8.62	0.86	8.56	0.77	8.48	0.68
28	8.85	1.19	8.72	1.04	8.62	0.92	8.56	0.82	8.48	0.71
29	8.85	1.26	8.72	1.09	8.62	0.96	8.56	0.87	8.48	0.76
30	8.85	1.33	8.72	1.17	8.62	1.01	8.56	0.93	8.48	0.80
31	8.88	1.44	8.72	1.25	8.62	1.09	8.56	1.00	8.48	0.87
32	8.90	1.54	8.72	1.33	8.62	1.17	8.56	1.07	8.48	0.93
33	8.94	1.63	8.72	1.42	8.62	1.25	8.56	1.13	8.48	0.98
34	8.96	1.71	8.72	1.49	8.62	1.31	8.56	1.19	8.48	1.04
35	8.97	1.81	8.73	1.57	8.62	1.39	8.56	1.26	8.48	1.09
36	9.03	1.94	8.78	1.68	8.62	1.48	8.56	1.34	8.48	1.17
37	9.07	2.05	8.81	1.79	8.62	1.57	8.56	1.43	8.48	1.25
38	9.12	2.17	8.83	1.89	8.62	1.65	8.56	1.51	8.48	1.31
39	9.15	2.28	8.85	1.98	8.62	1.75	8.56	1.59	8.48	1.38
40	9.20	2.39	8.88	2.08	8.63	1.83	8.56	1.67	8.48	1.45
41	9.27	2.53	8.94	2.20	8.66	1.94	8.56	1.77	8.48	1.54
42	9.34	2.68	8.97	2.32	8.70	2.05	8.56	1.87	8.48	1.62
43	9.40	2.81	9.02	2.44	8.72	2.14	8.56	1.96	8.48	1.70
44	9.46	2.95	9.06	2.55	8.76	2.24	8.57	2.06	8.48	1.79
45	9.52	3.07	9.09	2.67	8.78	2.33	8.58	2.15	8.48	1.87
46	9.62	3.24	9.16	2.80	8.83	2.46	8.63	2.27	8.48	1.96
47	9.70	3.40	9.22	2.94	8.88	2.58	8.66	2.38	8.48	2.06
48	9.77	3.55	9.29	3.07	8.91	2.70	8.70	2.48	8.48	2.15
49	9.85	3.70	9.34	3.20	8.96	2.81	8.73	2.58	8.48	2.24
50	9.92	3.84	9.40	3.32	9.00	2.92	8.77	2.69	8.48	2.32
51	10.06	4.05	9.50	3.49	9.07	3.07	8.83	2.83	8.48	2.45
52	10.17	4.25	9.59	3.67	9.15	3.22	8.90	2.96	8.50	2.57
53	10.31	4.44	9.70	3.83	9.22	3.36	8.96	3.11	8.54	2.69
54	10.41	4.63	9.78	3.99	9.29	3.50	9.01	3.22	8.59	2.80
55	10.52	4.81	9.87	4.14	9.35	3.63	9.07	3.36	8.62	2.90
56	10.73	5.09	10.04	4.40	9.51	3.86	9.20	3.56	8.72	3.09
57	10.96	5.38	10.22	4.64	9.65	4.07	9.32	3.76	8.83	3.26
58	11.16	5.66	10.39	4.89	9.78	4.27	9.45	3.95	8.93	3.43
59	11.36	5.93	10.54	5.12	9.91	4.47	9.56	4.13	9.03	3.59
60	11.54	6.19	10.70	5.34	10.03	4.68	9.66	4.31	9.12	3.75
61	11.91	6.59	11.02	5.69	10.31	4.97	9.91	4.59	9.33	4.00
62	12.27	6.97	11.31	6.02	10.56	5.27	10.15	4.86	9.53	4.22
63	12.60	7.34	11.60	6.34	10.81	5.55	10.38	5.12	9.72	4.46
64	12.94	7.71	11.88	6.65	11.04	5.82	10.59	5.37	9.90	4.68
65	13.24	8.06	12.14	6.95	11.27	6.08	10.79	5.60	10.08	4.89
66	13.98	8.87	12.77	7.65	11.80	6.70	11.29	6.18	10.51	5.39
67	14.70	9.66	13.39	8.33	12.33	7.29	11.77	6.72	10.91	5.88
68	15.39	10.41	13.97	9.00	12.84	7.85	12.22	7.25	11.31	6.33
69	16.04	11.15	14.53	9.63	13.32	8.41	12.66	7.76	11.69	6.78
70	16.67	11.85	15.07	10.23	13.78	8.95	13.08	8.26	12.04	7.21
71	17.84	13.08	16.05	11.29	14.63	9.88	13.86	9.10	12.72	7.97
72	18.94	14.26	17.01	12.32	15.46	10.77	14.61	9.92	13.38	8.69
73	20.00	15.40	17.92	13.30	16.24	11.63	15.34	10.71	13.99	9.39
74	21.03	16.48	18.79	14.24	17.01	12.45	16.02	11.47	14.59	10.04
75	22.00	17.53	19.62	15.15	17.72	13.24	16.68	12.21	15.16	10.69
76	23.69	19.30	21.07	16.68	18.98	14.58	17.84	13.44	16.17	11.77
77	25.32	21.00	22.47	18.15	20.19	15.86	18.94	14.63	17.12	12.80
78	26.87	22.62	23.81	19.56	21.35	17.09	20.00	15.76	18.05	13.80
79	28.36	24.18	25.07	20.91	22.44	18.27	21.02	16.84	18.92	14.74
80	29.76	25.67	26.29	22.19	23.49	19.40	21.97	17.87	19.75	15.65
81	32.17	28.07	28.37	24.28	25.31	21.21	23.65	19.55	21.22	17.12
82	34.58	30.49	30.44	26.35	27.13	23.03	25.31	21.22	22.68	18.59
83	36.99	32.89	32.52	28.43	28.94	24.85	26.99	22.90	24.16	20.06
84	39.39	35.30	34.61	30.51	30.76	26.67	28.67	24.57	25.62	21.53
85	N/A	37.70	N/A	32.58	N/A	28.48	N/A	26.25	N/A	22.99
86	N/A	40.10	N/A	34.66	N/A	30.30	N/A	27.92	N/A	24.45
87	N/A	42.52	N/A	36.75	N/A	32.12	N/A	29.61	N/A	25.93
88	N/A	44.92	N/A	38.83	N/A	33.93	N/A	31.27	N/A	27.39
89	N/A	47.33	N/A	40.91	N/A	35.75	N/A	32.95	N/A	28.87
90	N/A	49.73	N/A	42.99	N/A	37.57	N/A	34.63	N/A	30.33
91	N/A	50.71	N/A	43.83	N/A	38.29	N/A	35.31	N/A	30.92
92	N/A	51.66	N/A	44.65	N/A	39.02	N/A	35.97	N/A	31.51
93	N/A	52.62	N/A	45.48	N/A	39.75	N/A	36.64	N/A	32.09
94	N/A	53.59	N/A	46.31	N/A	40.48	N/A	37.31	N/A	32.68
95	N/A	54.55	N/A	47.15	N/A	41.21	N/A	37.97	N/A	33.26
96	N/A	54.87	N/A	47.42	N/A	41.45	N/A	38.20	N/A	33.46
97	N/A	55.19	N/A	47.71	N/A	41.69	N/A	38.43	N/A	33.67
98	N/A	55.51	N/A	47.98	N/A	41.94	N/A	38.65	N/A	33.86
99	N/A	55.83	N/A	48.27	N/A	42.17	N/A	38.88	N/A	34.05
100	N/A	56.16	N/A	48.54	N/A	42.42	N/A	39.10	N/A	34.25

To determine the monthly check-o-matic, quarterly, semianual, and annual rates,
multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Rider R485 - Proposed Rates

Monthly Premium Rates

Five Year Minimum Benefi

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	9.10	1.07	8.97	0.94	8.85	0.82	8.78	0.75	8.69	0.65
26	9.12	1.17	8.98	1.02	8.85	0.89	8.78	0.81	8.69	0.70
27	9.13	1.25	8.97	1.08	8.85	0.96	8.78	0.86	8.69	0.76
28	9.13	1.32	8.97	1.17	8.85	1.01	8.78	0.92	8.69	0.81
29	9.14	1.40	8.97	1.23	8.85	1.08	8.78	0.98	8.69	0.87
30	9.15	1.49	8.97	1.30	8.85	1.14	8.78	1.02	8.69	0.92
31	9.19	1.59	8.98	1.40	8.85	1.23	8.78	1.09	8.69	0.98
32	9.22	1.70	9.01	1.49	8.85	1.31	8.78	1.18	8.69	1.05
33	9.26	1.81	9.03	1.58	8.85	1.39	8.78	1.25	8.69	1.11
34	9.29	1.92	9.04	1.67	8.85	1.48	8.78	1.33	8.69	1.18
35	9.32	2.01	9.07	1.76	8.85	1.56	8.78	1.39	8.69	1.24
36	9.38	2.15	9.12	1.88	8.89	1.65	8.78	1.49	8.69	1.32
37	9.44	2.28	9.16	2.00	8.93	1.77	8.78	1.58	8.69	1.40
38	9.50	2.42	9.19	2.12	8.95	1.87	8.78	1.68	8.69	1.48
39	9.56	2.55	9.22	2.23	8.98	1.98	8.78	1.77	8.69	1.56
40	9.60	2.67	9.26	2.33	9.00	2.06	8.78	1.86	8.69	1.64
41	9.69	2.83	9.33	2.48	9.04	2.19	8.82	1.96	8.69	1.74
42	9.77	2.99	9.40	2.61	9.09	2.31	8.85	2.07	8.69	1.82
43	9.85	3.14	9.45	2.75	9.13	2.43	8.89	2.18	8.69	1.93
44	9.92	3.28	9.51	2.87	9.17	2.53	8.93	2.28	8.69	2.01
45	10.00	3.43	9.57	3.00	9.21	2.65	8.95	2.38	8.69	2.09
46	10.10	3.62	9.65	3.17	9.27	2.78	9.00	2.51	8.70	2.20
47	10.21	3.80	9.73	3.32	9.33	2.92	9.06	2.63	8.73	2.32
48	10.32	3.97	9.81	3.47	9.39	3.05	9.10	2.76	8.77	2.43
49	10.41	4.14	9.88	3.62	9.44	3.17	9.15	2.88	8.79	2.53
50	10.50	4.31	9.95	3.76	9.48	3.28	9.19	3.00	8.82	2.63
51	10.65	4.53	10.08	3.95	9.58	3.46	9.27	3.15	8.89	2.77
52	10.79	4.75	10.19	4.14	9.67	3.62	9.34	3.30	8.96	2.90
53	10.94	4.96	10.29	4.32	9.75	3.78	9.41	3.44	9.01	3.05
54	11.07	5.16	10.40	4.50	9.83	3.94	9.48	3.58	9.07	3.17
55	11.20	5.37	10.50	4.66	9.91	4.08	9.56	3.72	9.12	3.30
56	11.46	5.71	10.72	4.96	10.09	4.34	9.71	3.96	9.25	3.50
57	11.72	6.03	10.92	5.25	10.26	4.59	9.87	4.19	9.37	3.69
58	11.97	6.37	11.13	5.51	10.42	4.82	10.02	4.41	9.50	3.89
59	12.21	6.68	11.33	5.78	10.58	5.05	10.16	4.63	9.60	4.07
60	12.44	6.97	11.51	6.05	10.73	5.27	10.29	4.83	9.71	4.25
61	12.85	7.43	11.86	6.43	11.04	5.62	10.58	5.15	9.94	4.52
62	13.24	7.85	12.21	6.81	11.34	5.94	10.85	5.45	10.17	4.78
63	13.64	8.27	12.53	7.16	11.61	6.27	11.10	5.75	10.39	5.03
64	13.99	8.68	12.85	7.52	11.89	6.57	11.35	6.02	10.60	5.27
65	14.35	9.07	13.15	7.85	12.15	6.87	11.59	6.30	10.81	5.51
66	15.18	9.97	13.86	8.64	12.77	7.57	12.15	6.94	11.28	6.07
67	15.99	10.84	14.55	9.41	13.36	8.23	12.70	7.56	11.75	6.60
68	16.76	11.70	15.21	10.14	13.95	8.88	13.21	8.14	12.19	7.12
69	17.50	12.51	15.85	10.85	14.49	9.50	13.71	8.72	12.63	7.63
70	18.21	13.29	16.46	11.53	15.02	10.10	14.20	9.27	13.03	8.10
71	19.49	14.64	17.55	12.71	15.98	11.14	15.08	10.23	13.79	8.94
72	20.72	15.95	18.61	13.84	16.91	12.13	15.92	11.15	14.53	9.75
73	21.90	17.20	19.64	14.92	17.79	13.09	16.74	12.03	15.23	10.53
74	23.03	18.40	20.61	15.97	18.65	14.01	17.52	12.89	15.91	11.28
75	24.11	19.55	21.54	16.97	19.46	14.90	18.27	13.71	16.55	12.00
76	26.01	21.53	23.17	18.68	20.88	16.40	19.58	15.09	17.68	13.20
77	27.82	23.42	24.74	20.34	22.25	17.84	20.83	16.42	18.77	14.36
78	29.56	25.24	26.24	21.91	23.55	19.23	22.03	17.70	19.80	15.48
79	31.23	26.97	27.67	23.42	24.80	20.55	23.16	18.91	20.79	16.54
80	32.80	28.63	29.04	24.86	25.99	21.81	24.25	20.08	21.73	17.55
81	35.49	31.31	31.36	27.19	28.02	23.86	26.13	21.96	23.37	19.21
82	38.18	34.00	33.69	29.51	30.07	25.89	28.01	23.84	25.03	20.85
83	40.85	36.68	36.02	31.84	32.12	27.95	29.89	25.72	26.67	22.49
84	43.54	39.37	38.34	34.18	34.16	29.99	31.77	27.60	28.32	24.15
85	N/A	42.04	N/A	36.51	N/A	32.03	N/A	29.48	N/A	25.79
86	N/A	44.73	N/A	38.83	N/A	34.08	N/A	31.36	N/A	27.44
87	N/A	47.42	N/A	41.16	N/A	36.13	N/A	33.24	N/A	29.08
88	N/A	50.10	N/A	43.49	N/A	38.18	N/A	35.13	N/A	30.73
89	N/A	52.78	N/A	45.83	N/A	40.21	N/A	37.01	N/A	32.37
90	N/A	55.47	N/A	48.16	N/A	42.26	N/A	38.89	N/A	34.02
91	N/A	56.55	N/A	49.09	N/A	43.08	N/A	39.64	N/A	34.68
92	N/A	57.62	N/A	50.02	N/A	43.90	N/A	40.40	N/A	35.33
93	N/A	58.69	N/A	50.96	N/A	44.71	N/A	41.15	N/A	36.00
94	N/A	59.76	N/A	51.88	N/A	45.53	N/A	41.90	N/A	36.65
95	N/A	60.83	N/A	52.81	N/A	46.35	N/A	42.65	N/A	37.32
96	N/A	61.20	N/A	53.12	N/A	46.62	N/A	42.90	N/A	37.53
97	N/A	61.56	N/A	53.43	N/A	46.89	N/A	43.15	N/A	37.76
98	N/A	61.90	N/A	53.75	N/A	47.17	N/A	43.41	N/A	37.97
99	N/A	62.27	N/A	54.06	N/A	47.45	N/A	43.66	N/A	38.20
100	N/A	62.63	N/A	54.37	N/A	47.71	N/A	43.91	N/A	38.41

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	10.69	4.00	10.17	3.47	9.78	3.08	9.53	2.84	9.17	2.49
46	10.84	4.22	10.28	3.67	9.87	3.25	9.60	2.99	9.23	2.62
47	10.98	4.44	10.40	3.86	9.94	3.40	9.67	3.14	9.28	2.74
48	11.13	4.66	10.50	4.03	10.03	3.56	9.75	3.28	9.33	2.87
49	11.26	4.88	10.60	4.21	10.09	3.71	9.81	3.42	9.38	2.99
50	11.38	5.07	10.70	4.38	10.16	3.86	9.85	3.55	9.41	3.11
51	11.59	5.36	10.84	4.61	10.28	4.06	9.96	3.72	9.50	3.26
52	11.78	5.62	11.00	4.83	10.40	4.25	10.07	3.92	9.57	3.42
53	11.97	5.89	11.14	5.05	10.52	4.44	10.15	4.07	9.64	3.56
54	12.16	6.14	11.27	5.26	10.63	4.62	10.25	4.25	9.71	3.70
55	12.34	6.40	11.40	5.46	10.72	4.78	10.33	4.40	9.77	3.83
56	12.70	6.83	11.71	5.84	10.97	5.12	10.56	4.70	9.95	4.09
57	13.04	7.26	12.01	6.21	11.21	5.44	10.78	5.00	10.12	4.33
58	13.40	7.68	12.30	6.59	11.45	5.74	11.00	5.27	10.29	4.58
59	13.74	8.09	12.59	6.95	11.67	6.05	11.20	5.56	10.46	4.82
60	14.07	8.50	12.86	7.31	11.91	6.34	11.40	5.83	10.61	5.05
61	14.63	9.09	13.34	7.82	12.32	6.79	11.77	6.25	10.92	5.39
62	15.18	9.67	13.82	8.32	12.72	7.24	12.14	6.64	11.23	5.74
63	15.72	10.26	14.29	8.83	13.11	7.65	12.50	7.03	11.52	6.07
64	16.24	10.82	14.73	9.31	13.49	8.07	12.83	7.40	11.80	6.38
65	16.76	11.36	15.17	9.78	13.86	8.47	13.16	7.77	12.08	6.69
66	17.97	12.65	16.21	10.90	14.74	9.44	13.96	8.65	12.76	7.45
67	19.17	13.93	17.23	12.00	15.62	10.39	14.76	9.52	13.45	8.21
68	20.36	15.20	18.24	13.08	16.49	11.33	15.55	10.39	14.11	8.95
69	21.53	16.42	19.24	14.15	17.34	12.26	16.33	11.25	14.78	9.69
70	22.67	17.65	20.23	15.21	18.18	13.17	17.09	12.07	15.42	10.41
71	24.60	19.65	21.87	16.93	19.59	14.66	18.37	13.42	16.52	11.58
72	26.49	21.61	23.50	18.64	20.99	16.12	19.64	14.76	17.60	12.73
73	28.35	23.55	25.10	20.30	22.36	17.55	20.87	16.08	18.66	13.86
74	30.18	25.45	26.66	21.93	23.69	18.97	22.10	17.37	19.69	14.98
75	31.96	27.32	28.19	23.55	25.01	20.36	23.29	18.64	20.72	16.08
76	34.65	30.08	30.50	25.93	26.99	22.42	25.10	20.53	22.26	17.70
77	37.21	32.73	32.70	28.21	28.88	24.38	26.82	22.32	23.75	19.25
78	39.67	35.26	34.81	30.39	30.69	26.28	28.48	24.06	25.16	20.74
79	42.02	37.69	36.82	32.49	32.42	28.08	30.05	25.72	26.51	22.18
80	44.26	40.00	38.73	34.49	34.07	29.81	31.55	27.30	27.80	23.54
81	48.00	43.76	41.97	37.72	36.87	32.61	34.11	29.86	30.00	25.74
82	51.75	47.50	45.21	40.95	39.66	35.40	36.66	32.42	32.21	27.95
83	55.51	51.25	48.43	44.18	42.46	38.20	39.22	34.97	34.41	30.15
84	59.26	55.00	51.67	47.41	45.24	40.98	41.78	37.53	36.63	32.37
85	N/A	58.75	N/A	50.65	N/A	43.78	N/A	40.09	N/A	34.57
86	N/A	62.51	N/A	53.88	N/A	46.58	N/A	42.65	N/A	36.78
87	N/A	66.26	N/A	57.11	N/A	49.37	N/A	45.21	N/A	38.98
88	N/A	70.01	N/A	60.34	N/A	52.17	N/A	47.77	N/A	41.20
89	N/A	73.76	N/A	63.57	N/A	54.97	N/A	50.33	N/A	43.40
90	N/A	77.50	N/A	66.81	N/A	57.76	N/A	52.88	N/A	45.61
91	N/A	79.00	N/A	68.10	N/A	58.88	N/A	53.91	N/A	46.49
92	N/A	80.50	N/A	69.40	N/A	60.00	N/A	54.93	N/A	47.37
93	N/A	82.00	N/A	70.69	N/A	61.12	N/A	55.95	N/A	48.25
94	N/A	83.51	N/A	71.98	N/A	62.24	N/A	56.98	N/A	49.14
95	N/A	85.01	N/A	73.27	N/A	63.36	N/A	58.00	N/A	50.02
96	N/A	85.51	N/A	73.71	N/A	63.72	N/A	58.35	N/A	50.31
97	N/A	86.01	N/A	74.14	N/A	64.09	N/A	58.68	N/A	50.60
98	N/A	86.51	N/A	74.57	N/A	64.47	N/A	59.02	N/A	50.90
99	N/A	87.01	N/A	75.01	N/A	64.84	N/A	59.37	N/A	51.19
100	N/A	87.51	N/A	75.43	N/A	65.21	N/A	59.71	N/A	51.49

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $7,300 per $10 Daily Benefit

Two Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
25	0.90	0.06	0.90	0.06	0.89	0.05	0.89	0.05	0.88	0.04
26	0.92	0.07	0.90	0.06	0.89	0.06	0.89	0.05	0.88	0.05
27	0.92	0.07	0.90	0.07	0.90	0.06	0.89	0.05	0.89	0.05
28	0.93	0.08	0.92	0.07	0.90	0.06	0.90	0.06	0.89	0.05
29	0.93	0.08	0.92	0.07	0.90	0.07	0.90	0.06	0.89	0.06
30	0.94	0.10	0.93	0.08	0.92	0.07	0.90	0.07	0.90	0.06
31	0.94	0.11	0.93	0.10	0.92	0.07	0.92	0.07	0.90	0.06
32	0.95	0.11	0.94	0.10	0.93	0.08	0.92	0.07	0.90	0.07
33	0.96	0.12	0.95	0.11	0.93	0.10	0.93	0.08	0.92	0.07
34	0.96	0.13	0.95	0.11	0.94	0.10	0.93	0.08	0.92	0.07
35	0.98	0.13	0.96	0.12	0.94	0.11	0.94	0.10	0.93	0.08
36	0.99	0.14	0.96	0.13	0.95	0.11	0.94	0.11	0.93	0.08
37	1.00	0.15	0.98	0.14	0.96	0.12	0.95	0.11	0.94	0.10
38	1.01	0.17	0.99	0.14	0.96	0.13	0.96	0.12	0.94	0.11
39	1.02	0.18	1.00	0.15	0.98	0.13	0.96	0.12	0.95	0.11
40	1.04	0.19	1.01	0.17	0.99	0.14	0.98	0.13	0.95	0.12
41	1.05	0.20	1.02	0.18	1.00	0.15	0.99	0.14	0.96	0.12
42	1.06	0.21	1.04	0.19	1.01	0.17	0.99	0.15	0.98	0.13
43	1.07	0.23	1.05	0.20	1.01	0.18	1.00	0.15	0.99	0.14
44	1.08	0.24	1.06	0.21	1.02	0.18	1.01	0.17	0.99	0.14
45	1.09	0.26	1.07	0.23	1.04	0.19	1.02	0.18	1.00	0.15
46	1.12	0.27	1.08	0.24	1.05	0.20	1.04	0.19	1.01	0.17
47	1.13	0.29	1.09	0.25	1.06	0.21	1.05	0.20	1.02	0.18
48	1.15	0.31	1.11	0.27	1.07	0.24	1.06	0.21	1.02	0.19
49	1.17	0.32	1.13	0.29	1.08	0.25	1.07	0.23	1.04	0.20
50	1.18	0.35	1.14	0.30	1.11	0.26	1.08	0.24	1.05	0.20
51	1.20	0.36	1.15	0.32	1.12	0.27	1.09	0.25	1.06	0.23
52	1.23	0.38	1.18	0.33	1.13	0.29	1.11	0.27	1.07	0.24
53	1.25	0.40	1.20	0.36	1.15	0.31	1.13	0.29	1.09	0.25
54	1.27	0.43	1.21	0.38	1.17	0.32	1.14	0.30	1.11	0.26
55	1.30	0.45	1.24	0.39	1.18	0.35	1.15	0.31	1.12	0.27
56	1.33	0.49	1.27	0.43	1.21	0.37	1.18	0.35	1.14	0.30
57	1.37	0.52	1.30	0.45	1.24	0.39	1.20	0.37	1.15	0.32
58	1.40	0.56	1.33	0.49	1.26	0.42	1.23	0.38	1.18	0.33
59	1.44	0.60	1.36	0.51	1.30	0.45	1.25	0.42	1.20	0.36
60	1.48	0.63	1.39	0.55	1.32	0.48	1.27	0.44	1.23	0.38
61	1.54	0.68	1.44	0.58	1.37	0.51	1.32	0.46	1.26	0.40
62	1.58	0.74	1.49	0.63	1.40	0.55	1.36	0.50	1.30	0.44
63	1.64	0.79	1.54	0.68	1.45	0.58	1.40	0.54	1.33	0.46
64	1.70	0.83	1.58	0.71	1.50	0.63	1.44	0.57	1.37	0.50
65	1.76	0.88	1.64	0.76	1.54	0.67	1.49	0.61	1.40	0.52
66	1.87	0.99	1.73	0.86	1.62	0.74	1.56	0.68	1.46	0.60
67	1.98	1.09	1.82	0.94	1.70	0.82	1.63	0.75	1.54	0.65
68	2.08	1.20	1.92	1.04	1.77	0.90	1.70	0.82	1.59	0.71
69	2.18	1.31	2.00	1.12	1.86	0.98	1.77	0.89	1.65	0.77
70	2.28	1.42	2.09	1.21	1.94	1.06	1.84	0.96	1.71	0.83
71	2.46	1.58	2.24	1.37	2.07	1.19	1.96	1.09	1.82	0.94
72	2.64	1.76	2.39	1.51	2.20	1.32	2.09	1.21	1.93	1.05
73	2.81	1.93	2.55	1.67	2.33	1.45	2.21	1.33	2.02	1.14
74	2.99	2.11	2.69	1.81	2.46	1.58	2.33	1.45	2.13	1.25
75	3.15	2.27	2.84	1.96	2.59	1.71	2.45	1.57	2.24	1.34
76	3.43	2.55	3.08	2.19	2.80	1.92	2.64	1.76	2.39	1.51
77	3.70	2.82	3.31	2.43	3.00	2.12	2.83	1.94	2.56	1.67
78	3.97	3.09	3.55	2.67	3.21	2.32	3.01	2.13	2.71	1.83
79	4.25	3.37	3.78	2.90	3.42	2.53	3.20	2.32	2.88	2.00
80	4.52	3.64	4.02	3.13	3.62	2.74	3.39	2.51	3.03	2.15
81	4.87	3.99	4.31	3.43	3.88	2.99	3.63	2.75	3.24	2.36
82	5.20	4.32	4.61	3.72	4.13	3.25	3.87	2.98	3.44	2.56
83	5.55	4.66	4.90	4.02	4.39	3.50	4.09	3.21	3.64	2.76
84	5.89	5.01	5.20	4.31	4.64	3.76	4.33	3.45	3.84	2.96
85	N/A	5.34	N/A	4.61	N/A	4.02	N/A	3.69	N/A	3.17
86	N/A	5.69	N/A	4.90	N/A	4.27	N/A	3.92	N/A	3.37
87	N/A	6.03	N/A	5.19	N/A	4.53	N/A	4.15	N/A	3.57
88	N/A	6.37	N/A	5.49	N/A	4.78	N/A	4.39	N/A	3.77
89	N/A	6.71	N/A	5.78	N/A	5.05	N/A	4.63	N/A	3.97
90	N/A	7.06	N/A	6.08	N/A	5.30	N/A	4.86	N/A	4.18
91	N/A	7.19	N/A	6.19	N/A	5.40	N/A	4.95	N/A	4.26
92	N/A	7.33	N/A	6.31	N/A	5.51	N/A	5.05	N/A	4.34
93	N/A	7.46	N/A	6.43	N/A	5.60	N/A	5.14	N/A	4.43
94	N/A	7.60	N/A	6.55	N/A	5.71	N/A	5.24	N/A	4.50
95	N/A	7.74	N/A	6.66	N/A	5.81	N/A	5.33	N/A	4.58
96	N/A	7.78	N/A	6.70	N/A	5.84	N/A	5.37	N/A	4.61
97	N/A	7.83	N/A	6.75	N/A	5.88	N/A	5.39	N/A	4.64
98	N/A	7.88	N/A	6.78	N/A	5.91	N/A	5.43	N/A	4.66
99	N/A	7.91	N/A	6.82	N/A	5.95	N/A	5.46	N/A	4.69
100	N/A	7.96	N/A	6.85	N/A	5.99	N/A	5.49	N/A	4.71

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $10,950 per $10 Daily Benefit

Three Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.94	0.10	0.93	0.08	0.92	0.07	0.92	0.06	0.90	0.06
26	0.95	0.10	0.94	0.08	0.93	0.07	0.92	0.07	0.92	0.06
27	0.95	0.11	0.94	0.10	0.93	0.08	0.93	0.07	0.92	0.06
28	0.96	0.12	0.95	0.10	0.94	0.08	0.93	0.08	0.92	0.07
29	0.98	0.12	0.95	0.11	0.94	0.10	0.94	0.08	0.93	0.07
30	0.98	0.13	0.96	0.12	0.95	0.10	0.94	0.10	0.93	0.08
31	0.99	0.14	0.98	0.12	0.96	0.11	0.95	0.10	0.94	0.08
32	1.00	0.15	0.99	0.13	0.96	0.12	0.96	0.11	0.94	0.10
33	1.01	0.17	1.00	0.14	0.98	0.13	0.96	0.12	0.95	0.10
34	1.02	0.18	1.00	0.15	0.99	0.13	0.98	0.12	0.96	0.11
35	1.04	0.19	1.01	0.17	1.00	0.14	0.98	0.13	0.96	0.12
36	1.06	0.20	1.02	0.18	1.01	0.15	0.99	0.14	0.98	0.12
37	1.07	0.21	1.04	0.19	1.01	0.17	1.00	0.15	0.99	0.13
38	1.08	0.24	1.05	0.20	1.02	0.18	1.01	0.15	0.99	0.14
39	1.09	0.25	1.06	0.21	1.04	0.19	1.02	0.17	1.00	0.15
40	1.11	0.26	1.07	0.23	1.05	0.20	1.04	0.18	1.01	0.15
41	1.13	0.29	1.09	0.24	1.06	0.21	1.05	0.19	1.02	0.17
42	1.15	0.30	1.11	0.26	1.08	0.23	1.06	0.20	1.04	0.18
43	1.17	0.32	1.12	0.27	1.09	0.24	1.07	0.21	1.05	0.19
44	1.19	0.33	1.14	0.29	1.11	0.25	1.08	0.24	1.06	0.20
45	1.20	0.36	1.15	0.31	1.12	0.27	1.09	0.25	1.07	0.21
46	1.23	0.38	1.18	0.32	1.14	0.29	1.12	0.26	1.08	0.23
47	1.25	0.39	1.20	0.35	1.15	0.31	1.13	0.27	1.09	0.25
48	1.27	0.42	1.21	0.37	1.17	0.32	1.14	0.30	1.11	0.26
49	1.30	0.44	1.24	0.38	1.19	0.35	1.15	0.31	1.12	0.27
50	1.32	0.46	1.26	0.40	1.20	0.36	1.18	0.32	1.14	0.29
51	1.34	0.50	1.29	0.43	1.23	0.38	1.20	0.35	1.15	0.31
52	1.38	0.52	1.31	0.45	1.25	0.40	1.21	0.37	1.18	0.32
53	1.40	0.56	1.33	0.49	1.27	0.43	1.24	0.39	1.19	0.35
54	1.44	0.58	1.36	0.51	1.30	0.45	1.26	0.40	1.21	0.36
55	1.46	0.62	1.39	0.54	1.32	0.48	1.29	0.43	1.23	0.38
56	1.51	0.67	1.43	0.58	1.36	0.51	1.31	0.46	1.26	0.40
57	1.56	0.71	1.46	0.62	1.39	0.54	1.34	0.50	1.29	0.44
58	1.61	0.76	1.51	0.65	1.43	0.57	1.38	0.52	1.31	0.46
59	1.65	0.80	1.55	0.70	1.46	0.61	1.42	0.56	1.34	0.49
60	1.70	0.84	1.59	0.74	1.50	0.64	1.44	0.60	1.37	0.52
61	1.77	0.92	1.65	0.80	1.56	0.70	1.50	0.64	1.42	0.56
62	1.84	0.99	1.71	0.86	1.61	0.75	1.55	0.69	1.46	0.61
63	1.93	1.05	1.79	0.92	1.67	0.80	1.61	0.74	1.51	0.64
64	2.00	1.12	1.84	0.98	1.73	0.84	1.65	0.79	1.56	0.68
65	2.07	1.19	1.92	1.04	1.79	0.90	1.71	0.83	1.61	0.73
66	2.21	1.32	2.03	1.15	1.89	1.01	1.81	0.93	1.70	0.81
67	2.36	1.46	2.15	1.27	2.00	1.12	1.90	1.02	1.79	0.89
68	2.49	1.61	2.28	1.39	2.11	1.21	2.01	1.12	1.87	0.99
69	2.63	1.75	2.40	1.51	2.21	1.32	2.11	1.21	1.95	1.07
70	2.77	1.88	2.52	1.64	2.32	1.43	2.20	1.31	2.05	1.15
71	3.00	2.12	2.73	1.83	2.50	1.61	2.36	1.48	2.19	1.30
72	3.24	2.34	2.93	2.03	2.67	1.79	2.52	1.63	2.33	1.44
73	3.46	2.57	3.13	2.24	2.84	1.95	2.68	1.80	2.48	1.58
74	3.69	2.80	3.33	2.44	3.02	2.13	2.84	1.95	2.62	1.73
75	3.93	3.03	3.52	2.63	3.20	2.31	3.00	2.11	2.76	1.87
76	4.28	3.39	3.84	2.95	3.47	2.58	3.26	2.37	2.98	2.09
77	4.65	3.76	4.15	3.26	3.75	2.86	3.51	2.62	3.20	2.31
78	5.01	4.13	4.47	3.58	4.02	3.13	3.76	2.87	3.43	2.53
79	5.38	4.49	4.80	3.90	4.30	3.40	4.02	3.13	3.65	2.76
80	5.75	4.86	5.11	4.21	4.58	3.69	4.27	3.38	3.88	2.99
81	6.20	5.31	5.50	4.61	4.93	4.03	4.59	3.70	4.15	3.26
82	6.65	5.76	5.90	5.01	5.27	4.38	4.90	4.01	4.44	3.55
83	7.10	6.21	6.30	5.40	5.62	4.72	5.22	4.33	4.71	3.82
84	7.56	6.66	6.69	5.80	5.96	5.07	5.53	4.64	5.00	4.11
85	N/A	7.13	N/A	6.19	N/A	5.41	N/A	4.96	N/A	4.38
86	N/A	7.58	N/A	6.58	N/A	5.76	N/A	5.28	N/A	4.66
87	N/A	8.03	N/A	6.99	N/A	6.10	N/A	5.59	N/A	4.94
88	N/A	8.48	N/A	7.38	N/A	6.45	N/A	5.91	N/A	5.22
89	N/A	8.95	N/A	7.77	N/A	6.79	N/A	6.24	N/A	5.50
90	N/A	9.40	N/A	8.16	N/A	7.14	N/A	6.55	N/A	5.78
91	N/A	9.58	N/A	8.33	N/A	7.28	N/A	6.68	N/A	5.89
92	N/A	9.76	N/A	8.48	N/A	7.41	N/A	6.79	N/A	6.00
93	N/A	9.95	N/A	8.64	N/A	7.56	N/A	6.93	N/A	6.12
94	N/A	10.13	N/A	8.79	N/A	7.69	N/A	7.06	N/A	6.22
95	N/A	10.31	N/A	8.96	N/A	7.83	N/A	7.18	N/A	6.34
96	N/A	10.36	N/A	9.01	N/A	7.88	N/A	7.22	N/A	6.38
97	N/A	10.42	N/A	9.07	N/A	7.93	N/A	7.26	N/A	6.41
98	N/A	10.50	N/A	9.12	N/A	7.97	N/A	7.31	N/A	6.45
99	N/A	10.56	N/A	9.16	N/A	8.02	N/A	7.35	N/A	6.49
100	N/A	10.61	N/A	9.22	N/A	8.07	N/A	7.39	N/A	6.52

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $14,600 per $10 Daily Benefit

Four Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.96	0.11	0.95	0.10	0.94	0.08	0.93	0.07	0.93	0.06
26	0.98	0.12	0.96	0.10	0.95	0.08	0.94	0.08	0.93	0.07
27	0.99	0.12	0.96	0.11	0.95	0.10	0.94	0.08	0.94	0.07
28	0.99	0.13	0.98	0.12	0.96	0.11	0.95	0.10	0.94	0.08
29	1.00	0.14	0.99	0.12	0.96	0.11	0.96	0.10	0.94	0.08
30	1.01	0.15	0.99	0.13	0.98	0.12	0.96	0.11	0.95	0.10
31	1.02	0.17	1.00	0.14	0.99	0.13	0.98	0.12	0.96	0.10
32	1.04	0.18	1.01	0.15	1.00	0.13	0.99	0.12	0.96	0.11
33	1.05	0.19	1.02	0.17	1.00	0.14	0.99	0.13	0.98	0.12
34	1.06	0.20	1.04	0.18	1.01	0.15	1.00	0.14	0.99	0.12
35	1.07	0.21	1.05	0.19	1.02	0.17	1.01	0.15	0.99	0.13
36	1.09	0.24	1.06	0.20	1.04	0.18	1.02	0.17	1.00	0.14
37	1.11	0.25	1.08	0.21	1.05	0.19	1.04	0.18	1.01	0.15
38	1.13	0.27	1.09	0.24	1.07	0.20	1.05	0.19	1.02	0.17
39	1.14	0.29	1.11	0.25	1.08	0.21	1.06	0.20	1.04	0.17
40	1.17	0.30	1.12	0.26	1.09	0.23	1.07	0.21	1.05	0.18
41	1.18	0.32	1.14	0.29	1.11	0.25	1.08	0.23	1.06	0.19
42	1.20	0.35	1.15	0.30	1.12	0.26	1.11	0.24	1.07	0.21
43	1.23	0.37	1.18	0.32	1.14	0.27	1.12	0.26	1.08	0.23
44	1.25	0.39	1.19	0.33	1.15	0.30	1.13	0.27	1.09	0.24
45	1.27	0.40	1.21	0.36	1.17	0.31	1.14	0.29	1.11	0.25
46	1.30	0.44	1.24	0.38	1.19	0.33	1.17	0.31	1.12	0.26
47	1.32	0.46	1.26	0.40	1.21	0.36	1.18	0.32	1.14	0.29
48	1.34	0.49	1.29	0.43	1.23	0.37	1.20	0.35	1.15	0.30
49	1.38	0.51	1.31	0.45	1.25	0.39	1.23	0.36	1.17	0.31
50	1.40	0.55	1.33	0.46	1.27	0.42	1.24	0.38	1.19	0.33
51	1.44	0.58	1.36	0.50	1.30	0.44	1.26	0.40	1.21	0.35
52	1.48	0.62	1.39	0.54	1.32	0.46	1.29	0.43	1.23	0.37
53	1.51	0.65	1.42	0.56	1.36	0.49	1.31	0.45	1.25	0.39
54	1.55	0.69	1.45	0.60	1.38	0.52	1.33	0.48	1.27	0.42
55	1.58	0.73	1.49	0.62	1.40	0.55	1.37	0.50	1.30	0.44
56	1.63	0.77	1.54	0.67	1.45	0.58	1.40	0.55	1.33	0.48
57	1.69	0.83	1.57	0.71	1.49	0.63	1.44	0.58	1.37	0.50
58	1.75	0.88	1.62	0.76	1.52	0.67	1.48	0.62	1.39	0.54
59	1.80	0.94	1.67	0.81	1.57	0.71	1.51	0.65	1.43	0.57
60	1.86	0.99	1.71	0.86	1.61	0.75	1.55	0.69	1.46	0.61
61	1.94	1.07	1.80	0.93	1.68	0.81	1.62	0.75	1.52	0.65
62	2.02	1.15	1.87	0.99	1.74	0.87	1.68	0.80	1.57	0.70
63	2.11	1.23	1.94	1.06	1.81	0.93	1.74	0.86	1.63	0.75
64	2.19	1.31	2.01	1.13	1.88	0.99	1.80	0.90	1.68	0.80
65	2.28	1.39	2.09	1.20	1.94	1.05	1.86	0.96	1.74	0.84
66	2.44	1.55	2.23	1.33	2.06	1.17	1.98	1.08	1.83	0.94
67	2.61	1.71	2.37	1.48	2.19	1.30	2.08	1.19	1.94	1.05
68	2.77	1.88	2.51	1.62	2.31	1.42	2.20	1.31	2.03	1.14
69	2.93	2.03	2.65	1.76	2.44	1.54	2.31	1.42	2.13	1.24
70	3.09	2.20	2.80	1.90	2.56	1.67	2.43	1.54	2.24	1.34
71	3.37	2.46	3.02	2.13	2.76	1.86	2.62	1.71	2.40	1.50
72	3.63	2.74	3.26	2.36	2.96	2.06	2.80	1.90	2.56	1.67
73	3.89	3.00	3.49	2.59	3.17	2.26	2.99	2.08	2.73	1.83
74	4.17	3.26	3.72	2.82	3.37	2.46	3.18	2.27	2.89	1.99
75	4.43	3.53	3.95	3.05	3.57	2.67	3.36	2.46	3.06	2.15
76	4.86	3.95	4.32	3.42	3.89	2.99	3.65	2.75	3.31	2.42
77	5.27	4.38	4.69	3.78	4.21	3.31	3.95	3.05	3.57	2.67
78	5.70	4.80	5.05	4.15	4.52	3.63	4.25	3.34	3.83	2.93
79	6.13	5.22	5.41	4.51	4.84	3.95	4.53	3.64	4.08	3.19
80	6.55	5.65	5.78	4.88	5.16	4.27	4.83	3.93	4.34	3.44
81	7.08	6.18	6.24	5.34	5.57	4.66	5.20	4.30	4.66	3.77
82	7.60	6.71	6.70	5.80	5.97	5.07	5.57	4.66	4.99	4.09
83	8.14	7.24	7.15	6.26	6.37	5.46	5.94	5.03	5.32	4.41
84	8.66	7.77	7.62	6.71	6.77	5.87	6.31	5.40	5.64	4.74
85	N/A	8.29	N/A	7.16	N/A	6.27	N/A	5.77	N/A	5.06
86	N/A	8.82	N/A	7.63	N/A	6.66	N/A	6.14	N/A	5.38
87	N/A	9.35	N/A	8.08	N/A	7.07	N/A	6.51	N/A	5.70
88	N/A	9.88	N/A	8.54	N/A	7.46	N/A	6.88	N/A	6.02
89	N/A	10.41	N/A	9.00	N/A	7.87	N/A	7.25	N/A	6.35
90	N/A	10.94	N/A	9.46	N/A	8.27	N/A	7.62	N/A	6.68
91	N/A	11.15	N/A	9.64	N/A	8.43	N/A	7.77	N/A	6.81
92	N/A	11.36	N/A	9.83	N/A	8.58	N/A	7.91	N/A	6.93
93	N/A	11.58	N/A	10.01	N/A	8.75	N/A	8.06	N/A	7.06
94	N/A	11.79	N/A	10.19	N/A	8.90	N/A	8.21	N/A	7.19
95	N/A	12.00	N/A	10.38	N/A	9.07	N/A	8.35	N/A	7.32
96	N/A	12.07	N/A	10.44	N/A	9.12	N/A	8.40	N/A	7.37
97	N/A	12.14	N/A	10.50	N/A	9.17	N/A	8.45	N/A	7.40
98	N/A	12.21	N/A	10.56	N/A	9.22	N/A	8.51	N/A	7.45
99	N/A	12.28	N/A	10.61	N/A	9.28	N/A	8.56	N/A	7.49
100	N/A	12.35	N/A	10.67	N/A	9.33	N/A	8.60	N/A	7.53

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Home Health Care Rider Form R951 - Proposed Rates

Monthly Premium Rates

Maximum Benefit = $18,250 per $10 Daily Benefit

Five Year Minimum Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	0.99	0.12	0.98	0.11	0.96	0.10	0.95	0.08	0.95	0.07
26	1.00	0.13	0.99	0.11	0.98	0.10	0.96	0.08	0.95	0.08
27	1.01	0.14	1.00	0.12	0.98	0.11	0.98	0.10	0.96	0.08
28	1.02	0.14	1.01	0.13	0.99	0.12	0.98	0.11	0.96	0.10
29	1.04	0.15	1.01	0.14	1.00	0.12	0.99	0.11	0.98	0.10
30	1.05	0.17	1.02	0.14	1.01	0.13	0.99	0.12	0.98	0.11
31	1.06	0.18	1.04	0.17	1.02	0.14	1.00	0.13	0.99	0.11
32	1.07	0.20	1.05	0.18	1.02	0.15	1.01	0.14	1.00	0.12
33	1.09	0.21	1.06	0.19	1.04	0.17	1.02	0.14	1.01	0.13
34	1.11	0.23	1.07	0.20	1.05	0.18	1.04	0.15	1.01	0.14
35	1.12	0.24	1.08	0.21	1.06	0.19	1.05	0.17	1.02	0.14
36	1.14	0.26	1.11	0.23	1.08	0.20	1.06	0.18	1.04	0.15
37	1.15	0.29	1.12	0.25	1.09	0.21	1.07	0.19	1.05	0.17
38	1.18	0.30	1.14	0.26	1.11	0.23	1.08	0.20	1.06	0.18
39	1.19	0.32	1.15	0.27	1.12	0.25	1.09	0.23	1.07	0.19
40	1.21	0.33	1.17	0.30	1.14	0.26	1.11	0.24	1.08	0.20
41	1.24	0.36	1.19	0.32	1.15	0.29	1.13	0.25	1.09	0.23
42	1.26	0.38	1.21	0.33	1.18	0.30	1.14	0.27	1.11	0.24
43	1.29	0.40	1.24	0.36	1.19	0.32	1.17	0.29	1.13	0.25
44	1.31	0.43	1.26	0.38	1.21	0.33	1.18	0.30	1.14	0.26
45	1.33	0.45	1.27	0.40	1.23	0.36	1.19	0.32	1.15	0.29
46	1.37	0.49	1.31	0.43	1.25	0.38	1.21	0.35	1.18	0.30
47	1.39	0.52	1.33	0.45	1.27	0.39	1.24	0.36	1.19	0.32
48	1.43	0.55	1.36	0.48	1.30	0.42	1.26	0.38	1.21	0.33
49	1.45	0.58	1.38	0.51	1.32	0.44	1.27	0.40	1.23	0.36
50	1.49	0.61	1.40	0.54	1.34	0.46	1.30	0.43	1.25	0.37
51	1.52	0.64	1.44	0.57	1.37	0.50	1.32	0.45	1.27	0.39
52	1.56	0.69	1.48	0.60	1.40	0.52	1.36	0.48	1.30	0.42
53	1.61	0.73	1.51	0.63	1.43	0.56	1.38	0.50	1.32	0.44
54	1.64	0.77	1.55	0.67	1.46	0.58	1.40	0.54	1.34	0.46
55	1.68	0.81	1.58	0.70	1.49	0.62	1.44	0.56	1.37	0.50
56	1.75	0.87	1.63	0.76	1.54	0.67	1.48	0.61	1.40	0.54
57	1.81	0.93	1.69	0.81	1.58	0.70	1.52	0.64	1.44	0.57
58	1.87	1.00	1.74	0.86	1.63	0.75	1.57	0.69	1.49	0.61
59	1.93	1.06	1.80	0.92	1.68	0.80	1.61	0.74	1.52	0.64
60	2.00	1.12	1.84	0.96	1.73	0.84	1.65	0.77	1.56	0.68
61	2.09	1.20	1.93	1.05	1.80	0.92	1.73	0.83	1.62	0.74
62	2.19	1.30	2.01	1.12	1.87	0.98	1.79	0.90	1.68	0.79
63	2.28	1.38	2.09	1.20	1.94	1.05	1.86	0.96	1.74	0.84
64	2.38	1.48	2.18	1.27	2.02	1.12	1.93	1.02	1.80	0.89
65	2.48	1.56	2.26	1.36	2.09	1.18	2.00	1.08	1.86	0.95
66	2.65	1.74	2.43	1.51	2.24	1.32	2.12	1.21	1.98	1.06
67	2.83	1.93	2.58	1.67	2.37	1.46	2.25	1.34	2.08	1.17
68	3.02	2.11	2.74	1.82	2.51	1.59	2.38	1.46	2.19	1.29
69	3.20	2.28	2.89	1.99	2.65	1.74	2.51	1.59	2.31	1.39
70	3.38	2.46	3.06	2.14	2.78	1.88	2.63	1.73	2.42	1.50
71	3.68	2.76	3.31	2.39	3.01	2.09	2.84	1.93	2.61	1.69
72	3.97	3.06	3.57	2.65	3.24	2.32	3.05	2.14	2.78	1.87
73	4.26	3.34	3.82	2.90	3.46	2.55	3.26	2.34	2.96	2.05
74	4.56	3.64	4.08	3.17	3.69	2.77	3.47	2.55	3.15	2.24
75	4.86	3.94	4.33	3.42	3.92	3.00	3.68	2.76	3.33	2.42
76	5.33	4.40	4.75	3.83	4.27	3.36	4.01	3.09	3.62	2.70
77	5.80	4.88	5.15	4.24	4.64	3.72	4.34	3.43	3.92	3.00
78	6.27	5.36	5.57	4.65	5.00	4.08	4.68	3.75	4.20	3.28
79	6.75	5.83	5.97	5.06	5.36	4.44	5.00	4.08	4.49	3.57
80	7.21	6.30	6.39	5.47	5.71	4.80	5.33	4.41	4.78	3.87
81	7.81	6.89	6.90	5.99	6.16	5.25	5.75	4.83	5.14	4.22
82	8.40	7.49	7.41	6.50	6.62	5.70	6.16	5.25	5.51	4.58
83	8.98	8.07	7.93	7.01	7.07	6.15	6.58	5.65	5.87	4.95
84	9.58	8.66	8.44	7.52	7.52	6.59	6.99	6.07	6.24	5.31
85	N/A	9.25	N/A	8.03	N/A	7.04	N/A	6.49	N/A	5.68
86	N/A	9.84	N/A	8.54	N/A	7.50	N/A	6.90	N/A	6.03
87	N/A	10.44	N/A	9.06	N/A	7.95	N/A	7.32	N/A	6.40
88	N/A	11.02	N/A	9.57	N/A	8.40	N/A	7.72	N/A	6.76
89	N/A	11.61	N/A	10.08	N/A	8.84	N/A	8.14	N/A	7.12
90	N/A	12.20	N/A	10.59	N/A	9.29	N/A	8.56	N/A	7.49
91	N/A	12.44	N/A	10.79	N/A	9.47	N/A	8.72	N/A	7.63
92	N/A	12.67	N/A	11.01	N/A	9.66	N/A	8.89	N/A	7.77
93	N/A	12.91	N/A	11.21	N/A	9.84	N/A	9.06	N/A	7.93
94	N/A	13.15	N/A	11.41	N/A	10.02	N/A	9.22	N/A	8.07
95	N/A	13.39	N/A	11.61	N/A	10.20	N/A	9.39	N/A	8.21
96	N/A	13.46	N/A	11.69	N/A	10.26	N/A	9.44	N/A	8.26
97	N/A	13.54	N/A	11.76	N/A	10.32	N/A	9.50	N/A	8.31
98	N/A	13.63	N/A	11.83	N/A	10.38	N/A	9.54	N/A	8.35
99	N/A	13.70	N/A	11.89	N/A	10.44	N/A	9.60	N/A	8.40
100	N/A	13.78	N/A	11.96	N/A	10.50	N/A	9.66	N/A	8.45

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Long Term Care Policy Form P130

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	1.43	0.54	1.36	0.46	1.31	0.42	1.27	0.38	1.23	0.33
46	1.46	0.57	1.39	0.50	1.33	0.44	1.30	0.40	1.25	0.36
47	1.50	0.61	1.42	0.52	1.36	0.46	1.32	0.43	1.26	0.37
48	1.54	0.64	1.45	0.56	1.38	0.49	1.34	0.45	1.29	0.39
49	1.57	0.68	1.49	0.58	1.42	0.52	1.37	0.48	1.31	0.42
50	1.61	0.71	1.51	0.62	1.44	0.55	1.39	0.50	1.33	0.44
51	1.65	0.76	1.55	0.65	1.48	0.58	1.43	0.54	1.36	0.46
52	1.70	0.81	1.59	0.70	1.51	0.62	1.46	0.57	1.39	0.50
53	1.76	0.87	1.63	0.74	1.55	0.65	1.49	0.60	1.42	0.52
54	1.81	0.92	1.68	0.79	1.58	0.69	1.52	0.63	1.44	0.55
55	1.86	0.96	1.71	0.82	1.61	0.73	1.56	0.67	1.46	0.57
56	1.94	1.04	1.79	0.89	1.67	0.77	1.61	0.71	1.51	0.62
57	2.01	1.12	1.86	0.96	1.73	0.83	1.67	0.77	1.56	0.67
58	2.09	1.20	1.93	1.04	1.79	0.89	1.71	0.82	1.61	0.71
59	2.18	1.29	2.00	1.09	1.84	0.95	1.77	0.88	1.65	0.76
60	2.26	1.37	2.07	1.18	1.92	1.02	1.83	0.94	1.70	0.81
61	2.38	1.48	2.17	1.27	2.00	1.11	1.92	1.01	1.77	0.88
62	2.51	1.59	2.28	1.37	2.09	1.19	2.00	1.09	1.86	0.94
63	2.63	1.71	2.39	1.48	2.19	1.29	2.09	1.18	1.93	1.01
64	2.76	1.83	2.50	1.58	2.28	1.37	2.18	1.26	2.00	1.08
65	2.88	1.95	2.61	1.69	2.38	1.46	2.26	1.33	2.08	1.15
66	3.14	2.21	2.83	1.90	2.57	1.65	2.44	1.51	2.23	1.30
67	3.40	2.48	3.06	2.13	2.77	1.84	2.62	1.69	2.38	1.45
68	3.67	2.74	3.28	2.36	2.96	2.03	2.80	1.87	2.53	1.61
69	3.94	3.00	3.52	2.58	3.17	2.24	2.99	2.06	2.70	1.77
70	4.21	3.27	3.75	2.82	3.38	2.44	3.18	2.24	2.87	1.93
71	4.64	3.70	4.13	3.19	3.69	2.76	3.46	2.53	3.12	2.18
72	5.07	4.14	4.50	3.57	4.02	3.09	3.76	2.83	3.37	2.44
73	5.52	4.58	4.89	3.95	4.36	3.42	4.07	3.13	3.63	2.70
74	5.97	5.05	5.27	4.34	4.69	3.76	4.38	3.44	3.90	2.96
75	6.44	5.50	5.68	4.74	5.03	4.09	4.69	3.75	4.18	3.24
76	7.09	6.16	6.25	5.31	5.53	4.59	5.14	4.20	4.56	3.63
77	7.76	6.82	6.82	5.88	6.02	5.08	5.59	4.65	4.95	4.01
78	8.41	7.49	7.39	6.45	6.51	5.57	6.05	5.11	5.34	4.40
79	9.08	8.14	7.95	7.02	7.00	6.07	6.49	5.56	5.72	4.80
80	9.73	8.81	8.52	7.59	7.50	6.56	6.94	6.01	6.12	5.18
81	10.56	9.63	9.23	8.29	8.12	7.18	7.51	6.57	6.60	5.66
82	11.39	10.45	9.95	9.01	8.72	7.78	8.07	7.13	7.08	6.15
83	12.21	11.28	10.65	9.72	9.34	8.40	8.63	7.70	7.57	6.64
84	13.04	12.10	11.36	10.44	9.95	9.02	9.19	8.26	8.06	7.12
85	N/A	12.92	N/A	11.14	N/A	9.63	N/A	8.82	N/A	7.60
86	N/A	13.76	N/A	11.85	N/A	10.25	N/A	9.38	N/A	8.09
87	N/A	14.58	N/A	12.57	N/A	10.86	N/A	9.95	N/A	8.58
88	N/A	15.40	N/A	13.28	N/A	11.47	N/A	10.51	N/A	9.07
89	N/A	16.23	N/A	13.98	N/A	12.09	N/A	11.07	N/A	9.54
90	N/A	17.05	N/A	14.70	N/A	12.71	N/A	11.64	N/A	10.03
91	N/A	17.39	N/A	14.98	N/A	12.96	N/A	11.86	N/A	10.22
92	N/A	17.71	N/A	15.27	N/A	13.20	N/A	12.09	N/A	10.42
93	N/A	18.04	N/A	15.55	N/A	13.45	N/A	12.30	N/A	10.61
94	N/A	18.37	N/A	15.84	N/A	13.70	N/A	12.53	N/A	10.81
95	N/A	18.71	N/A	16.12	N/A	13.93	N/A	12.76	N/A	11.01
96	N/A	18.81	N/A	16.22	N/A	14.02	N/A	12.84	N/A	11.07
97	N/A	18.92	N/A	16.31	N/A	14.10	N/A	12.91	N/A	11.14
98	N/A	19.03	N/A	16.41	N/A	14.18	N/A	12.98	N/A	11.20
99	N/A	19.15	N/A	16.51	N/A	14.27	N/A	13.07	N/A	11.26
100	N/A	19.25	N/A	16.60	N/A	14.35	N/A	13.14	N/A	11.33

To determine the monthly check-o-matic, quarterly, semianual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Security Rider R950 - Proposed Rates

Monthly Premium Rates

Issue Age	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination	
	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10	$10 Per Day Base	Additional $10
18-39	1.19	0.00	1.19	0.00	1.19	0.00	1.19	0.00	1.19	0.00
40-49	1.87	0.00	1.87	0.00	1.87	0.00	1.87	0.00	1.87	0.00
50-54	2.37	0.00	2.37	0.00	2.37	0.00	2.37	0.00	2.37	0.00
55-59	2.96	0.00	2.96	0.00	2.96	0.00	2.96	0.00	2.96	0.00
60-64	3.81	0.00	3.81	0.00	3.81	0.00	3.81	0.00	3.81	0.00
65-69	5.36	0.00	5.36	0.00	5.36	0.00	5.36	0.00	5.36	0.00
70-74	7.93	0.00	7.93	0.00	7.93	0.00	7.93	0.00	7.93	0.00
75-79	11.85	0.00	11.85	0.00	11.85	0.00	11.85	0.00	11.85	0.00
80+	16.81	0.00	16.81	0.00	16.81	0.00	16.81	0.00	16.81	0.00

To determine the monthly check-o-matic, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by .95, 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Surviving Spouse Rider R952
Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	13.8%
40-49	17.1%
50-59	18.6%
60-69	19.0%
70-79	19.9%
80-84	11.0%

Physicians Mutual Insurance Company

Surviving Spouse Rider R959

Monthly Premium Rates

Issue Age	Percent of Total Premium
18-39	0.7%
40-49	0.9%
50-59	1.3%
60-69	1.9%
70-79	3.4%
80-84	6.3%

Physicians Mutual Insurance Company
Exhibit 4

Long Term Care Policy Form P131 - Proposed Rates

Sample Rate Calculation Comparison

Issue Age	**65**
Monthly Benefit Amount	**3000**
Elimination Period	**90**
Benefit Period	**Lifetime**

Optional Riders Elected at Issue	
R493 (Inflation Protection Rider)	**Yes**
R497 (Optional Inflation Protection Rider	**Yes**
R494 (Return of Premium Rider)	**Yes**
R953 (Security Rider)	**Yes**
R954 (Surviving Spouse Waiver of Premium Rider)	**Yes**
R960 (Joint Spouse Waiver of Premium Rider)	**Yes**
R487 (Spouse Discount)	**Yes**
Payment Mode	**Monthly**
Risk Class	**Standard**

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	**19.89**
9 Additional $300 Units @ 11.75 per unit	**105.75**
Spouse Discount (7.5%)	**(9.42)**
A Total Base Premium	**116.22**
R493 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	**12.71**
9 Additional $300 Units @ 7.51 per unit	**67.59**
B Total Rider Premium	**80.30**
R497 Optional Inflation Protection Rider Monthly Premium	
First $300 Monthly Benefit	**0.90**
9 Additional $300 Units @ 0.53 per unit	**4.77**
C Total Rider Premium	**5.67**
R494 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	**9.70**
9 Additional $300 Units @ 5.73 per unit	**51.57**
D Total Rider Premium	**61.27**
R953 Security Rider Monthly Premium @ 4.5 per Month	**4.50**
E Total Rider Premium	**4.50**
R954 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	**50.91**
R960 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	**5.09**
Total Monthly Premium = A + B + C + D + E + F + G	**323.96**
Multiply by Monthly Modal Factor of 1	**323.96**
Multiply by Standard Risk Class Adjustment of 1	**323.96**

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $300 Monthly Benefit	**23.67**
9 Additional $300 Units @ 13.98 per unit	**125.82**
Spouse Discount (7.5%)	**(11.21)**
A Total Base Premium	**138.28**
R493 Inflation Rider Monthly Premium	
First $300 Monthly Benefit	**15.12**
9 Additional $300 Units @ 8.94 per unit	**80.46**
B Total Rider Premium	**95.58**
R497 Optional Inflation Protection Rider Monthly Premium	
First $300 Monthly Benefit	**1.07**
9 Additional $300 Units @ 0.63 per unit	**5.67**
C Total Rider Premium	**6.74**
R494 Return of Premium Rider Monthly Premium	
First $300 Monthly Benefit	**11.54**
9 Additional $300 Units @ 6.82 per unit	**61.38**
C Total Rider Premium	**72.92**
R953 Security Rider Monthly Premium @ 5.36 per Month	**5.36**
D Total Rider Premium	**5.36**
R954 Surviving Spouse Waiver of Premium Rider Factor	**19.0%**
E Total Rider Premium = (A+B+C+D) x Rider Factor	**60.59**
R960 Joint Spouse Waiver of Premium Rider Factor	**1.9%**
F Total Rider Premium = (A+B+C+D) x Rider Factor	**6.06**
Total Monthly Premium = A + B + C + D + E + F + G	**385.53**
Multiply by Monthly Modal Factor of 1	**385.53**
Multiply by Standard Risk Class Adjustment of 1	**385.53**

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.19 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	20.12	3.59	18.12	3.24	16.43	2.95	14.35	2.59	13.13	2.36	12.14	2.14
41	20.88	3.73	18.71	3.35	16.85	3.03	14.87	2.68	13.54	2.44	12.42	2.19
42	21.13	3.77	18.91	3.38	16.99	3.05	15.04	2.71	13.67	2.46	12.51	2.21
43	21.39	3.82	19.11	3.42	17.12	3.08	15.21	2.74	13.81	2.49	12.60	2.22
44	21.64	3.87	19.31	3.45	17.26	3.10	15.38	2.77	13.94	2.51	12.69	2.24
45	21.89	3.91	19.51	3.49	17.40	3.13	15.55	2.80	14.08	2.54	12.79	2.26
46	22.15	3.96	19.71	3.52	17.54	3.15	15.72	2.83	14.21	2.56	12.88	2.27
47	22.40	4.00	19.91	3.56	17.67	3.18	15.89	2.86	14.35	2.58	12.97	2.29
48	22.65	4.05	20.11	3.60	17.81	3.20	16.06	2.89	14.48	2.61	13.06	2.30
49	22.91	4.09	20.31	3.63	17.95	3.23	16.23	2.93	14.62	2.63	13.16	2.32
50	23.16	4.14	20.51	3.67	18.09	3.25	16.40	2.96	14.75	2.66	13.25	2.34
51	23.62	4.22	20.92	3.74	18.45	3.32	16.73	3.02	15.05	2.71	13.51	2.38
52	24.57	4.39	21.76	3.89	19.19	3.45	17.40	3.14	15.65	2.82	14.06	2.48
53	25.31	4.52	22.41	4.01	19.76	3.55	17.92	3.23	16.12	2.90	14.48	2.55
54	26.07	4.66	23.08	4.13	20.36	3.66	18.46	3.33	16.60	2.99	14.91	2.63
55	27.63	4.94	24.47	4.37	21.58	3.88	19.57	3.53	17.44	3.14	15.66	2.76
56	28.73	5.13	25.45	4.55	22.44	4.03	20.35	3.67	18.13	3.27	16.13	2.85
57	31.85	5.69	27.79	4.97	24.29	4.37	21.02	3.79	18.70	3.37	16.56	2.92
58	33.91	6.06	29.58	5.29	25.86	4.65	22.37	4.03	19.90	3.58	17.63	3.11
59	36.48	6.52	31.82	5.69	27.82	5.00	24.07	4.34	21.41	3.86	18.97	3.35
60	38.53	6.88	33.61	6.01	29.38	5.28	25.42	4.58	22.62	4.07	20.03	3.53
61	42.13	7.53	36.75	6.57	32.13	5.77	27.80	5.01	24.73	4.45	21.90	3.86
62	48.50	8.66	41.98	7.51	36.69	6.60	32.81	5.91	28.86	5.20	25.53	4.50
63	51.22	9.15	44.34	7.93	38.76	6.97	34.65	6.24	30.48	5.49	26.96	4.76
64	55.04	9.83	47.64	8.52	41.64	7.49	37.23	6.71	32.75	5.90	28.97	5.11
65	58.31	10.42	50.47	9.02	44.11	7.93	39.44	7.11	34.70	6.25	30.69	5.42
66	63.21	11.29	54.71	9.78	47.83	8.60	42.76	7.71	37.62	6.77	33.28	5.87
67	69.38	12.39	59.12	10.57	51.68	9.29	46.65	8.41	40.57	7.31	35.38	6.24
68	77.02	13.76	65.64	11.74	57.38	10.31	51.79	9.33	45.05	8.11	39.28	6.93
69	85.77	15.32	73.09	13.07	63.89	11.48	57.67	10.39	50.16	9.03	43.74	7.72
70	95.60	17.08	81.47	14.57	71.21	12.80	64.28	11.58	55.91	10.07	48.75	8.60
71	107.62	19.22	91.71	16.40	80.17	14.41	72.36	13.04	62.94	11.34	54.88	9.68
72	120.25	21.48	102.59	18.34	88.89	15.98	80.48	14.50	69.21	12.46	60.25	10.63
73	135.55	24.21	115.65	20.68	100.21	18.01	90.72	16.35	78.02	14.05	67.92	11.98
74	151.40	27.04	129.17	23.10	111.92	20.12	101.33	18.26	87.14	15.69	75.86	13.38
75	169.44	30.27	144.56	25.85	125.26	22.52	113.40	20.44	97.52	17.56	84.90	14.98
76	188.57	33.68	160.88	28.77	139.40	25.06	126.21	22.75	108.53	19.55	94.48	16.67
77	204.99	36.62	173.57	31.03	150.39	27.03	134.82	24.30	114.60	20.64	99.60	17.57
78	225.38	40.26	190.84	34.12	165.35	29.72	148.23	26.71	126.00	22.69	109.51	19.32
79	246.85	44.09	209.01	37.37	181.10	32.55	162.34	29.26	138.00	24.85	119.94	21.16
80	268.31	47.93	227.19	40.62	196.85	35.38	176.46	31.80	150.00	27.01	130.37	23.00
81	293.54	52.43	248.54	44.44	215.35	38.71	193.05	34.79	164.10	29.55	142.62	25.16
82	326.86	58.39	276.76	49.49	239.80	43.10	218.88	39.45	186.06	33.51	161.71	28.53
83	360.04	64.31	304.85	54.51	264.14	47.48	241.10	43.45	204.95	36.91	178.12	31.43
84	399.74	71.40	338.47	60.52	293.27	52.72	267.68	48.24	227.55	40.98	197.76	34.89
85	NA	79.26	NA	67.18	NA	58.51	NA	53.55	NA	45.49	NA	38.73
86	NA	87.19	NA	73.89	NA	64.37	NA	58.91	NA	50.04	NA	42.60
87	NA	95.03	NA	80.54	NA	70.16	NA	64.21	NA	54.54	NA	46.44
88	NA	102.63	NA	86.99	NA	75.77	NA	69.34	NA	58.90	NA	50.15
89	NA	109.82	NA	93.08	NA	81.08	NA	74.20	NA	63.03	NA	53.66
90	NA	116.41	NA	98.66	NA	85.94	NA	78.65	NA	66.81	NA	56.88
91	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
92	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
93	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
94	NA	141.49	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
95	NA	148.57	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
96	NA	156.00	NA	132.21	NA	115.17	NA	105.40	NA	89.53	NA	76.22
97	NA	163.80	NA	138.83	NA	120.93	NA	110.67	NA	94.01	NA	80.04
98	NA	171.99	NA	145.77	NA	126.97	NA	116.20	NA	98.71	NA	84.04
99	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.64	NA	88.24
100	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.43	4.16	21.68	3.73	19.75	3.43	18.06	3.18	16.55	2.91	15.37	2.68
41	26.12	4.44	23.07	3.97	20.89	3.63	18.67	3.29	17.00	2.99	15.70	2.74
42	26.68	4.54	23.53	4.05	21.27	3.70	18.88	3.32	17.15	3.02	15.81	2.76
43	27.24	4.63	24.00	4.13	21.65	3.76	19.08	3.36	17.29	3.05	15.92	2.78
44	27.80	4.73	24.46	4.21	22.03	3.83	19.29	3.39	17.44	3.07	16.03	2.80
45	28.37	4.83	24.92	4.29	22.41	3.89	19.49	3.43	17.59	3.10	16.14	2.81
46	28.93	4.92	25.39	4.37	22.79	3.96	19.70	3.47	17.74	3.12	16.25	2.83
47	29.49	5.02	25.85	4.45	23.17	4.02	19.91	3.50	17.89	3.15	16.35	2.85
48	30.06	5.11	26.31	4.52	23.55	4.09	20.11	3.54	18.04	3.18	16.46	2.87
49	30.62	5.21	26.77	4.60	23.92	4.16	20.32	3.57	18.19	3.20	16.57	2.89
50	31.18	5.31	27.24	4.68	24.30	4.22	20.52	3.61	18.34	3.23	16.68	2.91
51	31.81	5.41	27.78	4.78	24.79	4.31	20.93	3.68	18.70	3.29	17.02	2.97
52	33.08	5.63	28.89	4.97	25.78	4.48	21.77	3.83	19.45	3.43	17.70	3.09
53	34.07	5.80	29.76	5.12	26.55	4.61	22.42	3.95	20.03	3.53	18.23	3.18
54	35.09	5.97	30.65	5.27	27.35	4.75	23.09	4.06	20.63	3.63	18.77	3.27
55	37.20	6.33	32.49	5.59	28.99	5.04	24.48	4.31	21.87	3.85	19.90	3.47
56	38.69	6.58	33.79	5.81	30.15	5.24	25.46	4.48	22.75	4.01	20.70	3.61
57	42.47	7.22	36.84	6.34	32.58	5.66	27.70	4.87	24.48	4.31	21.97	3.83
58	45.21	7.69	39.21	6.74	34.68	6.02	29.49	5.19	26.06	4.59	23.39	4.08
59	48.63	8.27	42.18	7.25	37.31	6.48	31.72	5.58	28.03	4.94	25.16	4.39
60	51.37	8.74	44.56	7.66	39.41	6.85	33.51	5.90	29.61	5.21	26.58	4.64
61	56.16	9.56	48.72	8.38	43.09	7.49	36.64	6.45	32.37	5.70	29.06	5.07
62	61.82	10.52	53.68	9.23	47.06	8.17	40.02	7.04	35.36	6.23	31.34	5.47
63	65.29	11.11	56.70	9.75	49.70	8.63	42.26	7.44	37.34	6.58	33.10	5.77
64	70.16	11.94	60.92	10.48	53.40	9.28	45.41	7.99	40.12	7.07	35.57	6.20
65	74.33	12.65	64.54	11.10	56.57	9.83	48.11	8.47	42.51	7.49	37.68	6.57
66	80.58	13.71	69.97	12.03	61.33	10.65	52.16	9.18	46.08	8.12	40.85	7.12
67	90.38	15.38	77.87	13.39	68.26	11.86	57.97	10.20	51.22	9.02	45.40	7.92
68	100.34	17.07	86.45	14.87	75.78	13.17	64.36	11.33	56.87	10.02	50.41	8.79
69	111.72	19.01	96.26	16.56	84.38	14.66	71.67	12.61	63.32	11.15	56.13	9.79
70	124.53	21.19	107.30	18.45	94.06	16.34	79.88	14.06	70.58	12.43	62.56	10.91
71	140.19	23.85	120.79	20.77	105.88	18.39	89.92	15.82	79.46	13.99	70.43	12.28
72	157.31	26.76	134.50	23.13	117.90	20.48	100.55	17.69	88.85	15.65	78.75	13.74
73	177.34	30.17	151.62	26.08	132.90	23.09	113.35	19.95	100.15	17.64	88.77	15.48
74	198.07	33.70	169.35	29.13	148.45	25.79	126.60	22.28	111.87	19.70	99.15	17.30
75	221.67	37.71	189.52	32.59	166.13	28.86	141.69	24.93	125.19	22.05	110.97	19.36
76	246.70	41.97	210.92	36.27	184.89	32.12	157.68	27.75	139.33	24.54	123.50	21.54
77	271.86	46.25	232.70	40.02	202.19	35.12	171.86	30.24	151.85	26.74	134.60	23.48
78	298.90	50.85	255.85	44.00	222.30	38.62	188.96	33.25	166.96	29.40	147.99	25.81
79	327.37	55.70	280.21	48.19	243.47	42.30	206.95	36.42	182.86	32.20	162.08	28.27
80	355.83	60.54	304.58	52.38	264.64	45.97	224.95	39.58	198.76	35.00	176.18	30.73
81	389.28	66.23	333.21	57.31	289.52	50.30	246.10	43.30	217.45	38.29	192.74	33.62
82	428.99	72.99	367.20	63.15	319.05	55.43	272.41	47.93	240.70	42.39	213.35	37.21
83	472.53	80.39	404.47	69.56	351.43	61.05	300.06	52.80	265.13	46.69	235.00	40.99
84	524.64	89.26	449.07	77.23	390.19	67.78	333.15	58.62	294.37	51.84	260.92	45.51
85	NA	99.08	NA	85.73	NA	75.24	NA	65.07	NA	57.54	NA	50.52
86	NA	108.99	NA	94.30	NA	82.77	NA	71.58	NA	63.30	NA	55.57
87	NA	118.79	NA	102.79	NA	90.21	NA	78.02	NA	68.99	NA	60.57
88	NA	128.30	NA	111.01	NA	97.43	NA	84.26	NA	74.51	NA	65.42
89	NA	137.28	NA	118.78	NA	104.25	NA	90.16	NA	79.73	NA	70.00
90	NA	145.51	NA	125.91	NA	110.51	NA	95.57	NA	84.51	NA	74.20
91	NA	152.79	NA	132.20	NA	116.03	NA	100.35	NA	88.74	NA	77.91
92	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.80
93	NA	168.45	NA	145.75	NA	127.93	NA	110.63	NA	97.84	NA	85.89
94	NA	176.87	NA	153.04	NA	134.32	NA	116.17	NA	102.73	NA	90.19
95	NA	185.72	NA	160.69	NA	141.04	NA	121.97	NA	107.86	NA	94.70
96	NA	195.00	NA	168.73	NA	148.09	NA	128.07	NA	113.26	NA	99.43
97	NA	204.75	NA	177.17	NA	155.49	NA	134.48	NA	118.92	NA	104.40
98	NA	214.99	NA	186.02	NA	163.27	NA	141.20	NA	124.87	NA	109.62
99	NA	225.74	NA	195.33	NA	171.43	NA	148.26	NA	131.11	NA	115.10
100	NA	237.03	NA	205.09	NA	180.00	NA	155.67	NA	137.66	NA	120.86

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	28.02	4.80	24.97	4.29	22.64	3.92	20.35	3.54	18.33	3.19	16.68	2.90
41	29.23	5.01	25.87	4.45	23.37	4.05	20.98	3.65	18.81	3.28	16.97	2.95
42	29.63	5.08	26.18	4.50	23.62	4.09	21.18	3.69	18.96	3.30	17.07	2.96
43	30.03	5.15	26.48	4.55	23.86	4.14	21.39	3.72	19.12	3.33	17.16	2.98
44	30.43	5.21	26.78	4.60	24.10	4.18	21.60	3.76	19.28	3.36	17.26	3.00
45	30.83	5.28	27.08	4.66	24.35	4.22	21.81	3.80	19.44	3.39	17.36	3.01
46	31.24	5.35	27.38	4.71	24.59	4.26	22.02	3.83	19.59	3.41	17.45	3.03
47	31.64	5.42	27.69	4.76	24.83	4.30	22.22	3.87	19.75	3.44	17.55	3.05
48	32.04	5.49	27.99	4.81	25.08	4.35	22.43	3.90	19.91	3.47	17.65	3.06
49	32.44	5.56	28.29	4.86	25.32	4.39	22.64	3.94	20.07	3.50	17.75	3.08
50	32.85	5.63	28.59	4.92	25.56	4.43	22.85	3.98	20.22	3.52	17.84	3.10
51	33.50	5.74	29.16	5.01	26.08	4.52	23.30	4.06	20.63	3.59	18.20	3.16
52	35.79	6.13	31.15	5.36	27.85	4.83	24.89	4.33	22.04	3.84	19.44	3.38
53	37.31	6.39	32.48	5.58	29.04	5.03	25.95	4.52	22.97	4.00	20.27	3.52
54	38.83	6.65	33.80	5.81	30.22	5.24	27.01	4.70	23.91	4.17	21.10	3.66
55	41.88	7.18	36.45	6.27	32.59	5.65	29.13	5.07	25.79	4.49	22.75	3.95
56	43.40	7.44	37.78	6.50	33.78	5.85	30.19	5.25	26.72	4.66	23.58	4.09
57	44.94	7.70	38.86	6.68	34.43	5.97	32.19	5.60	28.18	4.91	24.82	4.31
58	47.84	8.20	41.36	7.11	36.66	6.35	34.27	5.96	30.00	5.23	26.43	4.59
59	51.47	8.82	44.50	7.65	39.43	6.83	36.86	6.42	32.27	5.62	28.43	4.94
60	54.37	9.32	47.00	8.08	41.65	7.22	38.94	6.78	34.09	5.94	30.03	5.21
61	59.44	10.19	51.39	8.84	45.54	7.89	42.58	7.41	37.27	6.49	32.83	5.70
62	66.57	11.41	57.62	9.91	50.61	8.77	46.21	8.04	40.45	7.05	35.64	6.19
63	70.31	12.05	60.85	10.46	53.45	9.26	48.81	8.49	42.72	7.44	37.64	6.53
64	75.54	12.94	65.39	11.24	57.43	9.95	52.44	9.13	45.90	8.00	40.44	7.02
65	80.03	13.71	69.27	11.91	60.84	10.54	55.56	9.67	48.63	8.47	42.84	7.44
66	86.76	14.87	75.10	12.91	65.96	11.43	60.23	10.48	52.72	9.19	46.45	8.06
67	95.44	16.35	81.97	14.09	72.00	12.48	65.94	11.48	57.72	10.06	50.85	8.83
68	105.96	18.16	91.01	15.65	79.93	13.85	73.21	12.74	64.08	11.17	56.46	9.80
69	117.98	20.22	101.33	17.42	89.01	15.43	81.52	14.19	71.35	12.43	62.86	10.91
70	131.51	22.53	112.95	19.42	99.21	17.19	90.86	15.81	79.53	13.86	70.07	12.16
71	148.04	25.37	127.15	21.86	111.68	19.36	102.29	17.80	89.53	15.60	78.88	13.69
72	167.26	28.66	143.82	24.73	125.21	21.70	114.23	19.88	99.99	17.42	88.09	15.29
73	188.55	32.31	162.12	27.87	141.15	24.46	128.77	22.41	112.71	19.64	99.30	17.24
74	210.59	36.09	181.08	31.13	157.66	27.32	143.82	25.03	125.89	21.93	110.91	19.25
75	235.68	40.38	202.65	34.84	176.44	30.58	160.96	28.01	140.89	24.55	124.12	21.55
76	262.29	44.94	225.53	38.78	196.36	34.03	179.13	31.17	156.80	27.32	138.14	23.98
77	289.22	49.56	248.69	42.76	216.52	37.52	198.34	34.52	173.61	30.25	150.99	26.21
78	317.99	54.49	273.43	47.01	238.05	41.26	218.07	37.95	190.88	33.26	166.01	28.82
79	348.27	59.68	299.47	51.49	260.73	45.19	238.84	41.57	209.06	36.43	181.82	31.57
80	378.56	64.87	325.51	55.97	283.40	49.12	259.61	45.18	227.24	39.59	197.63	34.31
81	414.14	70.96	356.10	61.23	310.04	53.73	284.02	49.43	248.60	43.31	216.21	37.54
82	458.56	78.57	391.31	67.28	340.69	59.04	312.05	54.31	273.14	47.59	237.55	41.24
83	505.10	86.55	431.03	74.11	375.27	65.04	343.73	59.82	300.87	52.42	261.67	45.43
84	560.80	96.09	478.56	82.28	416.65	72.21	381.63	66.42	334.04	58.20	290.52	50.44
85	NA	106.66	NA	91.33	NA	80.15	NA	73.72	NA	64.60	NA	55.98
86	NA	117.33	NA	100.46	NA	88.17	NA	81.09	NA	71.06	NA	61.58
87	NA	127.89	NA	109.51	NA	96.10	NA	88.39	NA	77.46	NA	67.13
88	NA	138.12	NA	118.27	NA	103.79	NA	95.46	NA	83.66	NA	72.50
89	NA	147.79	NA	126.54	NA	111.05	NA	102.15	NA	89.51	NA	77.57
90	NA	156.66	NA	134.14	NA	117.72	NA	108.27	NA	94.88	NA	82.22
91	NA	164.49	NA	140.84	NA	123.60	NA	113.69	NA	99.63	NA	86.34
92	NA	172.72	NA	147.89	NA	129.78	NA	119.37	NA	104.61	NA	90.65
93	NA	181.35	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.19
94	NA	190.42	NA	163.04	NA	143.09	NA	131.61	NA	115.33	NA	99.94
95	NA	199.94	NA	171.20	NA	150.24	NA	138.19	NA	121.10	NA	104.94
96	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.15	NA	110.19
97	NA	220.43	NA	188.74	NA	165.64	NA	152.35	NA	133.51	NA	115.70
98	NA	231.46	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.48
99	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.56
100	NA	255.18	NA	218.50	NA	191.75	NA	176.37	NA	154.55	NA	133.94

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	31.35	5.19	28.03	4.66	25.35	4.26	24.09	4.08	21.96	3.74	20.16	3.43
41	32.78	5.43	29.17	4.85	26.23	4.41	24.77	4.19	22.48	3.82	20.52	3.49
42	33.26	5.50	29.55	4.92	26.53	4.46	25.00	4.23	22.65	3.85	20.65	3.51
43	33.73	5.58	29.93	4.98	26.82	4.51	25.23	4.27	22.82	3.88	20.77	3.53
44	34.21	5.66	30.31	5.04	27.11	4.56	25.46	4.31	22.99	3.91	20.89	3.55
45	34.69	5.74	30.69	5.11	27.41	4.61	25.68	4.35	23.17	3.94	21.01	3.57
46	35.16	5.82	31.07	5.17	27.70	4.66	25.91	4.38	23.34	3.97	21.13	3.59
47	35.64	5.90	31.45	5.23	27.99	4.71	26.14	4.42	23.51	4.00	21.25	3.61
48	36.12	5.98	31.84	5.30	28.29	4.76	26.37	4.46	23.69	4.03	21.37	3.63
49	36.59	6.06	32.22	5.36	28.58	4.81	26.60	4.50	23.86	4.06	21.50	3.65
50	37.07	6.14	32.60	5.42	28.88	4.86	26.82	4.54	24.03	4.09	21.62	3.67
51	37.81	6.26	33.25	5.53	29.45	4.95	27.36	4.63	24.51	4.17	22.05	3.75
52	40.39	6.68	35.52	5.91	31.46	5.29	29.22	4.94	26.18	4.45	23.55	4.00
53	42.11	6.97	37.03	6.16	32.80	5.52	30.47	5.15	27.30	4.64	24.55	4.17
54	43.83	7.25	38.54	6.41	34.14	5.74	31.71	5.36	28.41	4.83	25.56	4.34
55	47.27	7.82	41.56	6.91	36.82	6.19	34.20	5.79	30.64	5.21	27.56	4.69
56	48.98	8.11	43.07	7.17	38.15	6.42	35.44	6.00	31.75	5.40	28.56	4.86
57	51.70	8.56	45.15	7.51	39.64	6.67	36.58	6.19	32.77	5.58	29.11	4.95
58	55.04	9.11	48.06	8.00	42.20	7.10	38.94	6.59	34.88	5.94	30.99	5.27
59	59.21	9.80	51.71	8.60	45.40	7.64	41.89	7.09	37.53	6.38	33.34	5.67
60	62.54	10.35	54.62	9.09	47.95	8.07	44.25	7.49	39.64	6.74	35.22	5.99
61	68.38	11.32	59.72	9.93	52.43	8.82	48.38	8.18	43.34	7.37	38.50	6.55
62	74.62	12.35	64.66	10.76	56.77	9.55	52.18	8.83	46.75	7.95	41.02	6.97
63	78.81	13.04	68.29	11.36	59.96	10.09	55.11	9.32	49.38	8.40	43.32	7.36
64	84.68	14.02	73.38	12.21	64.43	10.84	59.22	10.02	53.06	9.03	46.55	7.91
65	89.71	14.85	77.74	12.93	68.25	11.48	62.74	10.61	56.21	9.56	49.31	8.38
66	97.26	16.10	84.28	14.02	73.99	12.45	68.01	11.51	60.94	10.37	53.46	9.09
67	109.56	18.13	94.21	15.67	82.71	13.91	76.08	12.87	66.65	11.34	59.04	10.04
68	121.63	20.13	104.59	17.40	91.83	15.45	84.47	14.29	74.00	12.59	65.55	11.14
69	135.44	22.42	116.46	19.37	102.25	17.20	94.05	15.91	82.39	14.02	72.99	12.41
70	150.96	24.99	129.81	21.60	113.97	19.17	104.83	17.73	91.84	15.62	81.36	13.83
71	169.94	28.13	146.13	24.31	128.30	21.58	118.01	19.96	103.38	17.59	91.58	15.57
72	189.94	31.44	163.33	27.17	143.40	24.12	132.65	22.44	116.21	19.77	101.62	17.28
73	214.12	35.44	184.11	30.63	161.65	27.19	149.53	25.30	131.00	22.29	114.56	19.47
74	239.16	39.58	205.64	34.21	180.55	30.37	167.02	28.25	146.32	24.89	127.95	21.75
75	267.65	44.30	230.14	38.29	202.06	33.99	186.92	31.62	163.75	27.86	143.20	24.34
76	297.86	49.30	256.13	42.61	224.87	37.83	208.02	35.19	182.23	31.00	159.37	27.09
77	323.49	53.54	280.62	46.68	244.22	41.08	225.31	38.12	197.38	33.58	172.61	29.34
78	355.67	58.86	308.53	51.33	268.51	45.17	247.72	41.91	217.02	36.92	189.78	32.26
79	389.54	64.47	337.92	56.22	294.08	49.47	271.32	45.90	237.68	40.44	207.86	35.33
80	423.41	70.08	367.30	61.10	319.66	53.77	294.91	49.89	258.35	43.95	225.93	38.41
81	463.21	76.66	401.83	66.85	349.70	58.83	322.63	54.58	282.64	48.09	247.17	42.02
82	497.78	82.39	428.52	71.29	372.93	62.73	345.77	58.49	302.91	51.53	264.90	45.03
83	548.30	90.75	472.01	78.52	410.78	69.10	380.86	64.43	333.65	56.77	291.78	49.60
84	608.77	100.75	524.06	87.18	456.08	76.72	422.86	71.54	370.45	63.03	323.96	55.07
85	NA	111.84	NA	96.77	NA	85.16	NA	79.41	NA	69.96	NA	61.13
86	NA	123.02	NA	106.45	NA	93.68	NA	87.35	NA	76.95	NA	67.24
87	NA	134.09	NA	116.03	NA	102.11	NA	95.21	NA	83.88	NA	73.29
88	NA	144.82	NA	125.31	NA	110.28	NA	102.82	NA	90.59	NA	79.15
89	NA	154.96	NA	134.09	NA	118.00	NA	110.02	NA	96.93	NA	84.70
90	NA	164.26	NA	142.13	NA	125.08	NA	116.62	NA	102.75	NA	89.78
91	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.88	NA	94.27
92	NA	181.09	NA	156.70	NA	137.90	NA	128.58	NA	113.28	NA	98.98
93	NA	190.15	NA	164.53	NA	144.79	NA	135.01	NA	118.94	NA	103.93
94	NA	199.65	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.12
95	NA	209.64	NA	181.40	NA	159.63	NA	148.84	NA	131.13	NA	114.58
96	NA	220.12	NA	190.47	NA	167.61	NA	156.29	NA	137.69	NA	120.31
97	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.58	NA	126.33
98	NA	242.68	NA	209.99	NA	184.79	NA	172.30	NA	151.80	NA	132.64
99	NA	254.82	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
100	NA	267.56	NA	231.52	NA	203.73	NA	189.97	NA	167.36	NA	146.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	41.56	6.27	37.31	5.63	34.10	5.15	32.26	4.87	29.34	4.43	27.13	4.09
41	43.50	6.56	38.88	5.87	35.33	5.33	33.27	5.02	30.11	4.54	27.69	4.18
42	44.15	6.66	39.40	5.94	35.74	5.39	33.60	5.07	30.37	4.58	27.87	4.21
43	44.79	6.76	39.92	6.02	36.15	5.45	33.94	5.12	30.62	4.62	28.06	4.23
44	45.44	6.86	40.44	6.10	36.55	5.52	34.27	5.17	30.88	4.66	28.25	4.26
45	46.09	6.95	40.97	6.18	36.96	5.58	34.61	5.22	31.14	4.70	28.43	4.29
46	46.74	7.05	41.49	6.26	37.37	5.64	34.94	5.27	31.40	4.74	28.62	4.32
47	47.39	7.15	42.01	6.34	37.78	5.70	35.28	5.32	31.65	4.78	28.81	4.35
48	48.03	7.25	42.53	6.42	38.19	5.76	35.61	5.37	31.91	4.81	28.99	4.37
49	48.68	7.34	43.05	6.50	38.60	5.82	35.95	5.42	32.17	4.85	29.18	4.40
50	49.33	7.44	43.58	6.57	39.01	5.89	36.28	5.47	32.43	4.89	29.37	4.43
51	50.31	7.59	44.45	6.71	39.79	6.00	37.01	5.58	33.07	4.99	29.95	4.52
52	53.75	8.11	47.48	7.16	42.50	6.41	39.53	5.96	35.33	5.33	32.00	4.83
53	56.03	8.45	49.50	7.47	44.31	6.68	41.21	6.22	36.83	5.56	33.36	5.03
54	58.32	8.80	51.52	7.77	46.12	6.96	42.89	6.47	38.34	5.78	34.72	5.24
55	62.89	9.49	55.56	8.38	49.73	7.50	46.26	6.98	41.34	6.24	37.44	5.65
56	65.18	9.83	57.58	8.69	51.54	7.78	47.94	7.23	42.85	6.46	38.80	5.85
57	69.97	10.56	60.92	9.19	54.05	8.15	50.23	7.58	44.39	6.70	39.64	5.98
58	74.48	11.24	64.85	9.78	57.54	8.68	53.48	8.07	47.26	7.13	42.20	6.37
59	80.13	12.09	69.77	10.53	61.90	9.34	57.53	8.68	50.84	7.67	45.40	6.85
60	84.64	12.77	73.70	11.12	65.38	9.86	60.77	9.17	53.70	8.10	47.96	7.24
61	92.54	13.96	80.58	12.16	71.49	10.79	66.44	10.02	58.71	8.86	52.43	7.91
62	98.86	14.92	86.17	13.00	75.78	11.43	70.89	10.70	61.93	9.34	54.51	8.22
63	104.41	15.75	91.01	13.73	80.04	12.08	74.87	11.30	65.41	9.87	57.57	8.69
64	112.19	16.93	97.79	14.75	86.00	12.98	80.44	12.14	70.28	10.60	61.86	9.33
65	118.85	17.93	103.60	15.63	91.11	13.75	85.22	12.86	74.46	11.23	65.53	9.89
66	128.85	19.44	112.32	16.95	98.77	14.90	92.39	13.94	80.72	12.18	71.04	10.72
67	148.33	22.38	128.48	19.38	112.00	16.90	105.49	15.92	92.16	13.91	81.12	12.24
68	164.69	24.85	142.64	21.52	124.35	18.76	117.12	17.67	102.32	15.44	90.06	13.59
69	183.37	27.67	158.82	23.96	138.46	20.89	130.41	19.68	113.94	17.19	100.28	15.13
70	204.40	30.84	177.03	26.71	154.33	23.29	145.36	21.93	127.00	19.16	111.78	16.86
71	230.09	34.72	199.29	30.07	173.73	26.21	163.64	24.69	142.96	21.57	125.83	18.98
72	253.13	38.19	219.24	33.08	191.13	28.84	179.17	27.03	156.53	23.62	135.96	20.51
73	285.34	43.05	247.14	37.29	215.45	32.51	201.97	30.47	176.46	26.62	153.26	23.12
74	318.71	48.09	276.04	41.65	240.65	36.31	225.59	34.04	197.09	29.74	171.19	25.83
75	356.68	53.81	308.93	46.61	269.32	40.63	252.47	38.09	220.57	33.28	191.58	28.90
76	396.95	59.89	343.81	51.87	299.72	45.22	280.97	42.39	245.47	37.04	213.21	32.17
77	432.74	65.29	372.01	56.13	324.30	48.93	301.41	45.48	263.33	39.73	228.72	34.51
78	475.78	71.78	409.01	61.71	356.56	53.80	331.39	50.00	289.52	43.68	251.47	37.94
79	521.09	78.62	447.96	67.59	390.52	58.92	362.95	54.76	317.09	47.84	275.42	41.55
80	566.41	85.46	486.92	73.46	424.48	64.04	394.51	59.52	344.67	52.00	299.37	45.17
81	619.65	93.49	532.69	80.37	464.38	70.06	431.59	65.12	377.07	56.89	327.51	49.41
82	647.62	97.71	556.73	84.00	485.34	73.23	456.02	68.80	393.82	59.42	346.04	52.21
83	713.35	107.63	613.24	92.52	534.60	80.66	502.30	75.79	433.80	65.45	381.16	57.51
84	792.01	119.50	680.86	102.73	593.55	89.55	557.69	84.14	481.63	72.67	423.19	63.85
85	NA	132.64	NA	114.03	NA	99.40	NA	93.40	NA	80.66	NA	70.87
86	NA	145.90	NA	125.43	NA	109.34	NA	102.74	NA	88.73	NA	77.96
87	NA	159.04	NA	136.72	NA	119.19	NA	111.98	NA	96.71	NA	84.98
88	NA	171.76	NA	147.65	NA	128.72	NA	120.94	NA	104.45	NA	91.78
89	NA	183.78	NA	157.99	NA	137.73	NA	129.41	NA	111.76	NA	98.20
90	NA	194.81	NA	167.47	NA	145.99	NA	137.17	NA	118.47	NA	104.09
91	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.30
92	NA	214.78	NA	184.64	NA	160.96	NA	151.23	NA	130.61	NA	114.76
93	NA	225.52	NA	193.87	NA	169.01	NA	158.80	NA	137.14	NA	120.50
94	NA	236.79	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.52
95	NA	248.63	NA	213.74	NA	186.33	NA	175.07	NA	151.20	NA	132.85
96	NA	261.06	NA	224.43	NA	195.65	NA	183.83	NA	158.76	NA	139.49
97	NA	274.12	NA	235.65	NA	205.43	NA	193.02	NA	166.69	NA	146.47
98	NA	287.82	NA	247.43	NA	215.70	NA	202.67	NA	175.03	NA	153.79
99	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
100	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.56

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.84	2.81	16.96	2.53	15.39	2.31	13.44	2.02	12.29	1.85	11.37	1.67
41	19.55	2.91	17.52	2.61	15.78	2.37	13.92	2.09	12.67	1.91	11.63	1.71
42	19.72	2.94	17.65	2.63	15.85	2.38	14.03	2.11	12.76	1.92	11.67	1.72
43	19.84	2.96	17.73	2.64	15.89	2.38	14.11	2.12	12.81	1.93	11.69	1.72
44	20.00	2.98	17.85	2.66	15.96	2.39	14.22	2.14	12.89	1.94	11.73	1.72
45	20.19	3.01	18.00	2.68	16.05	2.41	14.34	2.16	12.98	1.95	11.79	1.73
46	20.30	3.02	18.07	2.70	16.08	2.41	14.41	2.17	13.03	1.96	11.81	1.74
47	20.42	3.04	18.15	2.71	16.11	2.42	14.48	2.18	13.08	1.97	11.82	1.74
48	20.55	3.06	18.24	2.72	16.16	2.42	14.57	2.19	13.14	1.97	11.85	1.74
49	20.73	3.09	18.38	2.74	16.24	2.44	14.69	2.21	13.23	1.99	11.91	1.75
50	20.86	3.11	18.47	2.75	16.29	2.44	14.77	2.22	13.29	2.00	11.93	1.75
51	21.15	3.15	18.73	2.79	16.52	2.48	14.98	2.25	13.47	2.02	12.10	1.78
52	21.81	3.25	19.31	2.88	17.03	2.55	15.44	2.32	13.89	2.09	12.47	1.79
53	22.32	3.33	19.77	2.95	17.43	2.62	15.81	2.38	14.22	2.14	12.77	1.83
54	22.82	3.40	20.21	3.01	17.82	2.67	16.16	2.43	14.54	2.19	13.06	1.89
55	24.04	3.58	21.29	3.17	18.78	2.82	17.03	2.56	15.17	2.28	13.54	1.94
56	24.85	3.70	22.00	3.28	19.41	2.91	17.60	2.65	15.68	2.36	13.82	2.00
57	27.30	4.07	23.82	3.55	20.82	3.12	18.01	2.71	16.03	2.41	14.20	2.09
58	28.85	4.30	25.16	3.75	22.00	3.30	19.03	2.86	16.93	2.54	15.00	2.20
59	30.71	4.58	26.79	4.00	23.42	3.51	20.26	3.05	18.03	2.71	15.97	2.35
60	32.19	4.80	28.08	4.19	24.55	3.68	21.24	3.20	18.90	2.84	16.74	2.46
61	34.74	5.18	30.31	4.52	26.49	3.97	22.92	3.45	20.39	3.07	18.06	2.65
62	39.47	5.88	34.16	5.09	29.86	4.48	26.70	4.02	23.49	3.53	20.78	3.05
63	41.02	6.11	35.50	5.29	31.03	4.65	27.75	4.17	24.41	3.67	21.59	3.17
64	43.00	6.41	37.21	5.55	32.53	4.88	29.08	4.38	25.59	3.85	22.63	3.33
65	44.92	6.69	38.88	5.80	33.98	5.10	30.38	4.57	26.73	4.02	23.64	3.47
66	47.32	7.05	40.96	6.11	35.80	5.37	32.01	4.82	28.16	4.23	24.91	3.66
67	50.43	7.51	42.98	6.41	37.57	5.64	33.91	5.10	29.50	4.43	25.72	3.78
68	54.32	8.09	46.29	6.90	40.47	6.07	36.52	5.49	31.77	4.78	27.70	4.07
69	58.62	8.73	49.96	7.45	43.67	6.55	39.42	5.93	34.29	5.15	29.90	4.39
70	63.27	9.43	53.92	8.04	47.13	7.07	42.54	6.40	37.00	5.56	32.27	4.74
71	67.72	10.09	57.71	8.61	50.45	7.57	45.53	6.85	39.61	5.95	34.54	5.07
72	70.45	10.49	60.11	8.96	52.08	7.81	47.15	7.09	40.55	6.10	35.30	5.19
73	75.01	11.17	63.99	9.54	55.45	8.32	50.20	7.55	43.17	6.49	37.58	5.52
74	78.85	11.75	67.27	10.03	58.29	8.74	52.77	7.94	45.38	6.82	39.51	5.81
75	82.73	12.32	70.58	10.53	61.16	9.17	55.37	8.33	47.61	7.16	41.45	6.09
76	85.93	12.80	73.31	10.93	63.52	9.53	57.51	8.65	49.46	7.43	43.06	6.33
77	86.74	12.92	73.45	10.95	63.64	9.55	57.05	8.58	48.49	7.29	42.15	6.19
78	88.04	13.11	74.54	11.12	64.59	9.69	57.90	8.71	49.22	7.40	42.77	6.28
79	88.38	13.17	74.84	11.16	64.84	9.73	58.13	8.74	49.41	7.43	42.94	6.31
80	87.34	13.01	73.95	11.03	64.07	9.61	57.44	8.64	48.83	7.34	42.43	6.24
81	89.18	13.28	75.51	11.26	65.42	9.81	58.65	8.82	49.85	7.49	43.33	6.37
82	88.66	13.21	75.07	11.20	65.05	9.76	59.37	8.93	50.47	7.59	43.86	6.45
83	89.85	13.38	76.08	11.34	65.92	9.89	60.17	9.05	51.14	7.69	44.45	6.53
84	91.08	13.57	77.12	11.50	66.82	10.02	60.99	9.18	51.85	7.79	45.06	6.62

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	22.87	3.23	20.30	2.90	18.50	2.67	16.91	2.48	15.50	2.27	14.39	2.09
41	24.45	3.45	21.60	3.09	19.56	2.83	17.49	2.56	15.92	2.33	14.70	2.13
42	24.89	3.51	21.96	3.14	19.85	2.87	17.62	2.58	16.00	2.35	14.75	2.14
43	25.27	3.57	22.26	3.18	20.08	2.90	17.70	2.59	16.04	2.35	14.77	2.14
44	25.70	3.63	22.61	3.23	20.36	2.94	17.83	2.61	16.12	2.36	14.82	2.15
45	26.16	3.69	22.98	3.28	20.67	2.99	17.98	2.63	16.22	2.38	14.88	2.16
46	26.52	3.74	23.27	3.32	20.89	3.02	18.06	2.65	16.27	2.39	14.89	2.16
47	26.88	3.79	23.56	3.36	21.11	3.05	18.14	2.66	16.30	2.39	14.91	2.16
48	27.26	3.85	23.86	3.41	21.36	3.08	18.24	2.67	16.36	2.40	14.93	2.17
49	27.71	3.91	24.23	3.46	21.65	3.13	18.38	2.69	16.46	2.41	15.00	2.18
50	28.08	3.96	24.53	3.50	21.89	3.16	18.48	2.71	16.51	2.42	15.02	2.18
51	28.47	4.02	24.87	3.55	22.19	3.21	18.74	2.75	16.74	2.45	15.23	2.21
52	29.36	4.14	25.64	3.66	22.88	3.31	19.32	2.83	17.26	2.53	15.71	2.28
53	30.05	4.24	26.25	3.75	23.42	3.38	19.78	2.90	17.67	2.59	16.08	2.33
54	30.73	4.34	26.84	3.83	23.95	3.46	20.22	2.96	18.07	2.65	16.44	2.39
55	32.37	4.57	28.27	4.04	25.23	3.64	21.30	3.12	19.03	2.79	17.32	2.51
56	33.45	4.72	29.22	4.17	26.07	3.77	22.02	3.23	19.67	2.88	17.90	2.60
57	36.40	5.14	31.57	4.51	27.92	4.03	23.75	3.48	20.98	3.08	18.83	2.73
58	38.45	5.43	33.36	4.76	29.50	4.26	25.09	3.68	22.17	3.25	19.90	2.89
59	40.94	5.78	35.52	5.07	31.41	4.54	26.71	3.91	23.60	3.46	21.18	3.07
60	42.92	6.06	37.23	5.32	32.92	4.76	28.00	4.10	24.74	3.63	22.20	3.22
61	46.31	6.54	40.17	5.74	35.53	5.13	30.21	4.43	26.70	3.91	23.96	3.48
62	50.31	7.10	43.68	6.24	38.29	5.53	32.56	4.77	28.77	4.22	25.50	3.70
63	52.28	7.38	45.40	6.48	39.80	5.75	33.84	4.96	29.90	4.38	26.50	3.85
64	54.81	7.74	47.59	6.80	41.72	6.03	35.48	5.20	31.35	4.60	27.78	4.03
65	57.26	8.08	49.72	7.10	43.58	6.30	37.06	5.43	32.75	4.80	29.03	4.21
66	60.32	8.51	52.38	7.48	45.92	6.63	39.05	5.72	34.50	5.06	30.58	4.44
67	65.70	9.27	56.61	8.09	49.62	7.17	42.14	6.17	37.24	5.46	33.01	4.79
68	70.76	9.99	60.97	8.71	53.45	7.72	45.39	6.65	40.11	5.88	35.55	5.16
69	76.37	10.78	65.80	9.40	57.68	8.33	48.99	7.18	43.28	6.35	38.37	5.57
70	82.42	11.63	71.02	10.14	62.25	8.99	52.87	7.75	46.71	6.85	41.41	6.01
71	88.22	12.45	76.01	10.86	66.63	9.62	56.59	8.29	50.00	7.33	44.32	6.43
72	92.17	13.01	78.80	11.26	69.08	9.98	58.91	8.63	52.06	7.63	46.14	6.69
73	98.13	13.85	83.90	11.98	73.54	10.62	62.72	9.19	55.42	8.13	49.12	7.13
74	103.16	14.56	88.20	12.60	77.31	11.17	65.94	9.66	58.26	8.54	51.64	7.49
75	108.23	15.28	92.53	13.22	81.11	11.72	69.18	10.14	61.13	8.96	54.18	7.86
76	112.42	15.87	96.12	13.73	84.25	12.17	71.86	10.53	63.49	9.31	56.28	8.17
77	115.04	16.24	98.47	14.07	85.56	12.36	72.72	10.65	64.26	9.42	56.96	8.26
78	116.75	16.48	99.93	14.27	86.83	12.54	73.81	10.81	65.21	9.56	57.80	8.39
79	117.21	16.54	100.33	14.33	87.17	12.59	74.10	10.86	65.47	9.60	58.03	8.42
80	115.82	16.35	99.14	14.16	86.14	12.44	73.22	10.73	64.70	9.49	57.35	8.32
81	118.26	16.69	101.23	14.46	87.96	12.70	74.76	10.95	66.06	9.69	58.55	8.50
82	116.36	16.42	99.60	14.23	86.54	12.50	73.89	10.83	65.29	9.57	57.87	8.40
83	117.92	16.64	100.94	14.42	87.70	12.67	74.88	10.97	66.16	9.70	58.65	8.51
84	119.54	16.87	102.32	14.62	88.90	12.84	75.91	11.12	67.07	9.84	59.45	8.63

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.24	3.73	23.38	3.34	21.20	3.05	19.06	2.76	17.17	2.49	15.62	2.25
41	27.37	3.89	24.23	3.46	21.89	3.15	19.64	2.84	17.61	2.55	15.89	2.29
42	27.65	3.93	24.43	3.49	22.04	3.17	19.77	2.86	17.69	2.56	15.92	2.30
43	27.86	3.96	24.56	3.51	22.13	3.19	19.84	2.87	17.74	2.57	15.92	2.30
44	28.13	4.00	24.76	3.54	22.28	3.21	19.97	2.89	17.82	2.58	15.96	2.30
45	28.44	4.05	24.98	3.57	22.45	3.23	20.11	2.91	17.92	2.60	16.01	2.31
46	28.64	4.07	25.11	3.59	22.55	3.25	20.18	2.92	17.96	2.60	16.00	2.31
47	28.84	4.10	25.23	3.60	22.63	3.26	20.25	2.93	18.00	2.61	16.00	2.31
48	29.06	4.13	25.39	3.63	22.75	3.28	20.35	2.94	18.06	2.62	16.01	2.31
49	29.36	4.18	25.60	3.66	22.91	3.30	20.49	2.96	18.16	2.63	16.06	2.32
50	29.58	4.21	25.75	3.68	23.02	3.32	20.57	2.98	18.21	2.64	16.07	2.32
51	29.99	4.27	26.10	3.73	23.34	3.36	20.86	3.02	18.47	2.68	16.29	2.35
52	31.76	4.52	27.65	3.95	24.72	3.56	22.09	3.20	19.56	2.83	17.25	2.49
53	32.91	4.68	28.65	4.09	25.62	3.69	22.89	3.31	20.26	2.94	17.88	2.58
54	34.00	4.84	29.60	4.23	26.46	3.81	23.65	3.42	20.94	3.03	18.47	2.67
55	36.44	5.18	31.72	4.53	28.36	4.09	25.35	3.67	22.44	3.25	19.80	2.86
56	37.53	5.34	32.67	4.66	29.21	4.21	26.10	3.78	23.11	3.35	20.39	2.94
57	38.52	5.48	33.31	4.76	29.51	4.25	27.59	3.99	24.15	3.50	21.28	3.07
58	40.70	5.79	35.19	5.02	31.18	4.49	29.15	4.22	25.52	3.70	22.48	3.24
59	43.33	6.16	37.46	5.35	33.20	4.78	31.04	4.49	27.17	3.94	23.94	3.45
60	45.42	6.46	39.27	5.61	34.80	5.01	32.53	4.71	28.48	4.13	25.09	3.62
61	49.01	6.97	42.38	6.05	37.55	5.41	35.11	5.08	30.73	4.45	27.07	3.91
62	54.17	7.71	46.89	6.70	41.18	5.93	37.60	5.44	32.92	4.77	29.00	4.19
63	56.30	8.01	48.73	6.96	42.80	6.17	39.08	5.66	34.21	4.96	30.14	4.35
64	59.01	8.40	51.08	7.29	44.86	6.46	40.97	5.93	35.86	5.20	31.59	4.56
65	61.65	8.77	53.36	7.62	46.87	6.75	42.80	6.19	37.46	5.43	33.00	4.76
66	64.96	9.24	56.22	8.03	49.38	7.11	45.09	6.53	39.47	5.72	34.77	5.02
67	69.38	9.87	59.59	8.51	52.34	7.54	47.94	6.94	41.96	6.08	36.97	5.34
68	74.73	10.63	64.18	9.17	56.37	8.12	51.63	7.47	45.19	6.55	39.82	5.75
69	80.65	11.47	69.27	9.89	60.84	8.76	55.72	8.06	48.77	7.07	42.97	6.20
70	87.04	12.38	74.76	10.68	65.66	9.46	60.14	8.70	52.64	7.63	46.38	6.69
71	93.16	13.25	80.02	11.43	70.28	10.12	64.37	9.32	56.34	8.16	49.64	7.16
72	98.00	13.94	84.26	12.03	73.36	10.57	66.93	9.69	58.58	8.49	51.61	7.45
73	104.33	14.84	89.71	12.81	78.11	11.25	71.25	10.31	62.37	9.04	54.95	7.93
74	109.68	15.60	94.31	13.47	82.11	11.83	74.90	10.84	65.56	9.50	57.76	8.34
75	115.07	16.37	98.95	14.13	86.15	12.41	78.59	11.37	68.79	9.97	60.60	8.75
76	119.53	17.00	102.78	14.68	89.48	12.89	81.63	11.81	71.45	10.35	62.95	9.09
77	122.38	17.41	105.23	15.03	91.62	13.20	83.93	12.15	73.46	10.65	63.89	9.22
78	124.21	17.67	106.80	15.25	92.98	13.40	85.18	12.33	74.56	10.80	64.84	9.36
79	124.70	17.74	107.22	15.31	93.35	13.45	85.52	12.38	74.85	10.85	65.10	9.40
80	123.22	17.53	105.95	15.13	92.25	13.29	84.50	12.23	73.97	10.72	64.33	9.29
81	125.82	17.90	108.18	15.45	94.19	13.57	86.28	12.49	75.52	10.94	65.68	9.48
82	124.38	17.69	106.14	15.16	92.41	13.31	84.64	12.25	74.09	10.74	64.44	9.30
83	126.05	17.93	107.56	15.36	93.65	13.49	85.78	12.41	75.08	10.88	65.30	9.43
84	127.78	18.18	109.04	15.57	94.93	13.68	86.95	12.58	76.11	11.03	66.20	9.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.35	4.02	26.24	3.61	23.74	3.31	22.56	3.16	20.56	2.90	18.88	2.66
41	30.69	4.20	27.31	3.76	24.56	3.42	23.20	3.25	21.05	2.97	19.22	2.71
42	31.03	4.25	27.57	3.80	24.75	3.45	23.33	3.27	21.13	2.98	19.26	2.72
43	31.29	4.28	27.77	3.82	24.88	3.47	23.40	3.28	21.17	2.99	19.27	2.72
44	31.62	4.33	28.02	3.86	25.06	3.49	23.53	3.30	21.26	3.00	19.31	2.72
45	31.99	4.38	28.31	3.90	25.28	3.52	23.69	3.32	21.37	3.02	19.38	2.73
46	32.24	4.41	28.49	3.92	25.40	3.54	23.76	3.33	21.40	3.02	19.37	2.73
47	32.48	4.45	28.67	3.95	25.51	3.56	23.82	3.34	21.43	3.02	19.37	2.73
48	32.76	4.48	28.88	3.98	25.66	3.58	23.92	3.35	21.48	3.03	19.39	2.73
49	33.11	4.53	29.15	4.01	25.86	3.60	24.07	3.38	21.59	3.05	19.45	2.74
50	33.38	4.57	29.36	4.04	26.00	3.62	24.16	3.39	21.64	3.05	19.47	2.74
51	33.85	4.63	29.76	4.10	26.36	3.67	24.49	3.43	21.94	3.10	19.74	2.78
52	35.85	4.91	31.52	4.34	27.92	3.89	25.94	3.64	23.24	3.28	20.90	2.95
53	37.14	5.08	32.66	4.50	28.93	4.03	26.88	3.77	24.08	3.40	21.66	3.05
54	38.38	5.25	33.74	4.65	29.89	4.17	27.77	3.89	24.88	3.51	22.38	3.16
55	41.13	5.63	36.17	4.98	32.04	4.46	29.76	4.17	26.66	3.76	23.98	3.38
56	42.36	5.80	37.25	5.13	32.99	4.60	30.65	4.30	27.46	3.88	24.70	3.48
57	44.32	6.07	38.70	5.33	33.98	4.74	31.35	4.40	28.09	3.96	24.95	3.52
58	46.82	6.41	40.89	5.63	35.90	5.00	33.12	4.65	29.67	4.19	26.36	3.72
59	49.85	6.82	43.53	5.99	38.22	5.33	35.27	4.95	31.60	4.46	28.07	3.96
60	52.25	7.15	45.63	6.28	40.06	5.58	36.96	5.18	33.12	4.67	29.42	4.15
61	56.39	7.72	49.24	6.78	43.23	6.03	39.89	5.59	35.74	5.04	31.75	4.48
62	60.72	8.31	52.62	7.24	46.20	6.44	42.46	5.96	38.05	5.37	33.38	4.71
63	63.11	8.64	54.69	7.53	48.01	6.69	44.13	6.19	39.54	5.58	34.69	4.89
64	66.15	9.05	57.32	7.89	50.33	7.01	46.26	6.49	41.45	5.85	36.36	5.13
65	69.11	9.46	59.89	8.24	52.58	7.33	48.33	6.78	43.30	6.11	37.99	5.36
66	72.81	9.97	63.09	8.69	55.40	7.72	50.92	7.14	45.62	6.44	40.02	5.64
67	79.64	10.90	68.48	9.43	60.13	8.38	55.31	7.76	48.45	6.84	42.92	6.05
68	85.78	11.74	73.76	10.15	64.76	9.03	59.57	8.35	52.19	7.37	46.23	6.52
69	92.58	12.67	79.61	10.96	69.89	9.74	64.29	9.02	56.32	7.95	49.89	7.03
70	99.92	13.68	85.91	11.83	75.43	10.51	69.38	9.73	60.78	8.58	53.85	7.59
71	106.95	14.64	91.96	12.66	80.74	11.25	74.26	10.42	65.06	9.18	57.63	8.13
72	111.29	15.23	95.69	13.17	84.02	11.71	77.72	10.90	68.09	9.61	59.54	8.40
73	118.48	16.22	101.88	14.02	89.45	12.47	82.74	11.60	72.49	10.23	63.39	8.94
74	124.55	17.05	107.10	14.74	94.03	13.11	86.98	12.20	76.20	10.75	66.64	9.40
75	130.68	17.89	112.37	15.47	98.66	13.75	91.26	12.80	79.95	11.28	69.92	9.86
76	135.74	18.58	116.72	16.07	102.48	14.28	94.79	13.30	83.04	11.72	72.62	10.24
77	136.88	18.74	118.74	16.35	103.34	14.40	95.34	13.37	83.52	11.79	73.04	10.30
78	138.92	19.01	120.51	16.59	104.88	14.62	96.76	13.57	84.77	11.96	74.13	10.45
79	139.47	19.09	120.99	16.66	105.30	14.68	97.14	13.62	85.10	12.01	74.42	10.49
80	137.82	18.86	119.56	16.46	104.05	14.50	95.99	13.46	84.09	11.87	73.54	10.37
81	140.72	19.26	122.07	16.80	106.24	14.81	98.01	13.75	85.87	12.12	75.09	10.59
82	135.02	18.48	116.24	16.00	101.16	14.10	93.79	13.15	82.16	11.60	71.85	10.13
83	136.83	18.73	117.79	16.21	102.51	14.29	95.04	13.33	83.26	11.75	72.81	10.27
84	138.71	18.99	119.41	16.44	103.92	14.48	96.35	13.51	84.41	11.91	73.81	10.41

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	38.91	4.80	34.94	4.31	31.93	3.94	30.21	3.73	27.47	3.39	25.40	3.13
41	40.73	5.03	36.40	4.49	33.08	4.08	31.15	3.84	28.19	3.48	25.92	3.20
42	41.19	5.08	36.76	4.54	33.35	4.11	31.35	3.87	28.33	3.50	26.01	3.21
43	41.55	5.13	37.03	4.57	33.53	4.14	31.48	3.88	28.41	3.51	26.03	3.21
44	42.01	5.18	37.39	4.61	33.79	4.17	31.68	3.91	28.55	3.52	26.11	3.22
45	42.51	5.24	37.78	4.66	34.09	4.21	31.92	3.94	28.72	3.54	26.22	3.24
46	42.85	5.29	38.04	4.69	34.26	4.23	32.03	3.95	28.78	3.55	26.24	3.24
47	43.19	5.33	38.29	4.72	34.43	4.25	32.15	3.97	28.85	3.56	26.25	3.24
48	43.57	5.38	38.58	4.76	34.64	4.27	32.30	3.99	28.94	3.57	26.30	3.24
49	44.05	5.44	38.96	4.81	34.93	4.31	32.53	4.01	29.11	3.59	26.40	3.26
50	44.42	5.48	39.24	4.84	35.13	4.33	32.67	4.03	29.20	3.60	26.45	3.26
51	45.04	5.56	39.79	4.91	35.61	4.39	33.12	4.09	29.61	3.65	26.81	3.31
52	47.70	5.89	42.14	5.20	37.72	4.65	35.08	4.33	31.36	3.87	28.40	3.50
53	49.43	6.10	43.66	5.39	39.08	4.82	36.35	4.49	32.49	4.01	29.42	3.63
54	51.06	6.30	45.11	5.57	40.38	4.98	37.56	4.63	33.57	4.14	30.40	3.75
55	54.73	6.75	48.35	5.97	43.28	5.34	40.25	4.97	35.97	4.44	32.58	4.02
56	56.36	6.95	49.79	6.14	44.57	5.50	41.46	5.12	37.05	4.57	33.55	4.14
57	59.97	7.40	52.22	6.44	46.33	5.72	43.06	5.31	38.05	4.70	33.98	4.19
58	63.36	7.82	55.17	6.81	48.94	6.04	45.49	5.61	40.20	4.96	35.90	4.43
59	67.46	8.32	58.74	7.25	52.11	6.43	48.43	5.98	42.80	5.28	38.22	4.72
60	70.71	8.73	61.57	7.60	54.62	6.74	50.77	6.26	44.86	5.54	40.07	4.94
61	76.31	9.42	66.44	8.20	58.95	7.27	54.79	6.76	48.41	5.97	43.24	5.33
62	80.44	9.93	70.12	8.65	61.67	7.61	57.68	7.12	50.40	6.22	44.36	5.47
63	83.60	10.32	72.88	8.99	64.09	7.91	59.95	7.40	52.38	6.46	46.10	5.69
64	87.64	10.81	76.40	9.43	67.18	8.29	62.84	7.75	54.90	6.77	48.32	5.96
65	91.56	11.30	79.81	9.85	70.19	8.66	65.65	8.10	57.36	7.08	50.48	6.23
66	96.46	11.90	84.09	10.38	73.95	9.12	69.17	8.53	60.43	7.46	53.19	6.56
67	107.83	13.31	93.40	11.52	81.42	10.05	76.69	9.46	67.00	8.27	58.97	7.28
68	116.14	14.33	100.60	12.41	87.70	10.82	82.60	10.19	72.16	8.90	63.51	7.84
69	125.35	15.47	108.56	13.40	94.64	11.68	89.14	11.00	77.88	9.61	68.55	8.46
70	135.28	16.69	117.17	14.46	102.15	12.60	96.21	11.87	84.05	10.37	73.98	9.13
71	144.80	17.87	125.41	15.47	109.33	13.49	102.98	12.71	89.97	11.10	79.18	9.77
72	148.31	18.30	128.45	15.85	111.98	13.82	104.98	12.95	91.71	11.32	79.66	9.83
73	157.90	19.48	136.76	16.87	119.22	14.71	111.76	13.79	97.64	12.05	84.81	10.46
74	165.98	20.48	143.76	17.74	125.33	15.46	117.49	14.50	102.64	12.67	89.15	11.00
75	174.15	21.49	150.83	18.61	131.49	16.22	123.27	15.21	107.69	13.29	93.54	11.54
76	180.89	22.32	156.67	19.33	136.58	16.85	128.04	15.80	111.86	13.80	97.16	11.99
77	183.11	22.59	157.41	19.42	137.23	16.93	127.54	15.74	111.43	13.75	96.78	11.94
78	185.84	22.93	159.76	19.71	139.27	17.18	129.44	15.97	113.09	13.95	98.22	12.12
79	186.58	23.02	160.39	19.79	139.83	17.25	129.95	16.03	113.54	14.01	98.61	12.17
80	184.37	22.75	158.49	19.56	138.17	17.05	128.41	15.84	112.19	13.84	97.44	12.02
81	188.25	23.23	161.83	19.97	141.08	17.41	131.12	16.18	114.55	14.13	99.50	12.28
82	175.67	21.68	151.01	18.63	131.65	16.24	123.69	15.26	106.82	13.18	93.86	11.58
83	178.02	21.97	153.03	18.88	133.41	16.46	125.35	15.47	108.25	13.36	95.12	11.74
84	180.46	22.27	155.13	19.14	135.24	16.69	127.07	15.68	109.74	13.54	96.42	11.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.01	0.18	0.91	0.16	0.82	0.15	0.72	0.13	0.66	0.12	0.61	0.11
41	1.04	0.19	0.94	0.17	0.84	0.15	0.74	0.13	0.68	0.12	0.62	0.11
42	1.06	0.19	0.95	0.17	0.85	0.15	0.75	0.14	0.68	0.12	0.63	0.11
43	1.07	0.19	0.96	0.17	0.86	0.15	0.76	0.14	0.69	0.12	0.63	0.11
44	1.08	0.19	0.97	0.17	0.86	0.16	0.77	0.14	0.70	0.13	0.63	0.11
45	1.09	0.20	0.98	0.17	0.87	0.16	0.78	0.14	0.70	0.13	0.64	0.11
46	1.11	0.20	0.99	0.18	0.88	0.16	0.79	0.14	0.71	0.13	0.64	0.11
47	1.12	0.20	1.00	0.18	0.88	0.16	0.79	0.14	0.72	0.13	0.65	0.11
48	1.13	0.20	1.01	0.18	0.89	0.16	0.80	0.14	0.72	0.13	0.65	0.12
49	1.15	0.20	1.02	0.18	0.90	0.16	0.81	0.15	0.73	0.13	0.66	0.12
50	1.16	0.21	1.03	0.18	0.90	0.16	0.82	0.15	0.74	0.13	0.66	0.12
51	1.18	0.21	1.05	0.19	0.92	0.17	0.84	0.15	0.75	0.14	0.68	0.12
52	1.23	0.22	1.09	0.19	0.96	0.17	0.87	0.16	0.78	0.14	0.70	0.12
53	1.27	0.23	1.12	0.20	0.99	0.18	0.90	0.16	0.81	0.15	0.72	0.13
54	1.30	0.23	1.15	0.21	1.02	0.18	0.92	0.17	0.83	0.15	0.75	0.13
55	1.38	0.25	1.22	0.22	1.08	0.19	0.98	0.18	0.87	0.16	0.78	0.14
56	1.44	0.26	1.27	0.23	1.12	0.20	1.02	0.18	0.91	0.16	0.81	0.14
57	1.59	0.28	1.39	0.25	1.21	0.22	1.05	0.19	0.94	0.17	0.83	0.15
58	1.70	0.30	1.48	0.26	1.29	0.23	1.12	0.20	1.00	0.18	0.88	0.16
59	1.82	0.33	1.59	0.28	1.39	0.25	1.20	0.22	1.07	0.19	0.95	0.17
60	1.93	0.34	1.68	0.30	1.47	0.26	1.27	0.23	1.13	0.20	1.00	0.18
61	2.11	0.38	1.84	0.33	1.61	0.29	1.39	0.25	1.24	0.22	1.10	0.19
62	2.43	0.43	2.10	0.38	1.83	0.33	1.64	0.30	1.44	0.26	1.28	0.23
63	2.56	0.46	2.22	0.40	1.94	0.35	1.73	0.31	1.52	0.27	1.35	0.24
64	2.75	0.49	2.38	0.43	2.08	0.37	1.86	0.34	1.64	0.30	1.45	0.26
65	2.92	0.52	2.52	0.45	2.21	0.40	1.97	0.36	1.74	0.31	1.53	0.27
66	3.16	0.56	2.74	0.49	2.39	0.43	2.14	0.39	1.88	0.34	1.66	0.29
67	3.47	0.62	2.96	0.53	2.58	0.46	2.33	0.42	2.03	0.37	1.77	0.31
68	3.85	0.69	3.28	0.59	2.87	0.52	2.59	0.47	2.25	0.41	1.96	0.35
69	4.29	0.77	3.65	0.65	3.19	0.57	2.88	0.52	2.51	0.45	2.19	0.39
70	4.78	0.85	4.07	0.73	3.56	0.64	3.21	0.58	2.80	0.50	2.44	0.43
71	5.38	0.96	4.59	0.82	4.01	0.72	3.62	0.65	3.15	0.57	2.74	0.48
72	6.01	1.07	5.13	0.92	4.44	0.80	4.02	0.73	3.46	0.62	3.01	0.53
73	6.78	1.21	5.78	1.03	5.01	0.90	4.54	0.82	3.90	0.70	3.40	0.60
74	7.57	1.35	6.46	1.16	5.60	1.01	5.07	0.91	4.36	0.78	3.79	0.67
75	8.47	1.51	7.23	1.29	6.26	1.13	5.67	1.02	4.88	0.88	4.25	0.75
76	9.43	1.68	8.04	1.44	6.97	1.25	6.31	1.14	5.43	0.98	4.72	0.83
77	10.25	1.83	8.68	1.55	7.52	1.35	6.74	1.22	5.73	1.03	4.98	0.88
78	11.27	2.01	9.54	1.71	8.27	1.49	7.41	1.34	6.30	1.13	5.48	0.97
79	12.34	2.20	10.45	1.87	9.06	1.63	8.12	1.46	6.90	1.24	6.00	1.06
80	13.42	2.40	11.36	2.03	9.84	1.77	8.82	1.59	7.50	1.35	6.52	1.15
81	14.68	2.62	12.43	2.22	10.77	1.94	9.65	1.74	8.21	1.48	7.13	1.26
82	16.34	2.92	13.84	2.47	11.99	2.16	10.94	1.97	9.30	1.68	8.09	1.43
83	18.00	3.22	15.24	2.73	13.21	2.37	12.06	2.17	10.25	1.85	8.91	1.57
84	19.99	3.57	16.92	3.03	14.66	2.64	13.38	2.41	11.38	2.05	9.89	1.74

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.22	0.21	1.08	0.19	0.99	0.17	0.90	0.16	0.83	0.15	0.77	0.13
41	1.31	0.22	1.15	0.20	1.04	0.18	0.93	0.16	0.85	0.15	0.79	0.14
42	1.33	0.23	1.18	0.20	1.06	0.19	0.94	0.17	0.86	0.15	0.79	0.14
43	1.36	0.23	1.20	0.21	1.08	0.19	0.95	0.17	0.86	0.15	0.80	0.14
44	1.39	0.24	1.22	0.21	1.10	0.19	0.96	0.17	0.87	0.15	0.80	0.14
45	1.42	0.24	1.25	0.21	1.12	0.19	0.97	0.17	0.88	0.16	0.81	0.14
46	1.45	0.25	1.27	0.22	1.14	0.20	0.99	0.17	0.89	0.16	0.81	0.14
47	1.47	0.25	1.29	0.22	1.16	0.20	1.00	0.18	0.89	0.16	0.82	0.14
48	1.50	0.26	1.32	0.23	1.18	0.20	1.01	0.18	0.90	0.16	0.82	0.14
49	1.53	0.26	1.34	0.23	1.20	0.21	1.02	0.18	0.91	0.16	0.83	0.14
50	1.56	0.27	1.36	0.23	1.22	0.21	1.03	0.18	0.92	0.16	0.83	0.15
51	1.59	0.27	1.39	0.24	1.24	0.22	1.05	0.18	0.94	0.16	0.85	0.15
52	1.65	0.28	1.44	0.25	1.29	0.22	1.09	0.19	0.97	0.17	0.89	0.15
53	1.70	0.29	1.49	0.26	1.33	0.23	1.12	0.20	1.00	0.18	0.91	0.16
54	1.75	0.30	1.53	0.26	1.37	0.24	1.15	0.20	1.03	0.18	0.94	0.16
55	1.86	0.32	1.62	0.28	1.45	0.25	1.22	0.22	1.09	0.19	1.00	0.17
56	1.93	0.33	1.69	0.29	1.51	0.26	1.27	0.22	1.14	0.20	1.04	0.18
57	2.12	0.36	1.84	0.32	1.63	0.28	1.39	0.24	1.22	0.22	1.10	0.19
58	2.26	0.38	1.96	0.34	1.73	0.30	1.47	0.26	1.30	0.23	1.17	0.20
59	2.43	0.41	2.11	0.36	1.87	0.32	1.59	0.28	1.40	0.25	1.26	0.22
60	2.57	0.44	2.23	0.38	1.97	0.34	1.68	0.30	1.48	0.26	1.33	0.23
61	2.81	0.48	2.44	0.42	2.15	0.37	1.83	0.32	1.62	0.29	1.45	0.25
62	3.09	0.53	2.68	0.46	2.35	0.41	2.00	0.35	1.77	0.31	1.57	0.27
63	3.26	0.56	2.84	0.49	2.49	0.43	2.11	0.37	1.87	0.33	1.66	0.29
64	3.51	0.60	3.05	0.52	2.67	0.46	2.27	0.40	2.01	0.35	1.78	0.31
65	3.72	0.63	3.23	0.56	2.83	0.49	2.41	0.42	2.13	0.37	1.88	0.33
66	4.03	0.69	3.50	0.60	3.07	0.53	2.61	0.46	2.30	0.41	2.04	0.36
67	4.52	0.77	3.89	0.67	3.41	0.59	2.90	0.51	2.56	0.45	2.27	0.40
68	5.02	0.85	4.32	0.74	3.79	0.66	3.22	0.57	2.84	0.50	2.52	0.44
69	5.59	0.95	4.81	0.83	4.22	0.73	3.58	0.63	3.17	0.56	2.81	0.49
70	6.23	1.06	5.37	0.92	4.70	0.82	3.99	0.70	3.53	0.62	3.13	0.55
71	7.01	1.19	6.04	1.04	5.29	0.92	4.50	0.79	3.97	0.70	3.52	0.61
72	7.87	1.34	6.73	1.16	5.90	1.02	5.03	0.88	4.44	0.78	3.94	0.69
73	8.87	1.51	7.58	1.30	6.65	1.15	5.67	1.00	5.01	0.88	4.44	0.77
74	9.90	1.69	8.47	1.46	7.42	1.29	6.33	1.11	5.59	0.99	4.96	0.87
75	11.08	1.89	9.48	1.63	8.31	1.44	7.08	1.25	6.26	1.10	5.55	0.97
76	12.34	2.10	10.55	1.81	9.24	1.61	7.88	1.39	6.97	1.23	6.18	1.08
77	13.59	2.31	11.64	2.00	10.11	1.76	8.59	1.51	7.59	1.34	6.73	1.17
78	14.95	2.54	12.79	2.20	11.12	1.93	9.45	1.66	8.35	1.47	7.40	1.29
79	16.37	2.79	14.01	2.41	12.17	2.12	10.35	1.82	9.14	1.61	8.10	1.41
80	17.79	3.03	15.23	2.62	13.23	2.30	11.25	1.98	9.94	1.75	8.81	1.54
81	19.46	3.31	16.66	2.87	14.48	2.52	12.31	2.17	10.87	1.91	9.64	1.68
82	21.45	3.65	18.36	3.16	15.95	2.77	13.62	2.40	12.04	2.12	10.67	1.86
83	23.63	4.02	20.22	3.48	17.57	3.05	15.00	2.64	13.26	2.33	11.75	2.05
84	26.23	4.46	22.45	3.86	19.51	3.39	16.66	2.93	14.72	2.59	13.05	2.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.40	0.24	1.25	0.21	1.13	0.20	1.02	0.18	0.92	0.16	0.83	0.15
41	1.46	0.25	1.29	0.22	1.17	0.20	1.05	0.18	0.94	0.16	0.85	0.15
42	1.48	0.25	1.31	0.23	1.18	0.20	1.06	0.18	0.95	0.17	0.85	0.15
43	1.50	0.26	1.32	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.86	0.15
44	1.52	0.26	1.34	0.23	1.21	0.21	1.08	0.19	0.96	0.17	0.86	0.15
45	1.54	0.26	1.35	0.23	1.22	0.21	1.09	0.19	0.97	0.17	0.87	0.15
46	1.56	0.27	1.37	0.24	1.23	0.21	1.10	0.19	0.98	0.17	0.87	0.15
47	1.58	0.27	1.38	0.24	1.24	0.22	1.11	0.19	0.99	0.17	0.88	0.15
48	1.60	0.27	1.40	0.24	1.25	0.22	1.12	0.20	1.00	0.17	0.88	0.15
49	1.62	0.28	1.41	0.24	1.27	0.22	1.13	0.20	1.00	0.18	0.89	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.14	0.20	1.01	0.18	0.89	0.16
51	1.68	0.29	1.46	0.25	1.30	0.23	1.17	0.20	1.03	0.18	0.91	0.16
52	1.79	0.31	1.56	0.27	1.39	0.24	1.24	0.22	1.10	0.19	0.97	0.17
53	1.87	0.32	1.62	0.28	1.45	0.25	1.30	0.23	1.15	0.20	1.01	0.18
54	1.94	0.33	1.69	0.29	1.51	0.26	1.35	0.24	1.20	0.21	1.06	0.18
55	2.09	0.36	1.82	0.31	1.63	0.28	1.46	0.25	1.29	0.22	1.14	0.20
56	2.17	0.37	1.89	0.33	1.69	0.29	1.51	0.26	1.34	0.23	1.18	0.20
57	2.25	0.39	1.94	0.33	1.72	0.30	1.61	0.28	1.41	0.25	1.24	0.22
58	2.39	0.41	2.07	0.36	1.83	0.32	1.71	0.30	1.50	0.26	1.32	0.23
59	2.57	0.44	2.23	0.38	1.97	0.34	1.84	0.32	1.61	0.28	1.42	0.25
60	2.72	0.47	2.35	0.40	2.08	0.36	1.95	0.34	1.70	0.30	1.50	0.26
61	2.97	0.51	2.57	0.44	2.28	0.39	2.13	0.37	1.86	0.32	1.64	0.29
62	3.33	0.57	2.88	0.50	2.53	0.44	2.31	0.40	2.02	0.35	1.78	0.31
63	3.52	0.60	3.04	0.52	2.67	0.46	2.44	0.42	2.14	0.37	1.88	0.33
64	3.78	0.65	3.27	0.56	2.87	0.50	2.62	0.46	2.30	0.40	2.02	0.35
65	4.00	0.69	3.46	0.60	3.04	0.53	2.78	0.48	2.43	0.42	2.14	0.37
66	4.34	0.74	3.76	0.65	3.30	0.57	3.01	0.52	2.64	0.46	2.32	0.40
67	4.77	0.82	4.10	0.70	3.60	0.62	3.30	0.57	2.89	0.50	2.54	0.44
68	5.30	0.91	4.55	0.78	4.00	0.69	3.66	0.64	3.20	0.56	2.82	0.49
69	5.90	1.01	5.07	0.87	4.45	0.77	4.08	0.71	3.57	0.62	3.14	0.55
70	6.58	1.13	5.65	0.97	4.96	0.86	4.54	0.79	3.98	0.69	3.50	0.61
71	7.40	1.27	6.36	1.09	5.58	0.97	5.11	0.89	4.48	0.78	3.94	0.68
72	8.36	1.43	7.19	1.24	6.26	1.09	5.71	0.99	5.00	0.87	4.40	0.76
73	9.43	1.62	8.11	1.39	7.06	1.22	6.44	1.12	5.64	0.98	4.97	0.86
74	10.53	1.80	9.05	1.56	7.88	1.37	7.19	1.25	6.29	1.10	5.55	0.96
75	11.78	2.02	10.13	1.74	8.82	1.53	8.05	1.40	7.04	1.23	6.21	1.08
76	13.11	2.25	11.28	1.94	9.82	1.70	8.96	1.56	7.84	1.37	6.91	1.20
77	14.46	2.48	12.43	2.14	10.83	1.88	9.92	1.73	8.68	1.51	7.55	1.31
78	15.90	2.72	13.67	2.35	11.90	2.06	10.90	1.90	9.54	1.66	8.30	1.44
79	17.41	2.98	14.97	2.57	13.04	2.26	11.94	2.08	10.45	1.82	9.09	1.58
80	18.93	3.24	16.28	2.80	14.17	2.46	12.98	2.26	11.36	1.98	9.88	1.72
81	20.71	3.55	17.81	3.06	15.50	2.69	14.20	2.47	12.43	2.17	10.81	1.88
82	22.93	3.93	19.57	3.36	17.03	2.95	15.60	2.72	13.66	2.38	11.88	2.06
83	25.26	4.33	21.55	3.71	18.76	3.25	17.19	2.99	15.04	2.62	13.08	2.27
84	28.04	4.80	23.93	4.11	20.83	3.61	19.08	3.32	16.70	2.91	14.53	2.52

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.57	0.26	1.40	0.23	1.27	0.21	1.20	0.20	1.10	0.19	1.01	0.17
41	1.64	0.27	1.46	0.24	1.31	0.22	1.24	0.21	1.12	0.19	1.03	0.17
42	1.66	0.28	1.48	0.25	1.33	0.22	1.25	0.21	1.13	0.19	1.03	0.18
43	1.69	0.28	1.50	0.25	1.34	0.23	1.26	0.21	1.14	0.19	1.04	0.18
44	1.71	0.28	1.52	0.25	1.36	0.23	1.27	0.22	1.15	0.20	1.04	0.18
45	1.73	0.29	1.53	0.26	1.37	0.23	1.28	0.22	1.16	0.20	1.05	0.18
46	1.76	0.29	1.55	0.26	1.39	0.23	1.30	0.22	1.17	0.20	1.06	0.18
47	1.78	0.30	1.57	0.26	1.40	0.24	1.31	0.22	1.18	0.20	1.06	0.18
48	1.81	0.30	1.59	0.27	1.41	0.24	1.32	0.22	1.18	0.20	1.07	0.18
49	1.83	0.30	1.61	0.27	1.43	0.24	1.33	0.23	1.19	0.20	1.08	0.18
50	1.85	0.31	1.63	0.27	1.44	0.24	1.34	0.23	1.20	0.20	1.08	0.18
51	1.89	0.31	1.66	0.28	1.47	0.25	1.37	0.23	1.23	0.21	1.10	0.19
52	2.02	0.33	1.78	0.30	1.57	0.26	1.46	0.25	1.31	0.22	1.18	0.20
53	2.11	0.35	1.85	0.31	1.64	0.28	1.52	0.26	1.37	0.23	1.23	0.21
54	2.19	0.36	1.93	0.32	1.71	0.29	1.59	0.27	1.42	0.24	1.28	0.22
55	2.36	0.39	2.08	0.35	1.84	0.31	1.71	0.29	1.53	0.26	1.38	0.23
56	2.45	0.41	2.15	0.36	1.91	0.32	1.77	0.30	1.59	0.27	1.43	0.24
57	2.59	0.43	2.26	0.38	1.98	0.33	1.83	0.31	1.64	0.28	1.46	0.25
58	2.75	0.46	2.40	0.40	2.11	0.36	1.95	0.33	1.74	0.30	1.55	0.26
59	2.96	0.49	2.59	0.43	2.27	0.38	2.09	0.35	1.88	0.32	1.67	0.28
60	3.13	0.52	2.73	0.45	2.40	0.40	2.21	0.37	1.98	0.34	1.76	0.30
61	3.42	0.57	2.99	0.50	2.62	0.44	2.42	0.41	2.17	0.37	1.93	0.33
62	3.73	0.62	3.23	0.54	2.84	0.48	2.61	0.44	2.34	0.40	2.05	0.35
63	3.94	0.65	3.41	0.57	3.00	0.50	2.76	0.47	2.47	0.42	2.17	0.37
64	4.23	0.70	3.67	0.61	3.22	0.54	2.96	0.50	2.65	0.45	2.33	0.40
65	4.49	0.74	3.89	0.65	3.41	0.57	3.14	0.53	2.81	0.48	2.47	0.42
66	4.86	0.81	4.21	0.70	3.70	0.62	3.40	0.58	3.05	0.52	2.67	0.45
67	5.48	0.91	4.71	0.78	4.14	0.70	3.80	0.64	3.33	0.57	2.95	0.50
68	6.08	1.01	5.23	0.87	4.59	0.77	4.22	0.71	3.70	0.63	3.28	0.56
69	6.77	1.12	5.82	0.97	5.11	0.86	4.70	0.80	4.12	0.70	3.65	0.62
70	7.55	1.25	6.49	1.08	5.70	0.96	5.24	0.89	4.59	0.78	4.07	0.69
71	8.50	1.41	7.31	1.22	6.42	1.08	5.90	1.00	5.17	0.88	4.58	0.78
72	9.50	1.57	8.17	1.36	7.17	1.21	6.63	1.12	5.81	0.99	5.08	0.86
73	10.71	1.77	9.21	1.53	8.08	1.36	7.48	1.27	6.55	1.11	5.73	0.97
74	11.96	1.98	10.28	1.71	9.03	1.52	8.35	1.41	7.32	1.24	6.40	1.09
75	13.38	2.22	11.51	1.91	10.10	1.70	9.35	1.58	8.19	1.39	7.16	1.22
76	14.89	2.47	12.81	2.13	11.24	1.89	10.40	1.76	9.11	1.55	7.97	1.35
77	16.17	2.68	14.03	2.33	12.21	2.05	11.27	1.91	9.87	1.68	8.63	1.47
78	17.78	2.94	15.43	2.57	13.43	2.26	12.39	2.10	10.85	1.85	9.49	1.61
79	19.48	3.22	16.90	2.81	14.70	2.47	13.57	2.30	11.88	2.02	10.39	1.77
80	21.17	3.50	18.37	3.06	15.98	2.69	14.75	2.49	12.92	2.20	11.30	1.92
81	23.16	3.83	20.09	3.34	17.49	2.94	16.13	2.73	14.13	2.40	12.36	2.10
82	24.89	4.12	21.43	3.56	18.65	3.14	17.29	2.92	15.15	2.58	13.25	2.25
83	27.42	4.54	23.60	3.93	20.54	3.46	19.04	3.22	16.68	2.84	14.59	2.48
84	30.44	5.04	26.20	4.36	22.80	3.84	21.14	3.58	18.52	3.15	16.20	2.75

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.08	0.31	1.87	0.28	1.71	0.26	1.61	0.24	1.47	0.22	1.36	0.20
41	2.18	0.33	1.94	0.29	1.77	0.27	1.66	0.25	1.51	0.23	1.38	0.21
42	2.21	0.33	1.97	0.30	1.79	0.27	1.68	0.25	1.52	0.23	1.39	0.21
43	2.24	0.34	2.00	0.30	1.81	0.27	1.70	0.26	1.53	0.23	1.40	0.21
44	2.27	0.34	2.02	0.31	1.83	0.28	1.71	0.26	1.54	0.23	1.41	0.21
45	2.30	0.35	2.05	0.31	1.85	0.28	1.73	0.26	1.56	0.24	1.42	0.21
46	2.34	0.35	2.07	0.31	1.87	0.28	1.75	0.26	1.57	0.24	1.43	0.22
47	2.37	0.36	2.10	0.32	1.89	0.29	1.76	0.27	1.58	0.24	1.44	0.22
48	2.40	0.36	2.13	0.32	1.91	0.29	1.78	0.27	1.60	0.24	1.45	0.22
49	2.43	0.37	2.15	0.33	1.93	0.29	1.80	0.27	1.61	0.24	1.46	0.22
50	2.47	0.37	2.18	0.33	1.95	0.29	1.81	0.27	1.62	0.24	1.47	0.22
51	2.52	0.38	2.22	0.34	1.99	0.30	1.85	0.28	1.65	0.25	1.50	0.23
52	2.69	0.41	2.37	0.36	2.13	0.32	1.98	0.30	1.77	0.27	1.60	0.24
53	2.80	0.42	2.48	0.37	2.22	0.33	2.06	0.31	1.84	0.28	1.67	0.25
54	2.92	0.44	2.58	0.39	2.31	0.35	2.14	0.32	1.92	0.29	1.74	0.26
55	3.14	0.47	2.78	0.42	2.49	0.38	2.31	0.35	2.07	0.31	1.87	0.28
56	3.26	0.49	2.88	0.43	2.58	0.39	2.40	0.36	2.14	0.32	1.94	0.29
57	3.50	0.53	3.05	0.46	2.70	0.41	2.51	0.38	2.22	0.34	1.98	0.30
58	3.72	0.56	3.24	0.49	2.88	0.43	2.67	0.40	2.36	0.36	2.11	0.32
59	4.01	0.60	3.49	0.53	3.10	0.47	2.88	0.43	2.54	0.38	2.27	0.34
60	4.23	0.64	3.69	0.56	3.27	0.49	3.04	0.46	2.69	0.41	2.40	0.36
61	4.63	0.70	4.03	0.61	3.57	0.54	3.32	0.50	2.94	0.44	2.62	0.40
62	4.94	0.75	4.31	0.65	3.79	0.57	3.54	0.54	3.10	0.47	2.73	0.41
63	5.22	0.79	4.55	0.69	4.00	0.60	3.74	0.57	3.27	0.49	2.88	0.43
64	5.61	0.85	4.89	0.74	4.30	0.65	4.02	0.61	3.51	0.53	3.09	0.47
65	5.94	0.90	5.18	0.78	4.56	0.69	4.26	0.64	3.72	0.56	3.28	0.49
66	6.44	0.97	5.62	0.85	4.94	0.75	4.62	0.70	4.04	0.61	3.55	0.54
67	7.42	1.12	6.42	0.97	5.60	0.85	5.27	0.80	4.61	0.70	4.06	0.61
68	8.23	1.24	7.13	1.08	6.22	0.94	5.86	0.88	5.12	0.77	4.50	0.68
69	9.17	1.38	7.94	1.20	6.92	1.04	6.52	0.98	5.70	0.86	5.01	0.76
70	10.22	1.54	8.85	1.34	7.72	1.16	7.27	1.10	6.35	0.96	5.59	0.84
71	11.50	1.74	9.96	1.50	8.69	1.31	8.18	1.23	7.15	1.08	6.29	0.95
72	12.66	1.91	10.96	1.65	9.56	1.44	8.96	1.35	7.83	1.18	6.80	1.03
73	14.27	2.15	12.36	1.86	10.77	1.63	10.10	1.52	8.82	1.33	7.66	1.16
74	15.94	2.40	13.80	2.08	12.03	1.82	11.28	1.70	9.85	1.49	8.56	1.29
75	17.83	2.69	15.45	2.33	13.47	2.03	12.62	1.90	11.03	1.66	9.58	1.45
76	19.85	2.99	17.19	2.59	14.99	2.26	14.05	2.12	12.27	1.85	10.66	1.61
77	21.64	3.26	18.60	2.81	16.22	2.45	15.07	2.27	13.17	1.99	11.44	1.73
78	23.79	3.59	20.45	3.09	17.83	2.69	16.57	2.50	14.48	2.18	12.57	1.90
79	26.05	3.93	22.40	3.38	19.53	2.95	18.15	2.74	15.85	2.39	13.77	2.08
80	28.32	4.27	24.35	3.67	21.22	3.20	19.73	2.98	17.23	2.60	14.97	2.26
81	30.98	4.67	26.63	4.02	23.22	3.50	21.58	3.26	18.85	2.84	16.38	2.47
82	32.38	4.89	27.84	4.20	24.27	3.66	22.80	3.44	19.69	2.97	17.30	2.61
83	35.67	5.38	30.66	4.63	26.73	4.03	25.12	3.79	21.69	3.27	19.06	2.88
84	39.60	5.98	34.04	5.14	29.68	4.48	27.88	4.21	24.08	3.63	21.16	3.19

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	13.47	2.26	12.13	2.03	11.00	1.86	9.61	1.63	8.79	1.49	8.13	1.34
41	13.96	2.34	12.51	2.10	11.26	1.90	9.94	1.68	9.05	1.53	8.30	1.37
42	14.10	2.36	12.62	2.12	11.34	1.91	10.04	1.70	9.12	1.54	8.35	1.38
43	14.25	2.39	12.74	2.14	11.41	1.93	10.13	1.71	9.20	1.56	8.40	1.39
44	14.40	2.41	12.85	2.16	11.49	1.94	10.23	1.73	9.28	1.57	8.45	1.40
45	14.54	2.44	12.96	2.17	11.56	1.95	10.33	1.75	9.35	1.58	8.49	1.41
46	14.69	2.46	13.08	2.19	11.63	1.96	10.43	1.76	9.43	1.59	8.54	1.41
47	14.84	2.49	13.19	2.21	11.71	1.97	10.52	1.78	9.50	1.61	8.59	1.42
48	14.98	2.51	13.30	2.23	11.78	1.99	10.62	1.80	9.58	1.62	8.64	1.43
49	15.12	2.53	13.41	2.25	11.85	2.00	10.72	1.81	9.65	1.63	8.69	1.44
50	15.27	2.56	13.52	2.27	11.92	2.01	10.81	1.83	9.73	1.64	8.73	1.45
51	15.43	2.59	13.66	2.29	12.05	2.03	10.93	1.85	9.83	1.66	8.83	1.46
52	15.87	2.66	14.05	2.36	12.39	2.09	11.24	1.90	10.11	1.71	9.08	1.50
53	16.16	2.71	14.31	2.40	12.62	2.13	11.45	1.94	10.29	1.74	9.24	1.53
54	16.46	2.76	14.57	2.45	12.85	2.17	11.66	1.97	10.48	1.77	9.41	1.56
55	17.25	2.89	15.27	2.56	13.47	2.27	12.21	2.07	10.88	1.84	9.77	1.68
56	17.70	2.97	15.67	2.63	13.82	2.33	12.53	2.12	11.17	1.89	9.93	1.67
57	19.36	3.24	16.89	2.83	14.76	2.49	12.77	2.16	11.36	1.92	10.06	1.67
58	20.33	3.41	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.57	1.75
59	21.57	3.61	18.81	3.16	16.45	2.77	14.23	2.41	12.66	2.14	11.21	1.86
60	22.46	3.77	19.60	3.29	17.13	2.89	14.82	2.51	13.19	2.23	11.68	1.93
61	24.21	4.06	21.12	3.54	18.46	3.11	15.98	2.70	14.21	2.40	12.59	2.08
62	27.48	4.60	23.78	3.99	20.79	3.51	18.59	3.14	16.35	2.76	14.46	2.39
63	28.60	4.79	24.75	4.15	21.64	3.65	19.34	3.27	17.02	2.88	15.05	2.49
64	30.22	5.06	26.15	4.39	22.86	3.86	20.44	3.46	17.98	3.04	15.91	2.63
65	31.41	5.26	27.19	4.56	23.76	4.01	21.25	3.59	18.69	3.16	16.53	2.74
66	33.34	5.59	28.85	4.84	25.22	4.25	22.55	3.81	19.84	3.35	17.55	2.90
67	35.73	5.99	30.45	5.11	26.62	4.49	24.02	4.06	20.90	3.53	18.22	3.01
68	38.56	6.46	32.86	5.51	28.72	4.85	25.92	4.39	22.55	3.81	19.66	3.25
69	41.61	6.97	35.46	5.95	30.99	5.23	27.98	4.73	24.33	4.11	21.22	3.51
70	44.80	7.51	38.18	6.41	33.37	5.63	30.12	5.10	26.20	4.43	22.85	3.78
71	48.44	8.12	41.28	6.93	36.08	6.09	32.57	5.51	28.33	4.79	24.70	4.09
72	52.02	8.72	44.38	7.45	38.45	6.49	34.82	5.89	29.94	5.06	26.06	4.31
73	56.13	9.41	47.89	8.03	41.49	7.00	37.56	6.35	32.30	5.46	28.12	4.65
74	59.88	10.04	51.09	8.57	44.27	7.47	40.08	6.78	34.47	5.83	30.00	4.96
75	63.87	10.71	54.50	9.14	47.22	7.97	42.75	7.23	36.76	6.21	32.00	5.30
76	67.59	11.33	57.67	9.67	49.97	8.43	45.24	7.65	38.90	6.58	33.87	5.60
77	69.68	11.68	59.00	9.90	51.12	8.62	45.82	7.75	38.95	6.58	33.85	5.60
78	72.43	12.14	61.33	10.29	53.14	8.96	47.63	8.06	40.49	6.84	35.19	5.82
79	74.50	12.49	63.08	10.58	54.65	9.22	48.99	8.29	41.65	7.04	36.20	5.99
80	75.45	12.65	63.88	10.72	55.35	9.34	49.62	8.39	42.18	7.13	36.66	6.07
81	76.19	12.77	64.51	10.82	55.90	9.43	50.11	8.48	42.59	7.20	37.02	6.13
82	77.43	12.98	65.56	11.00	56.81	9.58	51.85	8.77	44.08	7.45	38.31	6.34
83	77.13	12.93	65.31	10.96	56.59	9.55	51.65	8.74	43.91	7.42	38.16	6.31
84	76.58	12.84	64.84	10.88	56.18	9.48	51.28	8.67	43.59	7.37	37.89	6.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	16.35	2.61	14.52	2.34	13.22	2.15	12.09	2.00	11.08	1.83	10.29	1.68
41	17.46	2.78	15.42	2.49	13.96	2.27	12.48	2.06	11.36	1.88	10.49	1.72
42	17.81	2.84	15.71	2.53	14.20	2.31	12.60	2.08	11.44	1.89	10.55	1.73
43	18.15	2.89	15.99	2.58	14.43	2.35	12.72	2.10	11.53	1.90	10.61	1.73
44	18.50	2.95	16.28	2.62	14.66	2.39	12.83	2.12	11.61	1.92	10.66	1.74
45	18.85	3.00	16.56	2.67	14.89	2.42	12.95	2.14	11.69	1.93	10.72	1.75
46	19.19	3.06	16.84	2.71	15.12	2.46	13.07	2.16	11.77	1.94	10.78	1.76
47	19.53	3.11	17.12	2.76	15.34	2.50	13.18	2.18	11.85	1.96	10.83	1.77
48	19.87	3.17	17.40	2.80	15.57	2.54	13.30	2.19	11.93	1.97	10.89	1.78
49	20.22	3.22	17.68	2.85	15.80	2.57	13.41	2.21	12.01	1.98	10.94	1.79
50	20.55	3.28	17.95	2.89	16.02	2.61	13.53	2.23	12.09	2.00	11.00	1.80
51	20.77	3.31	18.14	2.92	16.19	2.64	13.67	2.26	12.21	2.02	11.11	1.82
52	21.36	3.40	18.66	3.01	16.65	2.71	14.06	2.32	12.56	2.07	11.43	1.87
53	21.76	3.47	19.00	3.06	16.96	2.76	14.32	2.36	12.79	2.11	11.64	1.90
54	22.16	3.53	19.35	3.12	17.27	2.81	14.58	2.41	13.03	2.15	11.85	1.94
55	23.22	3.70	20.28	3.27	18.10	2.95	15.28	2.52	13.65	2.25	12.42	2.03
56	23.83	3.80	20.81	3.35	18.57	3.02	15.68	2.59	14.01	2.31	12.75	2.08
57	25.81	4.11	22.39	3.61	19.80	3.22	16.84	2.78	14.88	2.46	13.35	2.18
58	27.10	4.32	23.51	3.79	20.79	3.39	17.68	2.92	15.62	2.58	14.02	2.29
59	28.75	4.58	24.94	4.02	22.06	3.59	18.76	3.10	16.57	2.74	14.88	2.43
60	29.95	4.77	25.98	4.19	22.97	3.74	19.54	3.22	17.26	2.85	15.49	2.53
61	32.28	5.14	28.00	4.51	24.76	4.03	21.06	3.47	18.61	3.07	16.70	2.73
62	35.02	5.58	30.41	4.90	26.66	4.34	22.67	3.74	20.03	3.31	17.75	2.90
63	36.45	5.81	31.65	5.10	27.75	4.52	23.59	3.89	20.85	3.44	18.48	3.02
64	38.52	6.14	33.44	5.39	29.32	4.77	24.93	4.11	22.03	3.64	19.52	3.19
65	40.04	6.38	34.77	5.60	30.48	4.96	25.92	4.28	22.90	3.78	20.30	3.32
66	42.49	6.77	36.90	5.95	32.34	5.27	27.50	4.54	24.30	4.01	21.54	3.52
67	46.54	7.42	40.10	6.46	35.15	5.72	29.86	4.93	26.38	4.36	23.38	3.82
68	50.23	8.00	43.28	6.97	37.93	6.18	32.22	5.32	28.47	4.70	25.23	4.13
69	54.20	8.64	46.70	7.53	40.94	6.67	34.77	5.74	30.72	5.07	27.23	4.45
70	58.36	9.30	50.29	8.10	44.08	7.18	37.44	6.18	33.08	5.46	29.32	4.79
71	63.10	10.06	54.37	8.76	47.66	7.76	40.48	6.68	35.76	5.91	31.70	5.18
72	68.05	10.84	58.18	9.38	51.00	8.31	43.50	7.18	38.43	6.35	34.07	5.57
73	73.43	11.70	62.78	10.12	55.03	8.96	46.93	7.74	41.47	6.85	36.76	6.01
74	78.34	12.48	66.98	10.79	58.71	9.56	50.07	8.26	44.25	7.31	39.22	6.41
75	83.57	13.32	71.45	11.51	62.63	10.20	53.41	8.81	47.20	7.79	41.83	6.84
76	88.43	14.09	75.60	12.18	66.27	10.79	56.52	9.33	49.94	8.25	44.27	7.24
77	92.40	14.72	79.09	12.75	68.72	11.19	58.42	9.64	51.62	8.52	45.75	7.48
78	96.05	15.31	82.22	13.25	71.44	11.63	60.72	10.02	53.65	8.86	47.56	7.78
79	98.80	15.74	84.57	13.63	73.48	11.96	62.46	10.31	55.19	9.11	48.92	8.00
80	100.06	15.94	85.64	13.80	74.41	12.12	63.25	10.44	55.89	9.23	49.54	8.10
81	101.04	16.10	86.49	13.94	75.15	12.24	63.88	10.54	56.44	9.32	50.03	8.18
82	101.63	16.19	86.99	14.02	75.58	12.31	64.54	10.65	57.02	9.42	50.54	8.26
83	101.23	16.13	86.65	13.96	75.29	12.26	64.29	10.61	56.80	9.38	50.35	8.23
84	100.51	16.02	86.03	13.86	74.75	12.17	63.83	10.53	56.40	9.31	49.99	8.17

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.76	3.01	16.72	2.69	15.16	2.46	13.63	2.22	12.27	2.00	11.17	1.82
41	19.54	3.14	17.30	2.79	15.62	2.54	14.02	2.29	12.57	2.05	11.34	1.85
42	19.77	3.17	17.47	2.81	15.76	2.56	14.14	2.31	12.66	2.07	11.39	1.85
43	20.01	3.21	17.65	2.84	15.90	2.58	14.26	2.33	12.74	2.08	11.44	1.86
44	20.25	3.25	17.82	2.87	16.04	2.61	14.37	2.34	12.83	2.10	11.48	1.87
45	20.48	3.29	17.99	2.90	16.18	2.63	14.49	2.36	12.91	2.11	11.53	1.88
46	20.72	3.33	18.16	2.93	16.31	2.65	14.60	2.38	13.00	2.12	11.58	1.88
47	20.95	3.36	18.34	2.95	16.45	2.67	14.72	2.40	13.08	2.14	11.62	1.89
48	21.19	3.40	18.51	2.98	16.58	2.69	14.83	2.42	13.17	2.15	11.67	1.90
49	21.42	3.44	18.68	3.01	16.72	2.72	14.95	2.44	13.25	2.16	11.72	1.91
50	21.65	3.48	18.85	3.04	16.85	2.74	15.06	2.46	13.33	2.18	11.76	1.91
51	21.88	3.51	19.04	3.07	17.03	2.77	15.22	2.48	13.47	2.20	11.89	1.93
52	23.11	3.71	20.12	3.24	17.99	2.92	16.08	2.62	14.23	2.32	12.56	2.04
53	23.83	3.82	20.74	3.34	18.54	3.01	16.57	2.70	14.67	2.40	12.94	2.11
54	24.52	3.94	21.34	3.44	19.08	3.10	17.05	2.78	15.10	2.47	13.32	2.17
55	26.14	4.20	22.75	3.67	20.35	3.30	18.18	2.97	16.10	2.63	14.20	2.31
56	26.73	4.29	23.27	3.75	20.81	3.38	18.59	3.03	16.46	2.69	14.52	2.36
57	27.31	4.38	23.61	3.80	20.93	3.40	19.56	3.19	17.12	2.80	15.09	2.45
58	28.68	4.60	24.80	3.99	21.97	3.57	20.54	3.35	17.98	2.94	15.84	2.58
59	30.43	4.88	26.31	4.24	23.31	3.79	21.80	3.56	19.08	3.12	16.81	2.74
60	31.69	5.09	27.40	4.41	24.28	3.94	22.70	3.70	19.87	3.25	17.51	2.85
61	34.16	5.48	29.54	4.76	26.17	4.25	24.47	3.99	21.42	3.50	18.87	3.07
62	37.71	6.05	32.64	5.26	28.67	4.66	26.18	4.27	22.91	3.74	20.19	3.29
63	39.25	6.30	33.97	5.47	29.84	4.85	27.25	4.44	23.85	3.90	21.01	3.42
64	41.47	6.66	35.90	5.78	31.53	5.12	28.79	4.70	25.20	4.12	22.20	3.61
65	43.11	6.92	37.32	6.01	32.78	5.32	29.93	4.88	26.20	4.28	23.08	3.76
66	45.76	7.35	39.60	6.38	34.78	5.65	31.76	5.18	27.80	4.54	24.49	3.99
67	49.15	7.89	42.21	6.80	37.08	6.02	33.96	5.54	29.73	4.86	26.19	4.26
68	53.04	8.52	45.56	7.34	40.01	6.50	36.65	5.98	32.08	5.24	28.26	4.60
69	57.24	9.19	49.16	7.92	43.18	7.01	39.55	6.45	34.62	5.65	30.50	4.96
70	61.63	9.89	52.93	8.53	46.49	7.55	42.58	6.95	37.27	6.09	32.84	5.34
71	66.64	10.70	57.23	9.22	50.27	8.17	46.04	7.51	40.30	6.58	35.50	5.78
72	72.36	11.62	62.22	10.02	54.17	8.80	49.42	8.06	43.25	7.06	38.11	6.20
73	78.07	12.53	67.13	10.81	58.44	9.49	53.32	8.70	46.67	7.62	41.12	6.69
74	83.29	13.37	71.62	11.54	62.36	10.13	56.89	9.28	49.79	8.13	43.87	7.14
75	88.85	14.26	76.40	12.31	66.51	10.80	60.68	9.90	53.11	8.68	46.79	7.61
76	94.02	15.09	80.84	13.02	70.38	11.43	64.21	10.47	56.20	9.18	49.51	8.06
77	98.31	15.78	84.53	13.62	73.59	11.95	67.42	11.00	59.01	9.64	51.32	8.35
78	102.19	16.41	87.87	14.16	76.50	12.43	70.08	11.43	61.34	10.02	53.35	8.68
79	105.11	16.87	90.38	14.56	78.68	12.78	72.08	11.76	63.09	10.31	54.87	8.93
80	106.45	17.09	91.53	14.75	79.69	12.94	73.00	11.91	63.90	10.44	55.57	9.04
81	107.49	17.26	92.43	14.89	80.47	13.07	73.72	12.03	64.53	10.54	56.12	9.13
82	108.63	17.44	92.70	14.93	80.71	13.11	73.93	12.06	64.71	10.57	56.28	9.16
83	108.21	17.37	92.34	14.88	80.40	13.06	73.64	12.01	64.46	10.53	56.06	9.12
84	107.44	17.25	91.68	14.77	79.82	12.97	73.11	11.93	64.00	10.45	55.66	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.99	3.25	18.76	2.92	16.97	2.67	16.13	2.56	14.70	2.34	13.50	2.15
41	21.91	3.39	19.50	3.04	17.54	2.76	16.56	2.62	15.02	2.39	13.72	2.18
42	22.20	3.44	19.72	3.07	17.70	2.79	16.69	2.64	15.12	2.41	13.78	2.19
43	22.48	3.48	19.95	3.11	17.87	2.81	16.81	2.66	15.21	2.42	13.84	2.20
44	22.76	3.53	20.17	3.14	18.04	2.84	16.94	2.68	15.30	2.44	13.90	2.21
45	23.04	3.57	20.39	3.17	18.21	2.87	17.06	2.70	15.39	2.45	13.96	2.22
46	23.33	3.61	20.61	3.21	18.37	2.89	17.19	2.72	15.48	2.47	14.02	2.23
47	23.60	3.66	20.83	3.24	18.54	2.92	17.31	2.74	15.57	2.48	14.08	2.24
48	23.88	3.70	21.05	3.28	18.71	2.95	17.44	2.76	15.66	2.50	14.13	2.25
49	24.16	3.74	21.27	3.31	18.87	2.97	17.56	2.78	15.75	2.51	14.19	2.26
50	24.44	3.78	21.49	3.35	19.03	3.00	17.68	2.80	15.84	2.52	14.25	2.27
51	24.69	3.82	21.71	3.38	19.23	3.03	17.87	2.83	16.01	2.55	14.40	2.29
52	26.08	4.04	22.94	3.57	20.32	3.20	18.87	2.99	16.91	2.69	15.21	2.42
53	26.89	4.16	23.65	3.68	20.95	3.30	19.46	3.08	17.43	2.78	15.68	2.50
54	27.67	4.29	24.33	3.79	21.55	3.39	20.02	3.17	17.94	2.86	16.14	2.57
55	29.50	4.57	25.94	4.04	22.98	3.62	21.35	3.38	19.13	3.05	17.20	2.74
56	30.17	4.67	26.53	4.13	23.50	3.70	21.83	3.46	19.56	3.12	17.59	2.80
57	31.42	4.87	27.44	4.27	24.09	3.79	22.23	3.52	19.91	3.17	17.69	2.82
58	32.99	5.11	28.81	4.49	25.30	3.98	23.34	3.70	20.91	3.33	18.58	2.96
59	35.00	5.42	30.57	4.76	26.84	4.23	24.76	3.92	22.19	3.54	19.71	3.14
60	36.46	5.65	31.84	4.96	27.96	4.40	25.79	4.09	23.11	3.68	20.53	3.27
61	39.30	6.09	34.32	5.34	30.13	4.75	27.80	4.40	24.91	3.97	22.13	3.52
62	42.27	6.55	36.63	5.70	32.16	5.07	29.56	4.68	26.49	4.22	23.24	3.70
63	44.00	6.81	38.13	5.94	33.47	5.27	30.77	4.87	27.57	4.39	24.18	3.85
64	46.49	7.20	40.28	6.27	35.37	5.57	32.51	5.15	29.13	4.64	25.55	4.07
65	48.33	7.48	41.88	6.52	36.77	5.79	33.80	5.35	30.28	4.83	26.56	4.23
66	51.29	7.94	44.44	6.92	39.02	6.15	35.87	5.68	32.14	5.12	28.19	4.49
67	56.42	8.74	48.52	7.55	42.60	6.71	39.18	6.21	34.32	5.47	30.41	4.84
68	60.89	9.43	52.36	8.15	45.97	7.24	42.28	6.70	37.04	5.90	32.81	5.22
69	65.70	10.18	56.50	8.80	49.60	7.81	45.63	7.23	39.97	6.37	35.41	5.64
70	70.75	10.96	60.84	9.47	53.41	8.41	49.13	7.78	43.04	6.86	38.13	6.07
71	76.49	11.85	65.77	10.24	57.75	9.10	53.12	8.42	46.53	7.42	41.22	6.56
72	82.17	12.72	70.65	11.00	62.03	9.77	57.38	9.09	50.27	8.01	43.96	7.00
73	88.66	13.73	76.23	11.87	66.93	10.54	61.92	9.81	54.24	8.64	47.43	7.55
74	94.59	14.65	81.34	12.66	71.41	11.25	66.06	10.47	57.87	9.22	50.61	8.06
75	100.90	15.63	86.76	13.51	76.17	12.00	70.46	11.16	61.73	9.84	53.98	8.59
76	106.77	16.53	91.81	14.29	80.60	12.69	74.56	11.81	65.32	10.41	57.12	9.09
77	109.95	17.03	95.38	14.85	83.01	13.07	76.58	12.13	67.09	10.69	58.67	9.34
78	114.30	17.70	99.15	15.44	86.29	13.59	79.61	12.61	69.74	11.11	60.99	9.71
79	117.56	18.21	101.98	15.88	88.75	13.98	81.88	12.97	71.73	11.43	62.73	9.99
80	119.06	18.44	103.28	16.08	89.88	14.16	82.93	13.14	72.65	11.58	63.53	10.11
81	120.23	18.62	104.30	16.24	90.77	14.30	83.74	13.27	73.36	11.69	64.16	10.21
82	117.92	18.26	101.52	15.80	88.35	13.91	81.91	12.98	71.76	11.44	62.75	9.99
83	117.47	18.19	101.12	15.74	88.01	13.86	81.60	12.93	71.48	11.39	62.51	9.95
84	116.63	18.06	100.40	15.63	87.38	13.76	81.01	12.83	70.97	11.31	62.06	9.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.82	3.91	24.98	3.51	22.83	3.21	21.60	3.04	19.64	2.76	18.16	2.55
41	29.08	4.09	25.99	3.66	23.62	3.32	22.24	3.13	20.13	2.83	18.51	2.60
42	29.47	4.14	26.30	3.70	23.85	3.35	22.43	3.15	20.27	2.85	18.60	2.62
43	29.85	4.20	26.60	3.74	24.09	3.39	22.62	3.18	20.41	2.87	18.70	2.63
44	30.24	4.25	26.91	3.79	24.32	3.42	22.80	3.21	20.55	2.89	18.79	2.64
45	30.62	4.31	27.22	3.83	24.56	3.45	22.99	3.23	20.69	2.91	18.89	2.66
46	31.00	4.36	27.52	3.87	24.79	3.49	23.18	3.26	20.83	2.93	18.98	2.67
47	31.38	4.41	27.82	3.91	25.02	3.52	23.36	3.29	20.96	2.95	19.08	2.68
48	31.76	4.47	28.12	3.96	25.25	3.55	23.55	3.31	21.10	2.97	19.17	2.70
49	32.14	4.52	28.43	4.00	25.48	3.58	23.73	3.34	21.24	2.99	19.27	2.71
50	32.52	4.57	28.73	4.04	25.71	3.62	23.92	3.36	21.37	3.01	19.36	2.72
51	32.86	4.62	29.02	4.08	25.98	3.65	24.17	3.40	21.60	3.04	19.56	2.75
52	34.71	4.88	30.66	4.31	27.45	3.86	25.53	3.59	22.82	3.21	20.66	2.91
53	35.78	5.03	31.61	4.45	28.29	3.98	26.32	3.70	23.52	3.31	21.30	3.00
54	36.82	5.18	32.53	4.58	29.12	4.10	27.08	3.81	24.20	3.40	21.92	3.08
55	39.26	5.52	34.68	4.88	31.04	4.37	28.87	4.06	25.81	3.63	23.37	3.29
56	40.15	5.65	35.47	4.99	31.75	4.47	29.53	4.15	26.39	3.71	23.90	3.36
57	42.52	5.98	37.02	5.21	32.85	4.62	30.53	4.29	26.98	3.79	24.09	3.39
58	44.65	6.28	38.88	5.47	34.49	4.85	32.06	4.51	28.33	3.98	25.30	3.56
59	47.37	6.66	41.25	5.80	36.59	5.15	34.01	4.78	30.06	4.23	26.84	3.78
60	49.34	6.94	42.96	6.04	38.12	5.36	35.43	4.98	31.31	4.40	27.96	3.93
61	53.19	7.48	46.31	6.51	41.09	5.78	38.19	5.37	33.74	4.75	30.14	4.24
62	56.00	7.88	48.82	6.87	42.93	6.04	40.16	5.65	35.08	4.93	30.88	4.34
63	58.29	8.20	50.81	7.15	44.68	6.28	41.80	5.88	36.52	5.14	32.14	4.52
64	61.59	8.66	53.69	7.55	47.21	6.64	44.16	6.21	38.58	5.43	33.96	4.78
65	64.02	9.01	55.81	7.85	49.08	6.90	45.91	6.46	40.11	5.64	35.30	4.97
66	67.95	9.56	59.23	8.33	52.09	7.33	48.72	6.85	42.57	5.99	37.47	5.27
67	76.39	10.75	66.17	9.31	57.68	8.11	54.33	7.64	47.46	6.68	41.78	5.88
68	82.44	11.60	71.40	10.04	62.25	8.76	58.63	8.25	51.22	7.20	45.08	6.34
69	88.96	12.51	77.05	10.84	67.17	9.45	63.27	8.90	55.27	7.77	48.65	6.84
70	95.79	13.47	82.97	11.67	72.33	10.17	68.12	9.58	59.52	8.37	52.38	7.37
71	103.57	14.57	89.70	12.62	78.20	11.00	73.65	10.36	64.35	9.05	56.64	7.97
72	109.50	15.40	94.84	13.34	82.68	11.63	77.51	10.90	67.72	9.52	58.82	8.27
73	118.15	16.62	102.33	14.39	89.21	12.55	83.63	11.76	73.06	10.28	63.46	8.93
74	126.06	17.73	109.18	15.36	95.18	13.39	89.23	12.55	77.95	10.96	67.71	9.52
75	134.46	18.91	116.46	16.38	101.53	14.28	95.17	13.39	83.15	11.70	72.22	10.16
76	142.28	20.01	123.23	17.33	107.43	15.11	100.71	14.17	87.99	12.38	76.42	10.75
77	147.09	20.69	126.44	17.79	110.23	15.50	102.45	14.41	89.50	12.59	77.74	10.93
78	152.90	21.51	131.44	18.49	114.59	16.12	106.50	14.98	93.04	13.09	80.81	11.37
79	157.26	22.12	135.19	19.02	117.86	16.58	109.53	15.41	95.70	13.46	83.12	11.69
80	159.27	22.40	136.92	19.26	119.36	16.79	110.93	15.60	96.92	13.63	84.18	11.84
81	160.84	22.62	138.26	19.45	120.53	16.95	112.02	15.76	97.87	13.77	85.01	11.96
82	153.42	21.58	131.89	18.55	114.98	16.17	108.03	15.20	93.30	13.12	81.98	11.53
83	152.83	21.50	131.38	18.48	114.53	16.11	107.61	15.14	92.94	13.07	81.66	11.49
84	151.73	21.34	130.44	18.35	113.71	15.99	106.84	15.03	92.27	12.98	81.08	11.40

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	23.94	4.27	21.56	3.86	19.55	3.51	17.08	3.08	15.62	2.81	14.45	2.55
41	24.85	4.44	22.26	3.99	20.05	3.61	17.70	3.19	16.11	2.90	14.78	2.61
42	25.14	4.49	22.50	4.02	20.22	3.63	17.90	3.22	16.27	2.93	14.89	2.63
43	25.45	4.55	22.74	4.07	20.37	3.67	18.10	3.26	16.43	2.96	14.99	2.64
44	25.75	4.61	22.98	4.11	20.54	3.69	18.30	3.30	16.59	2.99	15.10	2.67
45	26.05	4.65	23.22	4.15	20.71	3.72	18.50	3.33	16.76	3.02	15.22	2.69
46	26.36	4.71	23.45	4.19	20.87	3.75	18.71	3.37	16.91	3.05	15.33	2.70
47	26.66	4.76	23.69	4.24	21.03	3.78	18.91	3.40	17.08	3.07	15.43	2.73
48	26.95	4.82	23.93	4.28	21.19	3.81	19.11	3.44	17.23	3.11	15.54	2.74
49	27.26	4.87	24.17	4.32	21.36	3.84	19.31	3.49	17.40	3.13	15.66	2.76
50	27.56	4.93	24.41	4.37	21.53	3.87	19.52	3.52	17.55	3.17	15.77	2.78
51	28.11	5.02	24.89	4.45	21.96	3.95	19.91	3.59	17.91	3.22	16.08	2.83
52	29.24	5.22	25.89	4.63	22.84	4.11	20.71	3.74	18.62	3.36	16.73	2.95
53	30.12	5.38	26.67	4.77	23.51	4.22	21.32	3.84	19.18	3.45	17.23	3.03
54	31.02	5.55	27.47	4.91	24.23	4.36	21.97	3.96	19.75	3.56	17.74	3.13
55	32.88	5.88	29.12	5.20	25.68	4.62	23.29	4.20	20.75	3.74	18.64	3.28
56	34.19	6.10	30.29	5.41	26.70	4.80	24.22	4.37	21.57	3.89	19.19	3.39
57	37.90	6.77	33.07	5.91	28.91	5.20	25.01	4.51	22.25	4.01	19.71	3.47
58	40.35	7.21	35.20	6.30	30.77	5.53	26.62	4.80	23.68	4.26	20.98	3.70
59	43.41	7.76	37.87	6.77	33.11	5.95	28.64	5.16	25.48	4.59	22.57	3.99
60	45.85	8.19	40.00	7.15	34.96	6.28	30.25	5.45	26.92	4.84	23.84	4.20
61	50.13	8.96	43.73	7.82	38.23	6.87	33.08	5.96	29.43	5.30	26.06	4.59
62	57.72	10.31	49.96	8.94	43.66	7.85	39.04	7.03	34.34	6.19	30.38	5.36
63	60.95	10.89	52.76	9.44	46.12	8.29	41.23	7.43	36.27	6.53	32.08	5.66
64	65.50	11.70	56.69	10.14	49.55	8.91	44.30	7.98	38.97	7.02	34.47	6.08
65	69.39	12.40	60.06	10.73	52.49	9.44	46.93	8.46	41.29	7.44	36.52	6.45
66	75.22	13.44	65.10	11.64	56.92	10.23	50.88	9.17	44.77	8.06	39.60	6.99
67	82.56	14.74	70.35	12.58	61.50	11.06	55.51	10.01	48.28	8.70	42.10	7.43
68	91.65	16.37	78.11	13.97	68.28	12.27	61.63	11.10	53.61	9.65	46.74	8.25
69	102.07	18.23	86.98	15.55	76.03	13.66	68.63	12.36	59.69	10.75	52.05	9.19
70	113.76	20.33	96.95	17.34	84.74	15.23	76.49	13.78	66.53	11.98	58.01	10.23
71	128.07	22.87	109.13	19.52	95.40	17.15	86.11	15.52	74.90	13.49	65.31	11.52
72	143.10	25.56	122.08	21.82	105.78	19.02	95.77	17.26	82.36	14.83	71.70	12.65
73	161.30	28.81	137.62	24.61	119.25	21.43	107.96	19.46	92.84	16.72	80.82	14.26
74	180.17	32.18	153.71	27.49	133.18	23.94	120.58	21.73	103.70	18.67	90.27	15.92
75	201.63	36.02	172.03	30.76	149.06	26.80	134.95	24.32	116.05	20.90	101.03	17.83
76	224.40	40.08	191.45	34.24	165.89	29.82	150.19	27.07	129.15	23.26	112.43	19.84
77	243.94	43.58	206.55	36.93	178.96	32.17	160.44	28.92	136.37	24.56	118.52	20.91
78	268.20	47.91	227.10	40.60	196.77	35.37	176.39	31.78	149.94	27.00	130.32	22.99
79	293.75	52.47	248.72	44.47	215.51	38.73	193.18	34.82	164.22	29.57	142.73	25.18
80	319.29	57.04	270.36	48.34	234.25	42.10	209.99	37.84	178.50	32.14	155.14	27.37
81	349.31	62.39	295.76	52.88	256.27	46.06	229.73	41.40	195.28	35.16	169.72	29.94
82	388.96	69.48	329.34	58.89	285.36	51.29	260.47	46.95	221.41	39.88	192.43	33.95
83	428.45	76.53	362.77	64.87	314.33	56.50	286.91	51.71	243.89	43.92	211.96	37.40
84	475.69	84.97	402.78	72.02	348.99	62.74	318.54	57.41	270.78	48.77	235.33	41.52
85	NA	94.32	NA	79.94	NA	69.63	NA	63.72	NA	54.13	NA	46.09
86	NA	103.76	NA	87.93	NA	76.60	NA	70.10	NA	59.55	NA	50.69
87	NA	113.09	NA	95.84	NA	83.49	NA	76.41	NA	64.90	NA	55.26
88	NA	122.13	NA	103.52	NA	90.17	NA	82.51	NA	70.09	NA	59.68
89	NA	130.69	NA	110.77	NA	96.49	NA	88.30	NA	75.01	NA	63.86
90	NA	138.53	NA	117.41	NA	102.27	NA	93.59	NA	79.50	NA	67.69
91	NA	145.45	NA	123.27	NA	107.39	NA	98.27	NA	83.48	NA	71.07
92	NA	152.72	NA	129.44	NA	112.75	NA	103.18	NA	87.66	NA	74.62
93	NA	160.36	NA	135.91	NA	118.39	NA	108.35	NA	92.03	NA	78.36
94	NA	168.37	NA	142.70	NA	124.31	NA	113.76	NA	96.64	NA	82.28
95	NA	176.80	NA	149.84	NA	130.52	NA	119.45	NA	101.47	NA	86.39
96	NA	185.64	NA	157.33	NA	137.05	NA	125.43	NA	106.54	NA	90.70
97	NA	194.92	NA	165.21	NA	143.91	NA	131.70	NA	111.87	NA	95.25
98	NA	204.67	NA	173.47	NA	151.09	NA	138.28	NA	117.46	NA	100.01
99	NA	214.90	NA	182.14	NA	158.65	NA	145.19	NA	123.33	NA	105.01
100	NA	225.65	NA	191.24	NA	166.59	NA	152.45	NA	129.50	NA	110.25

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	29.07	4.95	25.80	4.44	23.50	4.08	21.49	3.78	19.69	3.46	18.29	3.19
41	31.08	5.28	27.45	4.72	24.86	4.32	22.22	3.92	20.23	3.56	18.68	3.26
42	31.75	5.40	28.00	4.82	25.31	4.40	22.47	3.95	20.41	3.59	18.81	3.28
43	32.42	5.51	28.56	4.91	25.76	4.47	22.71	4.00	20.58	3.63	18.94	3.31
44	33.08	5.63	29.11	5.01	26.22	4.56	22.96	4.03	20.75	3.65	19.08	3.33
45	33.76	5.75	29.65	5.11	26.67	4.63	23.19	4.08	20.93	3.69	19.21	3.34
46	34.43	5.85	30.21	5.20	27.12	4.71	23.44	4.13	21.11	3.71	19.34	3.37
47	35.09	5.97	30.76	5.30	27.57	4.78	23.69	4.17	21.29	3.75	19.46	3.39
48	35.77	6.08	31.31	5.38	28.02	4.87	23.93	4.21	21.47	3.78	19.59	3.42
49	36.44	6.20	31.86	5.47	28.46	4.95	24.18	4.25	21.65	3.81	19.72	3.44
50	37.10	6.32	32.42	5.57	28.92	5.02	24.42	4.30	21.82	3.84	19.85	3.46
51	37.85	6.44	33.06	5.69	29.50	5.13	24.91	4.38	22.25	3.92	20.25	3.53
52	39.37	6.70	34.38	5.91	30.68	5.33	25.91	4.56	23.15	4.08	21.06	3.68
53	40.54	6.90	35.41	6.09	31.59	5.49	26.68	4.70	23.84	4.20	21.69	3.78
54	41.76	7.10	36.47	6.27	32.55	5.65	27.48	4.83	24.55	4.32	22.34	3.89
55	44.27	7.53	38.66	6.65	34.50	6.00	29.13	5.13	26.03	4.58	23.68	4.13
56	46.04	7.83	40.21	6.91	35.88	6.24	30.30	5.33	27.07	4.77	24.63	4.30
57	50.54	8.59	43.84	7.54	38.77	6.74	32.96	5.80	29.13	5.13	26.14	4.56
58	53.80	9.15	46.66	8.02	41.27	7.16	35.09	6.18	31.01	5.46	27.83	4.86
59	57.87	9.84	50.19	8.63	44.40	7.71	37.75	6.64	33.36	5.88	29.94	5.22
60	61.13	10.40	53.03	9.12	46.90	8.15	39.88	7.02	35.24	6.20	31.63	5.52
61	66.83	11.38	57.98	9.97	51.28	8.91	43.60	7.68	38.52	6.78	34.58	6.03
62	73.57	12.52	63.88	10.98	56.00	9.72	47.62	8.38	42.08	7.41	37.29	6.51
63	77.70	13.22	67.47	11.60	59.14	10.27	50.29	8.85	44.43	7.83	39.39	6.87
64	83.49	14.21	72.49	12.47	63.55	11.04	54.04	9.51	47.74	8.41	42.33	7.38
65	88.45	15.05	76.80	13.21	67.32	11.70	57.25	10.08	50.59	8.91	44.84	7.82
66	95.89	16.31	83.26	14.32	72.98	12.67	62.07	10.92	54.84	9.66	48.61	8.47
67	107.55	18.30	92.67	15.93	81.23	14.11	68.98	12.14	60.95	10.73	54.03	9.42
68	119.40	20.31	102.88	17.70	90.18	15.67	76.59	13.48	67.68	11.92	59.99	10.46
69	132.95	22.62	114.55	19.71	100.41	17.45	85.29	15.01	75.35	13.27	66.79	11.65
70	148.19	25.22	127.69	21.96	111.93	19.44	95.06	16.73	83.99	14.79	74.45	12.98
71	166.83	28.38	143.74	24.72	126.00	21.88	107.00	18.83	94.56	16.65	83.81	14.61
72	187.20	31.84	160.06	27.52	140.30	24.37	119.65	21.05	105.73	18.62	93.71	16.35
73	211.03	35.90	180.43	31.04	158.15	27.48	134.89	23.74	119.18	20.99	105.64	18.42
74	235.70	40.10	201.53	34.66	176.66	30.69	150.65	26.51	133.13	23.44	117.99	20.59
75	263.79	44.87	225.53	38.78	197.69	34.34	168.61	29.67	148.98	26.24	132.05	23.04
76	293.57	49.94	250.99	43.16	220.02	38.22	187.64	33.02	165.80	29.20	146.97	25.63
77	323.51	55.04	276.91	47.62	240.61	41.79	204.51	35.99	180.70	31.82	160.17	27.94
78	355.69	60.51	304.46	52.36	264.54	45.96	224.86	39.57	198.68	34.99	176.11	30.71
79	389.57	66.28	333.45	57.35	289.73	50.34	246.27	43.34	217.60	38.32	192.88	33.64
80	423.44	72.04	362.45	62.33	314.92	54.70	267.69	47.10	236.52	41.65	209.65	36.57
81	463.24	78.81	396.52	68.20	344.53	59.86	292.86	51.53	258.77	45.57	229.36	40.01
82	510.50	86.86	436.97	75.15	379.67	65.96	324.17	57.04	286.43	50.44	253.89	44.28
83	562.31	95.66	481.32	82.78	418.20	72.65	357.07	62.83	315.50	55.56	279.65	48.78
84	624.32	106.22	534.39	91.90	464.33	80.66	396.45	69.76	350.30	61.69	310.49	54.16
85	NA	117.91	NA	102.02	NA	89.54	NA	77.43	NA	68.47	NA	60.12
86	NA	129.70	NA	112.22	NA	98.50	NA	85.18	NA	75.33	NA	66.13
87	NA	141.36	NA	122.32	NA	107.35	NA	92.84	NA	82.10	NA	72.08
88	NA	152.68	NA	132.10	NA	115.94	NA	100.27	NA	88.67	NA	77.85
89	NA	163.36	NA	141.35	NA	124.06	NA	107.29	NA	94.88	NA	83.30
90	NA	173.16	NA	149.83	NA	131.51	NA	113.73	NA	100.57	NA	88.30
91	NA	181.82	NA	157.32	NA	138.08	NA	119.42	NA	105.60	NA	92.71
92	NA	190.91	NA	165.18	NA	144.98	NA	125.39	NA	110.88	NA	97.34
93	NA	200.46	NA	173.44	NA	152.24	NA	131.65	NA	116.43	NA	102.21
94	NA	210.48	NA	182.12	NA	159.84	NA	138.24	NA	122.25	NA	107.33
95	NA	221.01	NA	191.22	NA	167.84	NA	145.14	NA	128.35	NA	112.69
96	NA	232.05	NA	200.79	NA	176.23	NA	152.40	NA	134.78	NA	118.32
97	NA	243.65	NA	210.83	NA	185.03	NA	160.03	NA	141.51	NA	124.24
98	NA	255.84	NA	221.36	NA	194.29	NA	168.03	NA	148.60	NA	130.45
99	NA	268.63	NA	232.44	NA	204.00	NA	176.43	NA	156.02	NA	136.97
100	NA	282.07	NA	244.06	NA	214.20	NA	185.25	NA	163.82	NA	143.82

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	33.34	5.71	29.71	5.11	26.94	4.66	24.22	4.21	21.81	3.80	19.85	3.45
41	34.78	5.96	30.79	5.30	27.81	4.82	24.97	4.34	22.38	3.90	20.19	3.51
42	35.26	6.05	31.15	5.36	28.11	4.87	25.20	4.39	22.56	3.93	20.31	3.52
43	35.74	6.13	31.51	5.41	28.39	4.93	25.45	4.43	22.75	3.96	20.42	3.55
44	36.21	6.20	31.87	5.47	28.68	4.97	25.70	4.47	22.94	4.00	20.54	3.57
45	36.69	6.28	32.23	5.55	28.98	5.02	25.95	4.52	23.13	4.03	20.66	3.58
46	37.18	6.37	32.58	5.60	29.26	5.07	26.20	4.56	23.31	4.06	20.77	3.61
47	37.65	6.45	32.95	5.66	29.55	5.12	26.44	4.61	23.50	4.09	20.88	3.63
48	38.13	6.53	33.31	5.72	29.85	5.18	26.69	4.64	23.69	4.13	21.00	3.64
49	38.60	6.62	33.67	5.78	30.13	5.22	26.94	4.69	23.88	4.17	21.12	3.67
50	39.09	6.70	34.02	5.85	30.42	5.27	27.19	4.74	24.06	4.19	21.23	3.69
51	39.87	6.83	34.70	5.96	31.04	5.38	27.73	4.83	24.55	4.27	21.66	3.76
52	42.59	7.29	37.07	6.38	33.14	5.75	29.62	5.15	26.23	4.57	23.13	4.02
53	44.40	7.60	38.65	6.64	34.56	5.99	30.88	5.38	27.33	4.76	24.12	4.19
54	46.21	7.91	40.22	6.91	35.96	6.24	32.14	5.59	28.45	4.96	25.11	4.36
55	49.84	8.54	43.38	7.46	38.78	6.72	34.66	6.03	30.69	5.34	27.07	4.70
56	51.65	8.85	44.96	7.74	40.20	6.96	35.93	6.25	31.80	5.55	28.06	4.87
57	53.48	9.16	46.24	7.95	40.97	7.10	38.31	6.66	33.53	5.84	29.54	5.13
58	56.93	9.76	49.22	8.46	43.63	7.56	40.78	7.09	35.70	6.22	31.45	5.46
59	61.25	10.50	52.96	9.10	46.92	8.13	43.86	7.64	38.40	6.69	33.83	5.88
60	64.70	11.09	55.93	9.62	49.56	8.59	46.34	8.07	40.57	7.07	35.74	6.20
61	70.73	12.13	61.15	10.52	54.19	9.39	50.67	8.82	44.35	7.72	39.07	6.78
62	79.22	13.58	68.57	11.79	60.23	10.44	54.99	9.57	48.14	8.39	42.41	7.37
63	83.67	14.34	72.41	12.45	63.61	11.02	58.08	10.10	50.84	8.85	44.79	7.77
64	89.89	15.40	77.81	13.38	68.34	11.84	62.40	10.86	54.62	9.52	48.12	8.35
65	95.24	16.31	82.43	14.17	72.40	12.54	66.12	11.51	57.87	10.08	50.98	8.85
66	103.24	17.70	89.37	15.36	78.49	13.60	71.67	12.47	62.74	10.94	55.28	9.59
67	113.57	19.46	97.54	16.77	85.68	14.85	78.47	13.66	68.69	11.97	60.51	10.51
68	126.09	21.61	108.30	18.62	95.12	16.48	87.12	15.16	76.26	13.29	67.19	11.66
69	140.40	24.06	120.58	20.73	105.92	18.36	97.01	16.89	84.91	14.79	74.80	12.98
70	156.50	26.81	134.41	23.11	118.06	20.46	108.12	18.81	94.64	16.49	83.38	14.47
71	176.17	30.19	151.31	26.01	132.90	23.04	121.73	21.18	106.54	18.56	93.87	16.29
72	199.04	34.11	171.15	29.43	149.00	25.82	135.93	23.66	118.99	20.73	104.83	18.20
73	224.37	38.45	192.92	33.17	167.97	29.11	153.24	26.67	134.12	23.37	118.17	20.52
74	250.60	42.95	215.49	37.04	187.62	32.51	171.15	29.79	149.81	26.10	131.98	22.91
75	280.46	48.05	241.15	41.46	209.96	36.39	191.54	33.33	167.66	29.21	147.70	25.64
76	312.13	53.48	268.38	46.15	233.67	40.50	213.16	37.09	186.59	32.51	164.39	28.54
77	344.17	58.98	295.94	50.88	257.66	44.65	236.02	41.08	206.60	36.00	179.68	31.19
78	378.41	64.84	325.38	55.94	283.28	49.10	259.50	45.16	227.15	39.58	197.55	34.30
79	414.44	71.02	356.37	61.27	310.27	53.78	284.22	49.47	248.78	43.35	216.37	37.57
80	450.49	77.20	387.36	66.60	337.25	58.45	308.94	53.76	270.42	47.11	235.18	40.83
81	492.83	84.44	423.76	72.86	368.95	63.94	337.98	58.82	295.83	51.54	257.29	44.67
82	545.69	93.50	465.66	80.06	405.42	70.26	371.34	64.63	325.04	56.63	282.68	49.08
83	601.07	102.99	512.93	88.19	446.57	77.40	409.04	71.19	358.04	62.38	311.39	54.06
84	667.35	114.35	569.49	97.91	495.81	85.93	454.14	79.04	397.51	69.26	345.72	60.02
85	NA	126.93	NA	108.68	NA	95.38	NA	87.73	NA	76.87	NA	66.62
86	NA	139.62	NA	119.55	NA	104.92	NA	96.50	NA	84.56	NA	73.28
87	NA	152.19	NA	130.32	NA	114.36	NA	105.18	NA	92.18	NA	79.88
88	NA	164.36	NA	140.74	NA	123.51	NA	113.60	NA	99.56	NA	86.28
89	NA	175.87	NA	150.58	NA	132.15	NA	121.56	NA	106.52	NA	92.31
90	NA	186.43	NA	159.63	NA	140.09	NA	128.84	NA	112.91	NA	97.84
91	NA	195.74	NA	167.60	NA	147.08	NA	135.29	NA	118.56	NA	102.74
92	NA	205.54	NA	175.99	NA	154.44	NA	142.05	NA	124.49	NA	107.87
93	NA	215.81	NA	184.78	NA	162.16	NA	149.15	NA	130.71	NA	113.28
94	NA	226.60	NA	194.02	NA	170.28	NA	156.62	NA	137.24	NA	118.93
95	NA	237.93	NA	203.73	NA	178.79	NA	164.45	NA	144.11	NA	124.88
96	NA	249.83	NA	213.91	NA	187.72	NA	172.67	NA	151.31	NA	131.13
97	NA	262.31	NA	224.60	NA	197.11	NA	181.30	NA	158.88	NA	137.68
98	NA	275.44	NA	235.83	NA	206.96	NA	190.36	NA	166.83	NA	144.56
99	NA	289.21	NA	247.63	NA	217.32	NA	199.88	NA	175.17	NA	151.80
100	NA	303.66	NA	260.02	NA	228.18	NA	209.88	NA	183.91	NA	159.39

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	37.31	6.18	33.36	5.55	30.17	5.07	28.67	4.86	26.13	4.45	23.99	4.08
41	39.01	6.46	34.71	5.77	31.21	5.25	29.48	4.99	26.75	4.55	24.42	4.15
42	39.58	6.55	35.16	5.85	31.57	5.31	29.75	5.03	26.95	4.58	24.57	4.18
43	40.14	6.64	35.62	5.93	31.92	5.37	30.02	5.08	27.16	4.62	24.72	4.20
44	40.71	6.74	36.07	6.00	32.26	5.43	30.30	5.13	27.36	4.65	24.86	4.22
45	41.28	6.83	36.52	6.08	32.62	5.49	30.56	5.18	27.57	4.69	25.00	4.25
46	41.84	6.93	36.97	6.15	32.96	5.55	30.83	5.21	27.77	4.72	25.14	4.27
47	42.41	7.02	37.43	6.22	33.31	5.60	31.11	5.26	27.98	4.76	25.29	4.30
48	42.98	7.12	37.89	6.31	33.67	5.66	31.38	5.31	28.19	4.80	25.43	4.32
49	43.54	7.21	38.34	6.38	34.01	5.72	31.65	5.36	28.39	4.83	25.59	4.34
50	44.11	7.31	38.79	6.45	34.37	5.78	31.92	5.40	28.60	4.87	25.73	4.37
51	44.99	7.45	39.57	6.58	35.05	5.89	32.56	5.51	29.17	4.96	26.24	4.46
52	48.06	7.95	42.27	7.03	37.44	6.30	34.77	5.88	31.15	5.30	28.02	4.76
53	50.11	8.29	44.07	7.33	39.03	6.57	36.26	6.13	32.49	5.52	29.21	4.96
54	52.16	8.63	45.86	7.63	40.63	6.83	37.73	6.38	33.81	5.75	30.42	5.16
55	56.25	9.31	49.46	8.22	43.82	7.37	40.70	6.89	36.46	6.20	32.80	5.58
56	58.29	9.65	51.25	8.53	45.40	7.64	42.17	7.14	37.78	6.43	33.99	5.78
57	61.52	10.19	53.73	8.94	47.17	7.94	43.53	7.37	39.00	6.64	34.64	5.89
58	65.50	10.84	57.19	9.52	50.22	8.45	46.34	7.84	41.51	7.07	36.88	6.27
59	70.46	11.66	61.53	10.23	54.03	9.09	49.85	8.44	44.66	7.59	39.67	6.75
60	74.42	12.32	65.00	10.82	57.06	9.60	52.66	8.91	47.17	8.02	41.91	7.13
61	81.37	13.47	71.07	11.82	62.39	10.50	57.57	9.73	51.57	8.77	45.82	7.79
62	88.80	14.70	76.95	12.80	67.56	11.36	62.09	10.51	55.63	9.46	48.81	8.29
63	93.78	15.52	81.27	13.52	71.35	12.01	65.58	11.09	58.76	10.00	51.55	8.76
64	100.77	16.68	87.32	14.53	76.67	12.90	70.47	11.92	63.14	10.75	55.39	9.41
65	106.75	17.67	92.51	15.39	81.22	13.66	74.66	12.63	66.89	11.38	58.68	9.97
66	115.74	19.16	100.29	16.68	88.05	14.82	80.93	13.70	72.52	12.34	63.62	10.82
67	130.38	21.57	112.11	18.65	98.42	16.55	90.54	15.32	79.31	13.49	70.26	11.95
68	144.74	23.95	124.46	20.71	109.28	18.39	100.52	17.01	88.06	14.98	78.00	13.26
69	161.17	26.68	138.59	23.05	121.68	20.47	111.92	18.93	98.04	16.68	86.86	14.77
70	179.64	29.74	154.47	25.70	135.62	22.81	124.75	21.10	109.29	18.59	96.82	16.46
71	202.23	33.47	173.89	28.93	152.68	25.68	140.43	23.75	123.02	20.93	108.98	18.53
72	226.03	37.41	194.36	32.33	170.65	28.70	157.85	26.70	138.29	23.53	120.93	20.56
73	254.80	42.17	219.09	36.45	192.36	32.36	177.94	30.11	155.89	26.53	136.33	23.17
74	284.60	47.10	244.71	40.71	214.85	36.14	198.75	33.62	174.12	29.62	152.26	25.88
75	318.50	52.72	273.87	45.57	240.45	40.45	222.43	37.63	194.86	33.15	170.41	28.96
76	354.45	58.67	304.79	50.71	267.60	45.02	247.54	41.88	216.85	36.89	189.65	32.24
77	384.95	63.71	333.94	55.55	290.62	48.89	268.12	45.36	234.88	39.96	205.41	34.91
78	423.25	70.04	367.15	61.08	319.53	53.75	294.79	49.87	258.25	43.93	225.84	38.39
79	463.55	76.72	402.12	66.90	349.96	58.87	322.87	54.62	282.84	48.12	247.35	42.04
80	503.86	83.40	437.09	72.71	380.40	63.99	350.94	59.37	307.44	52.30	268.86	45.71
81	551.22	91.23	478.18	79.55	416.14	70.01	383.93	64.95	336.34	57.23	294.13	50.00
82	592.36	98.04	509.94	84.84	443.79	74.65	411.47	69.60	360.46	61.32	315.23	53.59
83	652.48	107.99	561.69	93.44	488.83	82.23	453.22	76.67	397.04	67.56	347.22	59.02
84	724.44	119.89	623.63	103.74	542.74	91.30	503.20	85.13	440.84	75.01	385.51	65.53
85	NA	133.09	NA	115.16	NA	101.34	NA	94.50	NA	83.25	NA	72.74
86	NA	146.39	NA	126.68	NA	111.48	NA	103.95	NA	91.57	NA	80.02
87	NA	159.57	NA	138.08	NA	121.51	NA	113.30	NA	99.82	NA	87.22
88	NA	172.34	NA	149.12	NA	131.23	NA	122.36	NA	107.80	NA	94.19
89	NA	184.40	NA	159.57	NA	140.42	NA	130.92	NA	115.35	NA	100.79
90	NA	195.47	NA	169.13	NA	148.85	NA	138.78	NA	122.27	NA	106.84
91	NA	205.24	NA	177.60	NA	156.28	NA	145.72	NA	128.38	NA	112.18
92	NA	215.50	NA	186.47	NA	164.10	NA	153.01	NA	134.80	NA	117.79
93	NA	226.28	NA	195.79	NA	172.30	NA	160.66	NA	141.54	NA	123.68
94	NA	237.58	NA	205.58	NA	180.92	NA	168.69	NA	148.62	NA	129.85
95	NA	249.47	NA	215.87	NA	189.96	NA	177.12	NA	156.04	NA	136.35
96	NA	261.94	NA	226.66	NA	199.46	NA	185.99	NA	163.85	NA	143.17
97	NA	275.04	NA	237.99	NA	209.43	NA	195.28	NA	172.05	NA	150.33
98	NA	288.79	NA	249.89	NA	219.90	NA	205.04	NA	180.64	NA	157.84
99	NA	303.24	NA	262.38	NA	230.90	NA	215.29	NA	189.67	NA	165.73
100	NA	318.40	NA	275.51	NA	242.44	NA	226.06	NA	199.16	NA	174.03

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	49.46	7.46	44.40	6.70	40.58	6.13	38.39	5.80	34.91	5.27	32.28	4.87
41	51.77	7.81	46.27	6.99	42.04	6.34	39.59	5.97	35.83	5.40	32.95	4.97
42	52.54	7.93	46.89	7.07	42.53	6.41	39.98	6.03	36.14	5.45	33.17	5.01
43	53.30	8.04	47.50	7.16	43.02	6.49	40.39	6.09	36.44	5.50	33.39	5.03
44	54.07	8.16	48.12	7.26	43.49	6.57	40.78	6.15	36.75	5.55	33.62	5.07
45	54.85	8.27	48.75	7.35	43.98	6.64	41.19	6.21	37.06	5.59	33.83	5.11
46	55.62	8.39	49.37	7.45	44.47	6.71	41.58	6.27	37.37	5.64	34.06	5.14
47	56.39	8.51	49.99	7.54	44.96	6.78	41.98	6.33	37.66	5.69	34.28	5.18
48	57.16	8.63	50.61	7.64	45.45	6.85	42.38	6.39	37.97	5.72	34.50	5.20
49	57.93	8.73	51.23	7.74	45.93	6.93	42.78	6.45	38.28	5.77	34.72	5.24
50	58.70	8.85	51.86	7.82	46.42	7.01	43.17	6.51	38.59	5.82	34.95	5.27
51	59.87	9.03	52.90	7.98	47.35	7.14	44.04	6.64	39.35	5.94	35.64	5.38
52	63.96	9.65	56.50	8.52	50.58	7.63	47.04	7.09	42.04	6.34	38.08	5.75
53	66.68	10.06	58.91	8.89	52.73	7.95	49.04	7.40	43.83	6.62	39.70	5.99
54	69.40	10.47	61.31	9.25	54.88	8.28	51.04	7.70	45.62	6.88	41.32	6.24
55	74.84	11.29	66.12	9.97	59.18	8.93	55.05	8.31	49.19	7.43	44.55	6.72
56	77.56	11.70	68.52	10.34	61.33	9.26	57.05	8.60	50.99	7.69	46.17	6.96
57	83.26	12.57	72.49	10.94	64.32	9.70	59.77	9.02	52.82	7.97	47.17	7.12
58	88.63	13.38	77.17	11.64	68.47	10.33	63.64	9.60	56.24	8.48	50.22	7.58
59	95.35	14.39	83.03	12.53	73.66	11.11	68.46	10.33	60.50	9.13	54.03	8.15
60	100.72	15.20	87.70	13.23	77.80	11.73	72.32	10.91	63.90	9.64	57.07	8.62
61	110.12	16.61	95.89	14.47	85.07	12.84	79.06	11.92	69.86	10.54	62.39	9.41
62	117.64	17.75	102.54	15.47	90.18	13.60	84.36	12.73	73.70	11.11	64.87	9.78
63	124.25	18.74	108.30	16.34	95.25	14.38	89.10	13.45	77.84	11.75	68.51	10.34
64	133.51	20.15	116.37	17.55	102.34	15.45	95.72	14.45	83.63	12.61	73.61	11.10
65	141.43	21.34	123.28	18.60	108.42	16.36	101.41	15.30	88.61	13.36	77.98	11.77
66	153.33	23.13	133.66	20.17	117.54	17.73	109.94	16.59	96.06	14.49	84.54	12.76
67	176.51	26.63	152.89	23.06	133.28	20.11	125.53	18.94	109.67	16.55	96.53	14.57
68	195.98	29.57	169.74	25.61	147.98	22.32	139.37	21.03	121.76	18.37	107.17	16.17
69	218.21	32.93	189.00	28.51	164.77	24.86	155.19	23.42	135.59	20.46	119.33	18.00
70	243.24	36.70	210.67	31.78	183.65	27.72	172.98	26.10	151.13	22.80	133.02	20.06
71	273.81	41.32	237.16	35.78	206.74	31.19	194.73	29.38	170.12	25.67	149.74	22.59
72	301.22	45.45	260.90	39.37	227.44	34.32	213.21	32.17	186.27	28.11	161.79	24.41
73	339.55	51.23	294.10	44.38	256.39	38.69	240.34	36.26	209.99	31.68	182.38	27.51
74	379.26	57.23	328.49	49.56	286.37	43.21	268.45	40.51	234.54	35.39	203.72	30.74
75	424.45	64.03	367.63	55.47	320.49	48.35	300.44	45.33	262.48	39.60	227.98	34.39
76	472.37	71.27	409.13	61.73	356.67	53.81	334.35	50.44	292.11	44.08	253.72	38.28
77	514.96	77.70	442.69	66.79	385.92	58.23	358.68	54.12	313.36	47.28	272.18	41.07
78	566.18	85.42	486.72	73.43	424.31	64.02	394.35	59.50	344.53	51.98	299.25	45.15
79	620.10	93.56	533.07	80.43	464.72	70.11	431.91	65.16	377.34	56.93	327.75	49.44
80	674.03	101.70	579.43	87.42	505.13	76.21	469.47	70.83	410.16	61.88	356.25	53.75
81	737.38	111.25	633.90	95.64	552.61	83.37	513.59	77.49	448.71	67.70	389.74	58.80
82	770.67	116.27	662.51	99.96	577.55	87.14	542.66	81.87	468.65	70.71	411.79	62.13
83	848.89	128.08	729.76	110.10	636.17	95.99	597.74	90.19	516.22	77.89	453.58	68.44
84	942.49	142.21	810.22	122.25	706.32	106.56	663.65	100.13	573.14	86.48	503.60	75.98
85	NA	157.84	NA	135.70	NA	118.29	NA	111.15	NA	95.99	NA	84.34
86	NA	173.62	NA	149.26	NA	130.11	NA	122.26	NA	105.59	NA	92.77
87	NA	189.26	NA	162.70	NA	141.84	NA	133.26	NA	115.08	NA	101.13
88	NA	204.39	NA	175.70	NA	153.18	NA	143.92	NA	124.30	NA	109.22
89	NA	218.70	NA	188.01	NA	163.90	NA	154.00	NA	132.99	NA	116.86
90	NA	231.82	NA	199.29	NA	173.73	NA	163.23	NA	140.98	NA	123.87
91	NA	243.41	NA	209.25	NA	182.42	NA	171.40	NA	148.02	NA	130.07
92	NA	255.59	NA	219.72	NA	191.54	NA	179.96	NA	155.43	NA	136.56
93	NA	268.37	NA	230.71	NA	201.12	NA	188.97	NA	163.20	NA	143.40
94	NA	281.78	NA	242.24	NA	211.18	NA	198.42	NA	171.36	NA	150.56
95	NA	295.87	NA	254.35	NA	221.73	NA	208.33	NA	179.93	NA	158.09
96	NA	310.66	NA	267.07	NA	232.82	NA	218.76	NA	188.92	NA	165.99
97	NA	326.20	NA	280.42	NA	244.46	NA	229.69	NA	198.36	NA	174.30
98	NA	342.51	NA	294.44	NA	256.68	NA	241.18	NA	208.29	NA	183.01
99	NA	359.63	NA	309.16	NA	269.52	NA	253.23	NA	218.70	NA	192.16
100	NA	377.61	NA	324.62	NA	282.99	NA	265.89	NA	229.63	NA	201.78

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	22.42	3.34	20.18	3.01	18.31	2.75	15.99	2.40	14.63	2.20	13.53	1.99
41	23.26	3.46	20.85	3.11	18.78	2.82	16.56	2.49	15.08	2.27	13.84	2.03
42	23.47	3.50	21.00	3.13	18.86	2.83	16.70	2.51	15.18	2.28	13.89	2.05
43	23.61	3.52	21.10	3.14	18.91	2.83	16.79	2.52	15.24	2.30	13.91	2.05
44	23.80	3.55	21.24	3.17	18.99	2.84	16.92	2.55	15.34	2.31	13.96	2.05
45	24.03	3.58	21.42	3.19	19.10	2.87	17.06	2.57	15.45	2.32	14.03	2.06
46	24.16	3.59	21.50	3.21	19.14	2.87	17.15	2.58	15.51	2.33	14.05	2.07
47	24.30	3.62	21.60	3.22	19.17	2.88	17.23	2.59	15.57	2.34	14.07	2.07
48	24.45	3.64	21.71	3.24	19.23	2.88	17.34	2.61	15.64	2.34	14.10	2.07
49	24.67	3.68	21.87	3.26	19.33	2.90	17.48	2.63	15.74	2.37	14.17	2.08
50	24.82	3.70	21.98	3.27	19.39	2.90	17.58	2.64	15.82	2.38	14.20	2.08
51	25.17	3.75	22.29	3.32	19.66	2.95	17.83	2.68	16.03	2.40	14.40	2.12
52	25.95	3.87	22.98	3.43	20.27	3.03	18.37	2.76	16.53	2.49	14.84	2.13
53	26.56	3.96	23.53	3.51	20.74	3.12	18.81	2.83	16.92	2.55	15.20	2.18
54	27.16	4.05	24.05	3.58	21.21	3.18	19.23	2.89	17.30	2.61	15.54	2.25
55	28.61	4.26	25.34	3.77	22.35	3.36	20.27	3.05	18.05	2.71	16.11	2.31
56	29.57	4.40	26.18	3.90	23.10	3.46	20.94	3.15	18.66	2.81	16.45	2.38
57	32.49	4.84	28.35	4.22	24.78	3.71	21.43	3.22	19.08	2.87	16.90	2.49
58	34.33	5.12	29.94	4.46	26.18	3.93	22.65	3.40	20.15	3.02	17.85	2.62
59	36.54	5.45	31.88	4.76	27.87	4.18	24.11	3.63	21.46	3.22	19.00	2.80
60	38.31	5.71	33.42	4.99	29.21	4.38	25.28	3.81	22.49	3.38	19.92	2.93
61	41.34	6.16	36.07	5.38	31.52	4.72	27.27	4.11	24.26	3.65	21.49	3.15
62	46.97	7.00	40.65	6.06	35.53	5.33	31.77	4.78	27.95	4.20	24.73	3.63
63	48.81	7.27	42.25	6.30	36.93	5.53	33.02	4.96	29.05	4.37	25.69	3.77
64	51.17	7.63	44.28	6.60	38.71	5.81	34.61	5.21	30.45	4.58	26.93	3.96
65	53.45	7.96	46.27	6.90	40.44	6.07	36.15	5.44	31.81	4.78	28.13	4.13
66	56.31	8.39	48.74	7.27	42.60	6.39	38.09	5.74	33.51	5.03	29.64	4.36
67	60.01	8.94	51.15	7.63	44.71	6.71	40.35	6.07	35.11	5.27	30.61	4.50
68	64.64	9.63	55.09	8.21	48.16	7.22	43.46	6.53	37.81	5.69	32.96	4.84
69	69.76	10.39	59.45	8.87	51.97	7.79	46.91	7.06	40.81	6.13	35.58	5.22
70	75.29	11.22	64.16	9.57	56.08	8.41	50.62	7.62	44.03	6.62	38.40	5.64
71	80.59	12.01	68.67	10.25	60.04	9.01	54.18	8.15	47.14	7.08	41.10	6.03
72	83.84	12.48	71.53	10.66	61.98	9.29	56.11	8.44	48.25	7.26	42.01	6.18
73	89.26	13.29	76.15	11.35	65.99	9.90	59.74	8.98	51.37	7.72	44.72	6.57
74	93.83	13.98	80.05	11.94	69.37	10.40	62.80	9.45	54.00	8.12	47.02	6.91
75	98.45	14.66	83.99	12.53	72.78	10.91	65.89	9.91	56.66	8.52	49.33	7.25
76	102.26	15.23	87.24	13.01	75.59	11.34	68.44	10.29	58.86	8.84	51.24	7.53
77	103.22	15.37	87.41	13.03	75.73	11.36	67.89	10.21	57.70	8.68	50.16	7.37
78	104.77	15.60	88.70	13.23	76.86	11.53	68.90	10.36	58.57	8.81	50.90	7.47
79	105.17	15.67	89.06	13.28	77.16	11.58	69.17	10.40	58.80	8.84	51.10	7.51
80	103.93	15.48	88.00	13.13	76.24	11.44	68.35	10.28	58.11	8.73	50.49	7.43
81	106.12	15.80	89.86	13.40	77.85	11.67	69.79	10.50	59.32	8.91	51.56	7.58
82	105.51	15.72	89.33	13.33	77.41	11.61	70.65	10.63	60.06	9.03	52.19	7.68
83	106.92	15.92	90.54	13.49	78.44	11.77	71.60	10.77	60.86	9.15	52.90	7.77
84	108.39	16.15	91.77	13.69	79.52	11.92	72.58	10.92	61.70	9.27	53.62	7.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R977-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.22	3.84	24.16	3.45	22.02	3.18	20.12	2.95	18.45	2.70	17.12	2.49
41	29.10	4.11	25.70	3.68	23.28	3.37	20.81	3.05	18.94	2.77	17.49	2.53
42	29.62	4.18	26.13	3.74	23.62	3.42	20.97	3.07	19.04	2.80	17.55	2.55
43	30.07	4.25	26.49	3.78	23.90	3.45	21.06	3.08	19.09	2.80	17.58	2.55
44	30.58	4.32	26.91	3.84	24.23	3.50	21.22	3.11	19.18	2.81	17.64	2.56
45	31.13	4.39	27.35	3.90	24.60	3.56	21.40	3.13	19.30	2.83	17.71	2.57
46	31.56	4.45	27.69	3.95	24.86	3.59	21.49	3.15	19.36	2.84	17.72	2.57
47	31.99	4.51	28.04	4.00	25.12	3.63	21.59	3.17	19.40	2.84	17.74	2.57
48	32.44	4.58	28.39	4.06	25.42	3.67	21.71	3.18	19.47	2.86	17.77	2.58
49	32.97	4.65	28.83	4.12	25.76	3.72	21.87	3.20	19.59	2.87	17.85	2.59
50	33.42	4.71	29.19	4.17	26.05	3.76	21.99	3.22	19.65	2.88	17.87	2.59
51	33.88	4.78	29.60	4.22	26.41	3.82	22.30	3.27	19.92	2.92	18.12	2.63
52	34.94	4.93	30.51	4.36	27.23	3.94	22.99	3.37	20.54	3.01	18.69	2.71
53	35.76	5.05	31.24	4.46	27.87	4.02	23.54	3.45	21.03	3.08	19.14	2.77
54	36.57	5.16	31.94	4.56	28.50	4.12	24.06	3.52	21.50	3.15	19.56	2.84
55	38.52	5.44	33.64	4.81	30.02	4.33	25.35	3.71	22.65	3.32	20.61	2.99
56	39.81	5.62	34.77	4.96	31.02	4.49	26.20	3.84	23.41	3.43	21.30	3.09
57	43.32	6.12	37.57	5.37	33.22	4.80	28.26	4.14	24.97	3.67	22.41	3.25
58	45.76	6.46	39.70	5.66	35.11	5.07	29.86	4.38	26.38	3.87	23.68	3.44
59	48.72	6.88	42.27	6.03	37.38	5.40	31.78	4.65	28.08	4.12	25.20	3.65
60	51.07	7.21	44.30	6.33	39.17	5.66	33.32	4.88	29.44	4.32	26.42	3.83
61	55.11	7.78	47.80	6.83	42.28	6.10	35.95	5.27	31.77	4.65	28.51	4.14
62	59.87	8.45	51.98	7.43	45.57	6.58	38.75	5.68	34.24	5.02	30.35	4.40
63	62.21	8.78	54.03	7.71	47.36	6.84	40.27	5.90	35.58	5.21	31.54	4.58
64	65.22	9.21	56.63	8.09	49.65	7.18	42.22	6.19	37.31	5.47	33.06	4.80
65	68.14	9.62	59.17	8.45	51.86	7.50	44.10	6.46	38.97	5.71	34.55	5.01
66	71.78	10.13	62.33	8.90	54.64	7.89	46.47	6.81	41.06	6.02	36.39	5.28
67	78.18	11.03	67.37	9.63	59.05	8.53	50.15	7.34	44.32	6.50	39.28	5.70
68	84.20	11.89	72.55	10.36	63.61	9.19	54.01	7.91	47.73	7.00	42.30	6.14
69	90.88	12.83	78.30	11.19	68.64	9.91	58.30	8.54	51.50	7.56	45.66	6.63
70	98.08	13.84	84.51	12.07	74.08	10.70	62.92	9.22	55.58	8.15	49.28	7.15
71	104.98	14.82	90.45	12.92	79.29	11.45	67.34	9.87	59.50	8.72	52.74	7.65
72	109.68	15.48	93.77	13.40	82.21	11.88	70.10	10.27	61.95	9.08	54.91	7.96
73	116.77	16.48	99.84	14.26	87.51	12.64	74.64	10.94	65.95	9.67	58.45	8.48
74	122.76	17.33	104.96	14.99	92.00	13.29	78.47	11.50	69.33	10.16	61.45	8.91
75	128.79	18.18	110.11	15.73	96.52	13.95	82.32	12.07	72.74	10.66	64.47	9.35
76	133.78	18.89	114.38	16.34	100.26	14.48	85.51	12.53	75.55	11.08	66.97	9.72
77	136.90	19.33	117.18	16.74	101.82	14.71	86.54	12.67	76.47	11.21	67.78	9.83
78	138.93	19.61	118.92	16.98	103.33	14.92	87.83	12.86	77.60	11.38	68.78	9.98
79	139.48	19.68	119.39	17.05	103.73	14.98	88.18	12.92	77.91	11.42	69.06	10.02
80	137.83	19.46	117.98	16.85	102.51	14.80	87.13	12.77	76.99	11.29	68.25	9.90
81	140.73	19.86	120.46	17.21	104.67	15.11	88.96	13.03	78.61	11.53	69.67	10.12
82	138.47	19.54	118.52	16.93	102.98	14.88	87.93	12.89	77.70	11.39	68.87	10.00
83	140.32	19.80	120.12	17.16	104.36	15.08	89.11	13.05	78.73	11.54	69.79	10.13
84	142.25	20.08	121.76	17.40	105.79	15.28	90.33	13.23	79.81	11.71	70.75	10.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	31.23	4.44	27.82	3.97	25.23	3.63	22.68	3.28	20.43	2.96	18.59	2.68
41	32.57	4.63	28.83	4.12	26.05	3.75	23.37	3.38	20.96	3.03	18.91	2.73
42	32.90	4.68	29.07	4.15	26.23	3.77	23.53	3.40	21.05	3.05	18.94	2.74
43	33.15	4.71	29.23	4.18	26.33	3.80	23.61	3.42	21.11	3.06	18.94	2.74
44	33.47	4.76	29.46	4.21	26.51	3.82	23.76	3.44	21.21	3.07	18.99	2.74
45	33.84	4.82	29.73	4.25	26.72	3.84	23.93	3.46	21.32	3.09	19.05	2.75
46	34.08	4.84	29.88	4.27	26.83	3.87	24.01	3.47	21.37	3.09	19.04	2.75
47	34.32	4.88	30.02	4.28	26.93	3.88	24.10	3.49	21.42	3.11	19.04	2.75
48	34.58	4.91	30.21	4.32	27.07	3.90	24.22	3.50	21.49	3.12	19.05	2.75
49	34.94	4.97	30.46	4.36	27.26	3.93	24.38	3.52	21.61	3.13	19.11	2.76
50	35.20	5.01	30.64	4.38	27.39	3.95	24.48	3.55	21.67	3.14	19.12	2.76
51	35.69	5.08	31.06	4.44	27.77	4.00	24.82	3.59	21.98	3.19	19.39	2.80
52	37.79	5.38	32.90	4.70	29.42	4.24	26.29	3.81	23.28	3.37	20.53	2.96
53	39.16	5.57	34.09	4.87	30.49	4.39	27.24	3.94	24.11	3.50	21.28	3.07
54	40.46	5.76	35.22	5.03	31.49	4.53	28.14	4.07	24.92	3.61	21.98	3.18
55	43.36	6.16	37.75	5.39	33.75	4.87	30.17	4.37	26.70	3.87	23.56	3.40
56	44.66	6.35	38.88	5.55	34.76	5.01	31.06	4.50	27.50	3.99	24.26	3.50
57	45.84	6.52	39.64	5.66	35.12	5.06	32.83	4.75	28.74	4.17	25.32	3.65
58	48.43	6.89	41.88	5.97	37.10	5.34	34.69	5.02	30.37	4.40	26.75	3.86
59	51.56	7.33	44.58	6.37	39.51	5.69	36.94	5.34	32.33	4.69	28.49	4.11
60	54.05	7.69	46.73	6.68	41.41	5.96	38.71	5.60	33.89	4.91	29.86	4.31
61	58.32	8.29	50.43	7.20	44.68	6.44	41.78	6.05	36.57	5.30	32.21	4.65
62	64.46	9.17	55.80	7.97	49.00	7.06	44.74	6.47	39.17	5.68	34.51	4.99
63	67.00	9.53	57.99	8.28	50.93	7.34	46.51	6.74	40.71	5.90	35.87	5.18
64	70.22	10.00	60.79	8.68	53.38	7.69	48.75	7.06	42.67	6.19	37.59	5.43
65	73.36	10.44	63.50	9.07	55.78	8.03	50.93	7.37	44.58	6.46	39.27	5.66
66	77.30	11.00	66.90	9.56	58.76	8.46	53.66	7.77	46.97	6.81	41.38	5.97
67	82.56	11.75	70.91	10.13	62.28	8.97	57.05	8.26	49.93	7.24	43.99	6.35
68	88.93	12.65	76.37	10.91	67.08	9.66	61.44	8.89	53.78	7.79	47.39	6.84
69	95.97	13.65	82.43	11.77	72.40	10.42	66.31	9.59	58.04	8.41	51.13	7.38
70	103.58	14.73	88.96	12.71	78.14	11.26	71.57	10.35	62.64	9.08	55.19	7.96
71	110.86	15.77	95.22	13.60	83.63	12.04	76.60	11.09	67.04	9.71	59.07	8.52
72	116.62	16.59	100.27	14.32	87.30	12.58	79.65	11.53	69.71	10.10	61.42	8.87
73	124.15	17.66	106.75	15.24	92.95	13.39	84.79	12.27	74.22	10.76	65.39	9.44
74	130.52	18.56	112.23	16.03	97.71	14.08	89.13	12.90	78.02	11.31	68.73	9.92
75	136.93	19.48	117.75	16.81	102.52	14.77	93.52	13.53	81.86	11.86	72.11	10.41
76	142.24	20.23	122.31	17.47	106.48	15.34	97.14	14.05	85.03	12.32	74.91	10.82
77	145.63	20.72	125.22	17.89	109.03	15.71	99.88	14.46	87.42	12.67	76.03	10.97
78	147.81	21.03	127.09	18.15	110.65	15.95	101.36	14.67	88.73	12.85	77.16	11.14
79	148.39	21.11	127.59	18.22	111.09	16.01	101.77	14.73	89.07	12.91	77.47	11.19
80	146.63	20.86	126.08	18.00	109.78	15.82	100.56	14.55	88.02	12.76	76.55	11.06
81	149.73	21.30	128.73	18.39	112.09	16.15	102.67	14.86	89.87	13.02	78.16	11.28
82	148.01	21.05	126.31	18.04	109.97	15.84	100.72	14.58	88.17	12.78	76.68	11.07
83	150.00	21.34	128.00	18.28	111.44	16.05	102.08	14.77	89.35	12.95	77.71	11.22
84	152.06	21.63	129.76	18.53	112.97	16.28	103.47	14.97	90.57	13.13	78.78	11.36

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	34.93	4.78	31.23	4.30	28.25	3.94	26.85	3.76	24.47	3.45	22.47	3.17
41	36.52	5.00	32.50	4.47	29.23	4.07	27.61	3.87	25.05	3.53	22.87	3.22
42	36.93	5.06	32.81	4.52	29.45	4.11	27.76	3.89	25.14	3.55	22.92	3.24
43	37.24	5.09	33.05	4.55	29.61	4.13	27.85	3.90	25.19	3.56	22.93	3.24
44	37.63	5.15	33.34	4.59	29.82	4.15	28.00	3.93	25.30	3.57	22.98	3.24
45	38.07	5.21	33.69	4.64	30.08	4.19	28.19	3.95	25.43	3.59	23.06	3.25
46	38.37	5.25	33.90	4.66	30.23	4.21	28.27	3.96	25.47	3.59	23.05	3.25
47	38.65	5.30	34.12	4.70	30.36	4.24	28.35	3.97	25.50	3.59	23.05	3.25
48	38.98	5.33	34.37	4.74	30.54	4.26	28.46	3.99	25.56	3.61	23.07	3.25
49	39.40	5.39	34.69	4.77	30.77	4.28	28.64	4.02	25.69	3.63	23.15	3.26
50	39.72	5.44	34.94	4.81	30.94	4.31	28.75	4.03	25.75	3.63	23.17	3.26
51	40.28	5.51	35.41	4.88	31.37	4.37	29.14	4.08	26.11	3.69	23.49	3.31
52	42.66	5.84	37.51	5.16	33.22	4.63	30.87	4.33	27.66	3.90	24.87	3.51
53	44.20	6.05	38.87	5.36	34.43	4.80	31.99	4.49	28.66	4.05	25.78	3.63
54	45.67	6.25	40.15	5.53	35.57	4.96	33.05	4.63	29.61	4.18	26.63	3.76
55	48.94	6.70	43.04	5.93	38.13	5.31	35.41	4.96	31.73	4.47	28.54	4.02
56	50.41	6.90	44.33	6.10	39.26	5.47	36.47	5.12	32.68	4.62	29.39	4.14
57	52.74	7.22	46.05	6.34	40.44	5.64	37.31	5.24	33.43	4.71	29.69	4.19
58	55.72	7.63	48.66	6.70	42.72	5.95	39.41	5.53	35.31	4.99	31.37	4.43
59	59.32	8.12	51.80	7.13	45.48	6.34	41.97	5.89	37.60	5.31	33.40	4.71
60	62.18	8.51	54.30	7.47	47.67	6.64	43.98	6.16	39.41	5.56	35.01	4.94
61	67.10	9.19	58.60	8.07	51.44	7.18	47.47	6.65	42.53	6.00	37.78	5.33
62	72.26	9.89	62.62	8.62	54.98	7.66	50.53	7.09	45.28	6.39	39.72	5.60
63	75.10	10.28	65.08	8.96	57.13	7.96	52.51	7.37	47.05	6.64	41.28	5.82
64	78.72	10.77	68.21	9.39	59.89	8.34	55.05	7.72	49.33	6.96	43.27	6.10
65	82.24	11.26	71.27	9.81	62.57	8.72	57.51	8.07	51.53	7.27	45.21	6.38
66	86.64	11.86	75.08	10.34	65.93	9.19	60.59	8.50	54.29	7.66	47.62	6.71
67	94.77	12.97	81.49	11.22	71.55	9.97	65.82	9.23	57.66	8.14	51.07	7.20
68	102.08	13.97	87.77	12.08	77.06	10.75	70.89	9.94	62.11	8.77	55.01	7.76
69	110.17	15.08	94.74	13.04	83.17	11.59	76.51	10.73	67.02	9.46	59.37	8.37
70	118.90	16.28	102.23	14.08	89.76	12.51	82.56	11.58	72.33	10.21	64.08	9.03
71	127.27	17.42	109.43	15.07	96.08	13.39	88.37	12.40	77.42	10.92	68.58	9.67
72	132.44	18.12	113.87	15.67	99.98	13.93	92.49	12.97	81.03	11.44	70.85	10.00
73	140.99	19.30	121.24	16.68	106.45	14.84	98.46	13.80	86.26	12.17	75.43	10.64
74	148.21	20.29	127.45	17.54	111.90	15.60	103.51	14.52	90.68	12.79	79.30	11.19
75	155.51	21.29	133.72	18.41	117.41	16.36	108.60	15.23	95.14	13.42	83.20	11.73
76	161.53	22.11	138.90	19.12	121.95	16.99	112.80	15.83	98.82	13.95	86.42	12.19
77	162.89	22.30	141.30	19.46	122.97	17.14	113.45	15.91	99.39	14.03	86.92	12.26
78	165.31	22.62	143.41	19.74	124.81	17.40	115.14	16.15	100.88	14.23	88.21	12.44
79	165.97	22.72	143.98	19.83	125.31	17.47	115.60	16.21	101.27	14.29	88.56	12.48
80	164.01	22.44	142.28	19.59	123.82	17.26	114.23	16.02	100.07	14.13	87.51	12.34
81	167.46	22.92	145.26	19.99	126.43	17.62	116.63	16.36	102.19	14.42	89.36	12.60
82	160.67	21.99	138.33	19.04	120.38	16.78	111.61	15.65	97.77	13.80	85.50	12.05
83	162.83	22.29	140.17	19.29	121.99	17.01	113.10	15.86	99.08	13.98	86.64	12.22
84	165.06	22.60	142.10	19.56	123.66	17.23	114.66	16.08	100.45	14.17	87.83	12.39

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R977 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	46.30	5.71	41.58	5.13	38.00	4.69	35.95	4.44	32.69	4.03	30.23	3.72
41	48.47	5.99	43.32	5.34	39.37	4.86	37.07	4.57	33.55	4.14	30.84	3.81
42	49.02	6.05	43.74	5.40	39.69	4.89	37.31	4.61	33.71	4.17	30.95	3.82
43	49.44	6.10	44.07	5.44	39.90	4.93	37.46	4.62	33.81	4.18	30.98	3.82
44	49.99	6.16	44.49	5.49	40.21	4.96	37.70	4.65	33.97	4.19	31.07	3.83
45	50.59	6.24	44.96	5.55	40.57	5.01	37.98	4.69	34.18	4.21	31.20	3.86
46	50.99	6.30	45.27	5.58	40.77	5.03	38.12	4.70	34.25	4.22	31.23	3.86
47	51.40	6.34	45.57	5.62	40.97	5.06	38.26	4.72	34.33	4.24	31.24	3.86
48	51.85	6.40	45.91	5.66	41.22	5.08	38.44	4.75	34.44	4.25	31.30	3.86
49	52.42	6.47	46.36	5.72	41.57	5.13	38.71	4.77	34.64	4.27	31.42	3.88
50	52.86	6.52	46.70	5.76	41.80	5.15	38.88	4.80	34.75	4.28	31.48	3.88
51	53.60	6.62	47.35	5.84	42.38	5.22	39.41	4.87	35.24	4.34	31.90	3.94
52	56.76	7.01	50.15	6.19	44.89	5.53	41.75	5.15	37.32	4.61	33.80	4.17
53	58.82	7.26	51.96	6.41	46.51	5.74	43.26	5.34	38.66	4.77	35.01	4.32
54	60.76	7.50	53.68	6.63	48.05	5.93	44.70	5.51	39.95	4.93	36.18	4.46
55	65.13	8.03	57.54	7.10	51.50	6.35	47.90	5.91	42.80	5.28	38.77	4.78
56	67.07	8.27	59.25	7.31	53.04	6.55	49.34	6.09	44.09	5.44	39.92	4.93
57	71.36	8.81	62.14	7.66	55.13	6.81	51.24	6.32	45.28	5.59	40.44	4.99
58	75.40	9.31	65.65	8.10	58.24	7.19	54.13	6.68	47.84	5.90	42.72	5.27
59	80.28	9.90	69.90	8.63	62.01	7.65	57.63	7.12	50.93	6.28	45.48	5.62
60	84.14	10.39	73.27	9.04	65.00	8.02	60.42	7.45	53.38	6.59	47.68	5.88
61	90.81	11.21	79.06	9.76	70.15	8.65	65.20	8.04	57.61	7.10	51.46	6.34
62	95.72	11.82	83.44	10.29	73.39	9.06	68.64	8.47	59.98	7.40	52.79	6.51
63	99.48	12.28	86.73	10.70	76.27	9.41	71.34	8.81	62.33	7.69	54.86	6.77
64	104.29	12.86	90.92	11.22	79.94	9.87	74.78	9.22	65.33	8.06	57.50	7.09
65	108.96	13.45	94.97	11.72	83.53	10.31	78.12	9.64	68.26	8.43	60.07	7.41
66	114.79	14.16	100.07	12.35	88.00	10.85	82.31	10.15	71.91	8.88	63.30	7.81
67	128.32	15.84	111.15	13.71	96.89	11.96	91.26	11.26	79.73	9.84	70.17	8.66
68	138.21	17.05	119.71	14.77	104.36	12.88	98.29	12.13	85.87	10.59	75.58	9.33
69	149.17	18.41	129.19	15.95	112.62	13.90	106.08	13.09	92.68	11.44	81.57	10.07
70	160.98	19.86	139.43	17.21	121.56	14.99	114.49	14.13	100.02	12.34	88.04	10.86
71	172.31	21.27	149.24	18.41	130.10	16.05	122.55	15.12	107.06	13.21	94.22	11.63
72	176.49	21.78	152.86	18.86	133.26	16.45	124.93	15.41	109.13	13.47	94.80	11.70
73	187.90	23.18	162.74	20.08	141.87	17.50	132.99	16.41	116.19	14.34	100.92	12.45
74	197.52	24.37	171.07	21.11	149.14	18.40	139.81	17.26	122.14	15.08	106.09	13.09
75	207.24	25.57	179.49	22.15	156.47	19.30	146.69	18.10	128.15	15.82	111.31	13.73
76	215.26	26.56	186.44	23.00	162.53	20.05	152.37	18.80	133.11	16.42	115.62	14.27
77	217.90	26.88	187.32	23.11	163.30	20.15	151.77	18.73	132.60	16.36	115.17	14.21
78	221.15	27.29	190.11	23.45	165.73	20.44	154.03	19.00	134.58	16.60	116.88	14.42
79	222.03	27.39	190.86	23.55	166.40	20.53	154.64	19.08	135.11	16.67	117.35	14.48
80	219.40	27.07	188.60	23.28	164.42	20.29	152.81	18.85	133.51	16.47	115.95	14.30
81	224.02	27.64	192.58	23.76	167.89	20.72	156.03	19.25	136.31	16.81	118.41	14.61
82	209.05	25.80	179.70	22.17	156.66	19.33	147.19	18.16	127.12	15.68	111.69	13.78
83	211.84	26.14	182.11	22.47	158.76	19.59	149.17	18.41	128.82	15.90	113.19	13.97
84	214.75	26.50	184.60	22.78	160.94	19.86	151.21	18.66	130.59	16.11	114.74	14.16

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R977-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.20	0.21	1.08	0.19	0.98	0.18	0.86	0.15	0.79	0.14	0.73	0.13
41	1.24	0.23	1.12	0.20	1.00	0.18	0.88	0.15	0.81	0.14	0.74	0.13
42	1.26	0.23	1.13	0.20	1.01	0.18	0.89	0.17	0.81	0.14	0.75	0.13
43	1.27	0.23	1.14	0.20	1.02	0.18	0.90	0.17	0.82	0.14	0.75	0.13
44	1.29	0.23	1.15	0.20	1.02	0.19	0.92	0.17	0.83	0.15	0.75	0.13
45	1.30	0.24	1.17	0.20	1.04	0.19	0.93	0.17	0.83	0.15	0.76	0.13
46	1.32	0.24	1.18	0.21	1.05	0.19	0.94	0.17	0.84	0.15	0.76	0.13
47	1.33	0.24	1.19	0.21	1.05	0.19	0.94	0.17	0.86	0.15	0.77	0.13
48	1.34	0.24	1.20	0.21	1.06	0.19	0.95	0.17	0.86	0.15	0.77	0.14
49	1.37	0.24	1.21	0.21	1.07	0.19	0.96	0.18	0.87	0.15	0.79	0.14
50	1.38	0.25	1.23	0.21	1.07	0.19	0.98	0.18	0.88	0.15	0.79	0.14
51	1.40	0.25	1.25	0.23	1.09	0.20	1.00	0.18	0.89	0.17	0.81	0.14
52	1.46	0.26	1.30	0.23	1.14	0.20	1.04	0.19	0.93	0.17	0.83	0.14
53	1.51	0.27	1.33	0.24	1.18	0.21	1.07	0.19	0.96	0.18	0.86	0.15
54	1.55	0.27	1.37	0.25	1.21	0.21	1.09	0.20	0.99	0.18	0.89	0.15
55	1.64	0.30	1.45	0.26	1.29	0.23	1.17	0.21	1.04	0.19	0.93	0.17
56	1.71	0.31	1.51	0.27	1.33	0.24	1.21	0.21	1.08	0.19	0.96	0.17
57	1.89	0.33	1.65	0.30	1.44	0.26	1.25	0.23	1.12	0.20	0.99	0.18
58	2.02	0.36	1.76	0.31	1.54	0.27	1.33	0.24	1.19	0.21	1.05	0.19
59	2.17	0.39	1.89	0.33	1.65	0.30	1.43	0.26	1.27	0.23	1.13	0.20
60	2.30	0.40	2.00	0.36	1.75	0.31	1.51	0.27	1.34	0.24	1.19	0.21
61	2.51	0.45	2.19	0.39	1.92	0.35	1.65	0.30	1.48	0.26	1.31	0.23
62	2.89	0.51	2.50	0.45	2.18	0.39	1.95	0.36	1.71	0.31	1.52	0.27
63	3.05	0.55	2.64	0.48	2.31	0.42	2.06	0.37	1.81	0.32	1.61	0.29
64	3.27	0.58	2.83	0.51	2.48	0.44	2.21	0.40	1.95	0.36	1.73	0.31
65	3.47	0.62	3.00	0.54	2.63	0.48	2.34	0.43	2.07	0.37	1.82	0.32
66	3.76	0.67	3.26	0.58	2.84	0.51	2.55	0.46	2.24	0.40	1.98	0.35
67	4.13	0.74	3.52	0.63	3.07	0.55	2.77	0.50	2.42	0.44	2.11	0.37
68	4.58	0.82	3.90	0.70	3.42	0.62	3.08	0.56	2.68	0.49	2.33	0.42
69	5.11	0.92	4.34	0.77	3.80	0.68	3.43	0.62	2.99	0.54	2.61	0.46
70	5.69	1.01	4.84	0.87	4.24	0.76	3.82	0.69	3.33	0.60	2.90	0.51
71	6.40	1.14	5.46	0.98	4.77	0.86	4.31	0.77	3.75	0.68	3.26	0.57
72	7.15	1.27	6.10	1.09	5.28	0.95	4.78	0.87	4.12	0.74	3.58	0.63
73	8.07	1.44	6.88	1.23	5.96	1.07	5.40	0.98	4.64	0.83	4.05	0.71
74	9.01	1.61	7.69	1.38	6.66	1.20	6.03	1.08	5.19	0.93	4.51	0.80
75	10.08	1.80	8.60	1.54	7.45	1.34	6.75	1.21	5.81	1.05	5.06	0.89
76	11.22	2.00	9.57	1.71	8.29	1.49	7.51	1.36	6.46	1.17	5.62	0.99
77	12.20	2.18	10.33	1.84	8.95	1.61	8.02	1.45	6.82	1.23	5.93	1.05
78	13.41	2.39	11.35	2.03	9.84	1.77	8.82	1.59	7.50	1.34	6.52	1.15
79	14.68	2.62	12.44	2.23	10.78	1.94	9.66	1.74	8.21	1.48	7.14	1.26
80	15.97	2.86	13.52	2.42	11.71	2.11	10.50	1.89	8.93	1.61	7.76	1.37
81	17.47	3.12	14.79	2.64	12.82	2.31	11.48	2.07	9.77	1.76	8.48	1.50
82	19.44	3.47	16.47	2.94	14.27	2.57	13.02	2.34	11.07	2.00	9.63	1.70
83	21.42	3.83	18.14	3.25	15.72	2.82	14.35	2.58	12.20	2.20	10.60	1.87
84	23.79	4.25	20.13	3.61	17.45	3.14	15.92	2.87	13.54	2.44	11.77	2.07

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.45	0.25	1.29	0.23	1.18	0.20	1.07	0.19	0.99	0.18	0.92	0.15
41	1.56	0.26	1.37	0.24	1.24	0.21	1.11	0.19	1.01	0.18	0.94	0.17
42	1.58	0.27	1.40	0.24	1.26	0.23	1.12	0.20	1.02	0.18	0.94	0.17
43	1.62	0.27	1.43	0.25	1.29	0.23	1.13	0.20	1.02	0.18	0.95	0.17
44	1.65	0.29	1.45	0.25	1.31	0.23	1.14	0.20	1.04	0.18	0.95	0.17
45	1.69	0.29	1.49	0.25	1.33	0.23	1.15	0.20	1.05	0.19	0.96	0.17
46	1.73	0.30	1.51	0.26	1.36	0.24	1.18	0.20	1.06	0.19	0.96	0.17
47	1.75	0.30	1.54	0.26	1.38	0.24	1.19	0.21	1.06	0.19	0.98	0.17
48	1.79	0.31	1.57	0.27	1.40	0.24	1.20	0.21	1.07	0.19	0.98	0.17
49	1.82	0.31	1.59	0.27	1.43	0.25	1.21	0.21	1.08	0.19	0.99	0.17
50	1.86	0.32	1.62	0.27	1.45	0.25	1.23	0.21	1.09	0.19	0.99	0.18
51	1.89	0.32	1.65	0.29	1.48	0.26	1.25	0.21	1.12	0.19	1.01	0.18
52	1.96	0.33	1.71	0.30	1.54	0.26	1.30	0.23	1.15	0.20	1.06	0.18
53	2.02	0.35	1.77	0.31	1.58	0.27	1.33	0.24	1.19	0.21	1.08	0.19
54	2.08	0.36	1.82	0.31	1.63	0.29	1.37	0.24	1.23	0.21	1.12	0.19
55	2.21	0.38	1.93	0.33	1.73	0.30	1.45	0.26	1.30	0.23	1.19	0.20
56	2.30	0.39	2.01	0.35	1.80	0.31	1.51	0.26	1.36	0.24	1.24	0.21
57	2.52	0.43	2.19	0.38	1.94	0.33	1.65	0.29	1.45	0.26	1.31	0.23
58	2.69	0.45	2.33	0.40	2.06	0.36	1.75	0.31	1.55	0.27	1.39	0.24
59	2.89	0.49	2.51	0.43	2.23	0.38	1.89	0.33	1.67	0.30	1.50	0.26
60	3.06	0.52	2.65	0.45	2.34	0.40	2.00	0.36	1.76	0.31	1.58	0.27
61	3.34	0.57	2.90	0.50	2.56	0.44	2.18	0.38	1.93	0.35	1.73	0.30
62	3.68	0.63	3.19	0.55	2.80	0.49	2.38	0.42	2.11	0.37	1.87	0.32
63	3.88	0.67	3.38	0.58	2.96	0.51	2.51	0.44	2.23	0.39	1.98	0.35
64	4.18	0.71	3.63	0.62	3.18	0.55	2.70	0.48	2.39	0.42	2.12	0.37
65	4.43	0.75	3.84	0.67	3.37	0.58	2.87	0.50	2.53	0.44	2.24	0.39
66	4.80	0.82	4.17	0.71	3.65	0.63	3.11	0.55	2.74	0.49	2.43	0.43
67	5.38	0.92	4.63	0.80	4.06	0.70	3.45	0.61	3.05	0.54	2.70	0.48
68	5.97	1.01	5.14	0.88	4.51	0.79	3.83	0.68	3.38	0.60	3.00	0.52
69	6.65	1.13	5.72	0.99	5.02	0.87	4.26	0.75	3.77	0.67	3.34	0.58
70	7.41	1.26	6.39	1.09	5.59	0.98	4.75	0.83	4.20	0.74	3.72	0.65
71	8.34	1.42	7.19	1.24	6.30	1.09	5.36	0.94	4.72	0.83	4.19	0.73
72	9.37	1.59	8.01	1.38	7.02	1.21	5.99	1.05	5.28	0.93	4.69	0.82
73	10.56	1.80	9.02	1.55	7.91	1.37	6.75	1.19	5.96	1.05	5.28	0.92
74	11.78	2.01	10.08	1.74	8.83	1.54	7.53	1.32	6.65	1.18	5.90	1.04
75	13.19	2.25	11.28	1.94	9.89	1.71	8.43	1.49	7.45	1.31	6.60	1.15
76	14.68	2.50	12.55	2.15	11.00	1.92	9.38	1.65	8.29	1.46	7.35	1.29
77	16.17	2.75	13.85	2.38	12.03	2.09	10.22	1.80	9.03	1.59	8.01	1.39
78	17.79	3.02	15.22	2.62	13.23	2.30	11.25	1.98	9.94	1.75	8.81	1.54
79	19.48	3.32	16.67	2.87	14.48	2.52	12.32	2.17	10.88	1.92	9.64	1.68
80	21.17	3.61	18.12	3.12	15.74	2.74	13.39	2.36	11.83	2.08	10.48	1.83
81	23.16	3.94	19.83	3.42	17.23	3.00	14.65	2.58	12.94	2.27	11.47	2.00
82	25.53	4.34	21.85	3.76	18.98	3.30	16.21	2.86	14.33	2.52	12.70	2.21
83	28.12	4.78	24.06	4.14	20.91	3.63	17.85	3.14	15.78	2.77	13.98	2.44
84	31.21	5.31	26.72	4.59	23.22	4.03	19.83	3.49	17.52	3.08	15.53	2.71

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.67	0.29	1.49	0.25	1.34	0.24	1.21	0.21	1.09	0.19	0.99	0.18
41	1.74	0.30	1.54	0.26	1.39	0.24	1.25	0.21	1.12	0.19	1.01	0.18
42	1.76	0.30	1.56	0.27	1.40	0.24	1.26	0.21	1.13	0.20	1.01	0.18
43	1.79	0.31	1.57	0.27	1.42	0.25	1.27	0.23	1.14	0.20	1.02	0.18
44	1.81	0.31	1.59	0.27	1.44	0.25	1.29	0.23	1.14	0.20	1.02	0.18
45	1.83	0.31	1.61	0.27	1.45	0.25	1.30	0.23	1.15	0.20	1.04	0.18
46	1.86	0.32	1.63	0.29	1.46	0.25	1.31	0.23	1.17	0.20	1.04	0.18
47	1.88	0.32	1.64	0.29	1.48	0.26	1.32	0.23	1.18	0.20	1.05	0.18
48	1.90	0.32	1.67	0.29	1.49	0.26	1.33	0.24	1.19	0.20	1.05	0.18
49	1.93	0.33	1.68	0.29	1.51	0.26	1.34	0.24	1.19	0.21	1.06	0.18
50	1.95	0.33	1.70	0.30	1.52	0.26	1.36	0.24	1.20	0.21	1.06	0.19
51	2.00	0.35	1.74	0.30	1.55	0.27	1.39	0.24	1.23	0.21	1.08	0.19
52	2.13	0.37	1.86	0.32	1.65	0.29	1.48	0.26	1.31	0.23	1.15	0.20
53	2.23	0.38	1.93	0.33	1.73	0.30	1.55	0.27	1.37	0.24	1.20	0.21
54	2.31	0.39	2.01	0.35	1.80	0.31	1.61	0.29	1.43	0.25	1.26	0.21
55	2.49	0.43	2.17	0.37	1.94	0.33	1.74	0.30	1.54	0.26	1.36	0.24
56	2.58	0.44	2.25	0.39	2.01	0.35	1.80	0.31	1.59	0.27	1.40	0.24
57	2.68	0.46	2.31	0.39	2.05	0.36	1.92	0.33	1.68	0.30	1.48	0.26
58	2.84	0.49	2.46	0.43	2.18	0.38	2.03	0.36	1.79	0.31	1.57	0.27
59	3.06	0.52	2.65	0.45	2.34	0.40	2.19	0.38	1.92	0.33	1.69	0.30
60	3.24	0.56	2.80	0.48	2.48	0.43	2.32	0.40	2.02	0.36	1.79	0.31
61	3.53	0.61	3.06	0.52	2.71	0.46	2.53	0.44	2.21	0.38	1.95	0.35
62	3.96	0.68	3.43	0.60	3.01	0.52	2.75	0.48	2.40	0.42	2.12	0.37
63	4.19	0.71	3.62	0.62	3.18	0.55	2.90	0.50	2.55	0.44	2.24	0.39
64	4.50	0.77	3.89	0.67	3.42	0.60	3.12	0.55	2.74	0.48	2.40	0.42
65	4.76	0.82	4.12	0.71	3.62	0.63	3.31	0.57	2.89	0.50	2.55	0.44
66	5.16	0.88	4.47	0.77	3.93	0.68	3.58	0.62	3.14	0.55	2.76	0.48
67	5.68	0.98	4.88	0.83	4.28	0.74	3.93	0.68	3.44	0.60	3.02	0.52
68	6.31	1.08	5.41	0.93	4.76	0.82	4.36	0.76	3.81	0.67	3.36	0.58
69	7.02	1.20	6.03	1.04	5.30	0.92	4.86	0.84	4.25	0.74	3.74	0.65
70	7.83	1.34	6.72	1.15	5.90	1.02	5.40	0.94	4.74	0.82	4.17	0.73
71	8.81	1.51	7.57	1.30	6.64	1.15	6.08	1.06	5.33	0.93	4.69	0.81
72	9.95	1.70	8.56	1.48	7.45	1.30	6.79	1.18	5.95	1.04	5.24	0.90
73	11.22	1.93	9.65	1.65	8.40	1.45	7.66	1.33	6.71	1.17	5.91	1.02
74	12.53	2.14	10.77	1.86	9.38	1.63	8.56	1.49	7.49	1.31	6.60	1.14
75	14.02	2.40	12.05	2.07	10.50	1.82	9.58	1.67	8.38	1.46	7.39	1.29
76	15.60	2.68	13.42	2.31	11.69	2.02	10.66	1.86	9.33	1.63	8.22	1.43
77	17.21	2.95	14.79	2.55	12.89	2.24	11.80	2.06	10.33	1.80	8.98	1.56
78	18.92	3.24	16.27	2.80	14.16	2.45	12.97	2.26	11.35	1.98	9.88	1.71
79	20.72	3.55	17.81	3.06	15.52	2.69	14.21	2.48	12.44	2.17	10.82	1.88
80	22.53	3.86	19.37	3.33	16.86	2.93	15.45	2.69	13.52	2.36	11.76	2.05
81	24.64	4.22	21.19	3.64	18.45	3.20	16.90	2.94	14.79	2.58	12.86	2.24
82	27.29	4.68	23.29	4.00	20.27	3.51	18.56	3.24	16.26	2.83	14.14	2.45
83	30.06	5.15	25.64	4.41	22.32	3.87	20.46	3.56	17.90	3.12	15.57	2.70
84	33.37	5.71	28.48	4.89	24.79	4.30	22.71	3.95	19.87	3.46	17.29	3.00

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.87	0.31	1.67	0.27	1.51	0.25	1.43	0.24	1.31	0.23	1.20	0.20
41	1.95	0.32	1.74	0.29	1.56	0.26	1.48	0.25	1.33	0.23	1.23	0.20
42	1.98	0.33	1.76	0.30	1.58	0.26	1.49	0.25	1.34	0.23	1.23	0.21
43	2.01	0.33	1.79	0.30	1.59	0.27	1.50	0.25	1.36	0.23	1.24	0.21
44	2.03	0.33	1.81	0.30	1.62	0.27	1.51	0.26	1.37	0.24	1.24	0.21
45	2.06	0.35	1.82	0.31	1.63	0.27	1.52	0.26	1.38	0.24	1.25	0.21
46	2.09	0.35	1.84	0.31	1.65	0.27	1.55	0.26	1.39	0.24	1.26	0.21
47	2.12	0.36	1.87	0.31	1.67	0.29	1.56	0.26	1.40	0.24	1.26	0.21
48	2.15	0.36	1.89	0.32	1.68	0.29	1.57	0.26	1.40	0.24	1.27	0.21
49	2.18	0.36	1.92	0.32	1.70	0.29	1.58	0.27	1.42	0.24	1.29	0.21
50	2.20	0.37	1.94	0.32	1.71	0.29	1.59	0.27	1.43	0.24	1.29	0.21
51	2.25	0.37	1.98	0.33	1.75	0.30	1.63	0.27	1.46	0.25	1.31	0.23
52	2.40	0.39	2.12	0.36	1.87	0.31	1.74	0.30	1.56	0.26	1.40	0.24
53	2.51	0.42	2.20	0.37	1.95	0.33	1.81	0.31	1.63	0.27	1.46	0.25
54	2.61	0.43	2.30	0.38	2.03	0.35	1.89	0.32	1.69	0.29	1.52	0.26
55	2.81	0.46	2.48	0.42	2.19	0.37	2.03	0.35	1.82	0.31	1.64	0.27
56	2.92	0.49	2.56	0.43	2.27	0.38	2.11	0.36	1.89	0.32	1.70	0.29
57	3.08	0.51	2.69	0.45	2.36	0.39	2.18	0.37	1.95	0.33	1.74	0.30
58	3.27	0.55	2.86	0.48	2.51	0.43	2.32	0.39	2.07	0.36	1.84	0.31
59	3.52	0.58	3.08	0.51	2.70	0.45	2.49	0.42	2.24	0.38	1.99	0.33
60	3.72	0.62	3.25	0.54	2.86	0.48	2.63	0.44	2.36	0.40	2.09	0.36
61	4.07	0.68	3.56	0.60	3.12	0.52	2.88	0.49	2.58	0.44	2.30	0.39
62	4.44	0.74	3.84	0.64	3.38	0.57	3.11	0.52	2.78	0.48	2.44	0.42
63	4.69	0.77	4.06	0.68	3.57	0.60	3.28	0.56	2.94	0.50	2.58	0.44
64	5.03	0.83	4.37	0.73	3.83	0.64	3.52	0.60	3.15	0.54	2.77	0.48
65	5.34	0.88	4.63	0.77	4.06	0.68	3.74	0.63	3.34	0.57	2.94	0.50
66	5.78	0.96	5.01	0.83	4.40	0.74	4.05	0.69	3.63	0.62	3.18	0.54
67	6.52	1.08	5.60	0.93	4.93	0.83	4.52	0.76	3.96	0.68	3.51	0.60
68	7.24	1.20	6.22	1.04	5.46	0.92	5.02	0.84	4.40	0.75	3.90	0.67
69	8.06	1.33	6.93	1.15	6.08	1.02	5.59	0.95	4.90	0.83	4.34	0.74
70	8.98	1.49	7.72	1.29	6.78	1.14	6.24	1.06	5.46	0.93	4.84	0.82
71	10.12	1.68	8.70	1.45	7.64	1.29	7.02	1.19	6.15	1.05	5.45	0.93
72	11.31	1.87	9.72	1.62	8.53	1.44	7.89	1.33	6.91	1.18	6.05	1.02
73	12.74	2.11	10.96	1.82	9.62	1.62	8.90	1.51	7.79	1.32	6.82	1.15
74	14.23	2.36	12.23	2.03	10.75	1.81	9.94	1.68	8.71	1.48	7.62	1.30
75	15.92	2.64	13.70	2.27	12.02	2.02	11.13	1.88	9.75	1.65	8.52	1.45
76	17.72	2.94	15.24	2.53	13.38	2.25	12.38	2.09	10.84	1.84	9.48	1.61
77	19.24	3.19	16.70	2.77	14.53	2.44	13.41	2.27	11.75	2.00	10.27	1.75
78	21.16	3.50	18.36	3.06	15.98	2.69	14.74	2.50	12.91	2.20	11.29	1.92
79	23.18	3.83	20.11	3.34	17.49	2.94	16.15	2.74	14.14	2.40	12.36	2.11
80	25.19	4.17	21.86	3.64	19.02	3.20	17.55	2.96	15.37	2.62	13.45	2.28
81	27.56	4.56	23.91	3.97	20.81	3.50	19.19	3.25	16.81	2.86	14.71	2.50
82	29.62	4.90	25.50	4.24	22.19	3.74	20.58	3.47	18.03	3.07	15.77	2.68
83	32.63	5.40	28.08	4.68	24.44	4.12	22.66	3.83	19.85	3.38	17.36	2.95
84	36.22	6.00	31.18	5.19	27.13	4.57	25.16	4.26	22.04	3.75	19.28	3.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R978 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	2.48	0.37	2.23	0.33	2.03	0.31	1.92	0.29	1.75	0.26	1.62	0.24
41	2.59	0.39	2.31	0.35	2.11	0.32	1.98	0.30	1.80	0.27	1.64	0.25
42	2.63	0.39	2.34	0.36	2.13	0.32	2.00	0.30	1.81	0.27	1.65	0.25
43	2.67	0.40	2.38	0.36	2.15	0.32	2.02	0.31	1.82	0.27	1.67	0.25
44	2.70	0.40	2.40	0.37	2.18	0.33	2.03	0.31	1.83	0.27	1.68	0.25
45	2.74	0.42	2.44	0.37	2.20	0.33	2.06	0.31	1.86	0.29	1.69	0.25
46	2.78	0.42	2.46	0.37	2.23	0.33	2.08	0.31	1.87	0.29	1.70	0.26
47	2.82	0.43	2.50	0.38	2.25	0.35	2.09	0.32	1.88	0.29	1.71	0.26
48	2.86	0.43	2.53	0.38	2.27	0.35	2.12	0.32	1.90	0.29	1.73	0.26
49	2.89	0.44	2.56	0.39	2.30	0.35	2.14	0.32	1.92	0.29	1.74	0.26
50	2.94	0.44	2.59	0.39	2.32	0.35	2.15	0.32	1.93	0.29	1.75	0.26
51	3.00	0.45	2.64	0.40	2.37	0.36	2.20	0.33	1.96	0.30	1.79	0.27
52	3.20	0.49	2.82	0.43	2.53	0.38	2.36	0.36	2.11	0.32	1.90	0.29
53	3.33	0.50	2.95	0.44	2.64	0.39	2.45	0.37	2.19	0.33	1.99	0.30
54	3.47	0.52	3.07	0.46	2.75	0.42	2.55	0.38	2.28	0.35	2.07	0.31
55	3.74	0.56	3.31	0.50	2.96	0.45	2.75	0.42	2.46	0.37	2.23	0.33
56	3.88	0.58	3.43	0.51	3.07	0.46	2.86	0.43	2.55	0.38	2.31	0.35
57	4.17	0.63	3.63	0.55	3.21	0.49	2.99	0.45	2.64	0.40	2.36	0.36
58	4.43	0.67	3.86	0.58	3.43	0.51	3.18	0.48	2.81	0.43	2.51	0.38
59	4.77	0.71	4.15	0.63	3.69	0.56	3.43	0.51	3.02	0.45	2.70	0.40
60	5.03	0.76	4.39	0.67	3.89	0.58	3.62	0.55	3.20	0.49	2.86	0.43
61	5.51	0.83	4.80	0.73	4.25	0.64	3.95	0.60	3.50	0.52	3.12	0.48
62	5.88	0.89	5.13	0.77	4.51	0.68	4.21	0.64	3.69	0.56	3.25	0.49
63	6.21	0.94	5.41	0.82	4.76	0.71	4.45	0.68	3.89	0.58	3.43	0.51
64	6.68	1.01	5.82	0.88	5.12	0.77	4.78	0.73	4.18	0.63	3.68	0.56
65	7.07	1.07	6.16	0.93	5.43	0.82	5.07	0.76	4.43	0.67	3.90	0.58
66	7.66	1.15	6.69	1.01	5.88	0.89	5.50	0.83	4.81	0.73	4.22	0.64
67	8.83	1.33	7.64	1.15	6.66	1.01	6.27	0.95	5.49	0.83	4.83	0.73
68	9.79	1.48	8.48	1.29	7.40	1.12	6.97	1.05	6.09	0.92	5.36	0.81
69	10.91	1.64	9.45	1.43	8.23	1.24	7.76	1.17	6.78	1.02	5.96	0.90
70	12.16	1.83	10.53	1.59	9.19	1.38	8.65	1.31	7.56	1.14	6.65	1.00
71	13.69	2.07	11.85	1.79	10.34	1.56	9.73	1.46	8.51	1.29	7.49	1.13
72	15.07	2.27	13.04	1.96	11.38	1.71	10.66	1.61	9.32	1.40	8.09	1.23
73	16.98	2.56	14.71	2.21	12.82	1.94	12.02	1.81	10.50	1.58	9.12	1.38
74	18.97	2.86	16.42	2.48	14.32	2.17	13.42	2.02	11.72	1.77	10.19	1.54
75	21.22	3.20	18.39	2.77	16.03	2.42	15.02	2.26	13.13	1.98	11.40	1.73
76	23.62	3.56	20.46	3.08	17.84	2.69	16.72	2.52	14.60	2.20	12.69	1.92
77	25.75	3.88	22.13	3.34	19.30	2.92	17.93	2.70	15.67	2.37	13.61	2.06
78	28.31	4.27	24.34	3.68	21.22	3.20	19.72	2.98	17.23	2.59	14.96	2.26
79	31.00	4.68	26.66	4.02	23.24	3.51	21.60	3.26	18.86	2.84	16.39	2.48
80	33.70	5.08	28.98	4.37	25.25	3.81	23.48	3.55	20.50	3.09	17.81	2.69
81	36.87	5.56	31.69	4.78	27.63	4.17	25.68	3.88	22.43	3.38	19.49	2.94
82	38.53	5.82	33.13	5.00	28.88	4.36	27.13	4.09	23.43	3.53	20.59	3.11
83	42.45	6.40	36.49	5.51	31.81	4.80	29.89	4.51	25.81	3.89	22.68	3.43
84	47.12	7.12	40.51	6.12	35.32	5.33	33.18	5.01	28.66	4.32	25.18	3.80

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	16.03	2.69	14.43	2.42	13.09	2.21	11.44	1.94	10.46	1.77	9.67	1.59
41	16.61	2.78	14.89	2.50	13.40	2.26	11.83	2.00	10.77	1.82	9.88	1.63
42	16.78	2.81	15.02	2.52	13.49	2.27	11.95	2.02	10.85	1.83	9.94	1.64
43	16.96	2.84	15.16	2.55	13.58	2.30	12.05	2.03	10.95	1.86	10.00	1.65
44	17.14	2.87	15.29	2.57	13.67	2.31	12.17	2.06	11.04	1.87	10.06	1.67
45	17.30	2.90	15.42	2.58	13.76	2.32	12.29	2.08	11.13	1.88	10.10	1.68
46	17.48	2.93	15.57	2.61	13.84	2.33	12.41	2.09	11.22	1.89	10.16	1.68
47	17.66	2.96	15.70	2.63	13.93	2.34	12.52	2.12	11.31	1.92	10.22	1.69
48	17.83	2.99	15.83	2.65	14.02	2.37	12.64	2.14	11.40	1.93	10.28	1.70
49	17.99	3.01	15.96	2.68	14.10	2.38	12.76	2.15	11.48	1.94	10.34	1.71
50	18.17	3.05	16.09	2.70	14.18	2.39	12.86	2.18	11.58	1.95	10.39	1.73
51	18.36	3.08	16.26	2.73	14.34	2.42	13.01	2.20	11.70	1.98	10.51	1.74
52	18.89	3.17	16.72	2.81	14.74	2.49	13.38	2.26	12.03	2.03	10.81	1.79
53	19.23	3.22	17.03	2.86	15.02	2.53	13.63	2.31	12.25	2.07	11.00	1.82
54	19.59	3.28	17.34	2.92	15.29	2.58	13.88	2.34	12.47	2.11	11.20	1.86
55	20.53	3.44	18.17	3.05	16.03	2.70	14.53	2.46	12.95	2.19	11.63	2.00
56	21.06	3.53	18.65	3.13	16.45	2.77	14.91	2.52	13.29	2.25	11.82	1.99
57	23.04	3.86	20.10	3.37	17.56	2.96	15.20	2.57	13.52	2.28	11.97	1.99
58	24.19	4.06	21.10	3.53	18.45	3.11	15.96	2.70	14.20	2.40	12.58	2.08
59	25.67	4.30	22.38	3.76	19.58	3.30	16.93	2.87	15.07	2.55	13.34	2.21
60	26.73	4.49	23.32	3.92	20.38	3.44	17.64	2.99	15.70	2.65	13.90	2.30
61	28.81	4.83	25.13	4.21	21.97	3.70	19.02	3.21	16.91	2.86	14.98	2.48
62	32.70	5.47	28.30	4.75	24.74	4.18	22.12	3.74	19.46	3.28	17.21	2.84
63	34.03	5.70	29.45	4.94	25.75	4.34	23.01	3.89	20.25	3.43	17.91	2.96
64	35.96	6.02	31.12	5.22	27.20	4.59	24.32	4.12	21.40	3.62	18.93	3.13
65	37.38	6.26	32.36	5.43	28.27	4.77	25.29	4.27	22.24	3.76	19.67	3.26
66	39.67	6.65	34.33	5.76	30.01	5.06	26.83	4.53	23.61	3.99	20.88	3.45
67	42.52	7.13	36.24	6.08	31.68	5.34	28.58	4.83	24.87	4.20	21.68	3.58
68	45.89	7.69	39.10	6.56	34.18	5.77	30.84	5.22	26.83	4.53	23.40	3.87
69	49.52	8.29	42.20	7.08	36.88	6.22	33.30	5.63	28.95	4.89	25.25	4.18
70	53.31	8.94	45.43	7.63	39.71	6.70	35.84	6.07	31.18	5.27	27.19	4.50
71	57.64	9.66	49.12	8.25	42.94	7.25	38.76	6.56	33.71	5.70	29.39	4.87
72	61.90	10.38	52.81	8.87	45.76	7.72	41.44	7.01	35.63	6.02	31.01	5.13
73	66.79	11.20	56.99	9.56	49.37	8.33	44.70	7.56	38.44	6.50	33.46	5.53
74	71.26	11.95	60.80	10.20	52.68	8.89	47.70	8.07	41.02	6.94	35.70	5.90
75	76.01	12.74	64.86	10.88	56.19	9.48	50.87	8.60	43.74	7.39	38.08	6.31
76	80.43	13.48	68.63	11.51	59.46	10.03	53.84	9.10	46.29	7.83	40.31	6.66
77	82.92	13.90	70.21	11.78	60.83	10.26	54.53	9.22	46.35	7.83	40.28	6.66
78	86.19	14.45	72.98	12.25	63.24	10.66	56.68	9.59	48.18	8.14	41.88	6.93
79	88.66	14.86	75.07	12.59	65.03	10.97	58.30	9.87	49.56	8.38	43.08	7.13
80	89.79	15.05	76.02	12.76	65.87	11.11	59.05	9.98	50.19	8.48	43.63	7.22
81	90.67	15.20	76.77	12.88	66.52	11.22	59.63	10.09	50.68	8.57	44.05	7.29
82	92.14	15.45	78.02	13.09	67.60	11.40	61.70	10.44	52.46	8.87	45.59	7.54
83	91.78	15.39	77.72	13.04	67.34	11.36	61.46	10.40	52.25	8.83	45.41	7.51
84	91.13	15.28	77.16	12.95	66.85	11.28	61.02	10.32	51.87	8.77	45.09	7.46

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	19.46	3.11	17.28	2.78	15.73	2.56	14.39	2.38	13.19	2.18	12.25	2.00
41	20.78	3.31	18.35	2.96	16.61	2.70	14.85	2.45	13.52	2.24	12.48	2.05
42	21.19	3.38	18.69	3.01	16.90	2.75	14.99	2.48	13.61	2.25	12.55	2.06
43	21.60	3.44	19.03	3.07	17.17	2.80	15.14	2.50	13.72	2.26	12.63	2.06
44	22.02	3.51	19.37	3.12	17.45	2.84	15.27	2.52	13.82	2.28	12.69	2.07
45	22.43	3.57	19.71	3.18	17.72	2.88	15.41	2.55	13.91	2.30	12.76	2.08
46	22.84	3.64	20.04	3.22	17.99	2.93	15.55	2.57	14.01	2.31	12.83	2.09
47	23.24	3.70	20.37	3.28	18.25	2.98	15.68	2.59	14.10	2.33	12.89	2.11
48	23.65	3.77	20.71	3.33	18.53	3.02	15.83	2.61	14.20	2.34	12.96	2.12
49	24.06	3.83	21.04	3.39	18.80	3.06	15.96	2.63	14.29	2.36	13.02	2.13
50	24.45	3.90	21.36	3.44	19.06	3.11	16.10	2.65	14.39	2.38	13.09	2.14
51	24.72	3.94	21.59	3.47	19.27	3.14	16.27	2.69	14.53	2.40	13.22	2.17
52	25.42	4.05	22.21	3.58	19.81	3.22	16.73	2.76	14.95	2.46	13.60	2.23
53	25.89	4.13	22.61	3.64	20.18	3.28	17.04	2.81	15.22	2.51	13.85	2.26
54	26.37	4.20	23.03	3.71	20.55	3.34	17.35	2.87	15.51	2.56	14.10	2.31
55	27.63	4.40	24.13	3.89	21.54	3.51	18.18	3.00	16.24	2.68	14.78	2.42
56	28.36	4.52	24.76	3.99	22.10	3.59	18.66	3.08	16.67	2.75	15.17	2.48
57	30.71	4.89	26.64	4.30	23.56	3.83	20.04	3.31	17.71	2.93	15.89	2.59
58	32.25	5.14	27.98	4.51	24.74	4.03	21.04	3.47	18.59	3.07	16.68	2.73
59	34.21	5.45	29.68	4.78	26.25	4.27	22.32	3.69	19.72	3.26	17.71	2.89
60	35.64	5.68	30.92	4.99	27.33	4.45	23.25	3.83	20.54	3.39	18.43	3.01
61	38.41	6.12	33.32	5.37	29.46	4.80	25.06	4.13	22.15	3.65	19.87	3.25
62	41.67	6.64	36.19	5.83	31.73	5.16	26.98	4.45	23.84	3.94	21.12	3.45
63	43.38	6.91	37.66	6.07	33.02	5.38	28.07	4.63	24.81	4.09	21.99	3.59
64	45.84	7.31	39.79	6.41	34.89	5.68	29.67	4.89	26.22	4.33	23.23	3.80
65	47.65	7.59	41.38	6.66	36.27	5.90	30.84	5.09	27.25	4.50	24.16	3.95
66	50.56	8.06	43.91	7.08	38.48	6.27	32.73	5.40	28.92	4.77	25.63	4.19
67	55.38	8.83	47.72	7.69	41.83	6.81	35.53	5.87	31.39	5.19	27.82	4.55
68	59.77	9.52	51.50	8.29	45.14	7.35	38.34	6.33	33.88	5.59	30.02	4.91
69	64.50	10.28	55.57	8.96	48.72	7.94	41.38	6.83	36.56	6.03	32.40	5.30
70	69.45	11.07	59.85	9.64	52.46	8.54	44.55	7.35	39.37	6.50	34.89	5.70
71	75.09	11.97	64.70	10.42	56.72	9.23	48.17	7.95	42.55	7.03	37.72	6.16
72	80.98	12.90	69.23	11.16	60.69	9.89	51.77	8.54	45.73	7.56	40.54	6.63
73	87.38	13.92	74.71	12.04	65.49	10.66	55.85	9.21	49.35	8.15	43.74	7.15
74	93.22	14.85	79.71	12.84	69.86	11.38	59.58	9.83	52.66	8.70	46.67	7.63
75	99.45	15.85	85.03	13.70	74.53	12.14	63.56	10.48	56.17	9.27	49.78	8.14
76	105.23	16.77	89.96	14.49	78.86	12.84	67.26	11.10	59.43	9.82	52.68	8.62
77	109.96	17.52	94.12	15.17	81.78	13.32	69.52	11.47	61.43	10.14	54.44	8.90
78	114.30	18.22	97.84	15.77	85.01	13.84	72.26	11.92	63.84	10.54	56.60	9.26
79	117.57	18.73	100.64	16.22	87.44	14.23	74.33	12.27	65.68	10.84	58.21	9.52
80	119.07	18.97	101.91	16.42	88.55	14.42	75.27	12.42	66.51	10.98	58.95	9.64
81	120.24	19.16	102.92	16.59	89.43	14.57	76.02	12.54	67.16	11.09	59.54	9.73
82	120.94	19.27	103.52	16.68	89.94	14.65	76.80	12.67	67.85	11.21	60.14	9.83
83	120.46	19.19	103.11	16.61	89.60	14.59	76.51	12.63	67.59	11.16	59.92	9.79
84	119.61	19.06	102.38	16.49	88.95	14.48	75.96	12.53	67.12	11.08	59.49	9.72

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	22.32	3.58	19.90	3.20	18.04	2.93	16.22	2.64	14.60	2.38	13.29	2.17
41	23.25	3.74	20.59	3.32	18.59	3.02	16.68	2.73	14.96	2.44	13.49	2.20
42	23.53	3.77	20.79	3.34	18.75	3.05	16.83	2.75	15.07	2.46	13.55	2.20
43	23.81	3.82	21.00	3.38	18.92	3.07	16.97	2.77	15.16	2.48	13.61	2.21
44	24.10	3.87	21.21	3.42	19.09	3.11	17.10	2.78	15.27	2.50	13.66	2.23
45	24.37	3.92	21.41	3.45	19.25	3.13	17.24	2.81	15.36	2.51	13.72	2.24
46	24.66	3.96	21.61	3.49	19.41	3.15	17.37	2.83	15.47	2.52	13.78	2.24
47	24.93	4.00	21.82	3.51	19.58	3.18	17.52	2.86	15.57	2.55	13.83	2.25
48	25.22	4.05	22.03	3.55	19.73	3.20	17.65	2.88	15.67	2.56	13.89	2.26
49	25.49	4.09	22.23	3.58	19.90	3.24	17.79	2.90	15.77	2.57	13.95	2.27
50	25.76	4.14	22.43	3.62	20.05	3.26	17.92	2.93	15.86	2.59	13.99	2.27
51	26.04	4.18	22.66	3.65	20.27	3.30	18.11	2.95	16.03	2.62	14.15	2.30
52	27.50	4.41	23.94	3.86	21.41	3.47	19.14	3.12	16.93	2.76	14.95	2.43
53	28.36	4.55	24.68	3.97	22.06	3.58	19.72	3.21	17.46	2.86	15.40	2.51
54	29.18	4.69	25.39	4.09	22.71	3.69	20.29	3.31	17.97	2.94	15.85	2.58
55	31.11	5.00	27.07	4.37	24.22	3.93	21.63	3.53	19.16	3.13	16.90	2.75
56	31.81	5.11	27.69	4.46	24.76	4.02	22.12	3.61	19.59	3.20	17.28	2.81
57	32.50	5.21	28.10	4.52	24.91	4.05	23.28	3.80	20.37	3.33	17.96	2.92
58	34.13	5.47	29.51	4.75	26.14	4.25	24.44	3.99	21.40	3.50	18.85	3.07
59	36.21	5.81	31.31	5.05	27.74	4.51	25.94	4.24	22.71	3.71	20.00	3.26
60	37.71	6.06	32.61	5.25	28.89	4.69	27.01	4.40	23.65	3.87	20.84	3.39
61	40.65	6.52	35.15	5.66	31.14	5.06	29.12	4.75	25.49	4.17	22.46	3.65
62	44.87	7.20	38.84	6.26	34.12	5.55	31.15	5.08	27.26	4.45	24.03	3.92
63	46.71	7.50	40.42	6.51	35.51	5.77	32.43	5.28	28.38	4.64	25.00	4.07
64	49.35	7.93	42.72	6.88	37.52	6.09	34.26	5.59	29.99	4.90	26.42	4.30
65	51.30	8.23	44.41	7.15	39.01	6.33	35.62	5.81	31.18	5.09	27.47	4.47
66	54.45	8.75	47.12	7.59	41.39	6.72	37.79	6.16	33.08	5.40	29.14	4.75
67	58.49	9.39	50.23	8.09	44.13	7.16	40.41	6.59	35.38	5.78	31.17	5.07
68	63.12	10.14	54.22	8.73	47.61	7.74	43.61	7.12	38.18	6.24	33.63	5.47
69	68.12	10.94	58.50	9.42	51.38	8.34	47.06	7.68	41.20	6.72	36.30	5.90
70	73.34	11.77	62.99	10.15	55.32	8.98	50.67	8.27	44.35	7.25	39.08	6.35
71	79.30	12.73	68.10	10.97	59.82	9.72	54.79	8.94	47.96	7.83	42.25	6.88
72	86.11	13.83	74.04	11.92	64.46	10.47	58.81	9.59	51.47	8.40	45.35	7.38
73	92.90	14.91	79.88	12.86	69.54	11.29	63.45	10.35	55.54	9.07	48.93	7.96
74	99.12	15.91	85.23	13.73	74.21	12.05	67.70	11.04	59.25	9.67	52.21	8.50
75	105.73	16.97	90.92	14.65	79.15	12.85	72.21	11.78	63.20	10.33	55.68	9.06
76	111.88	17.96	96.20	15.49	83.75	13.60	76.41	12.46	66.88	10.92	58.92	9.59
77	116.99	18.78	100.59	16.21	87.57	14.22	80.23	13.09	70.22	11.47	61.07	9.94
78	121.61	19.53	104.57	16.85	91.04	14.79	83.40	13.60	72.99	11.92	63.49	10.33
79	125.08	20.08	107.55	17.33	93.63	15.21	85.78	13.99	75.08	12.27	65.30	10.63
80	126.68	20.34	108.92	17.55	94.83	15.40	86.87	14.17	76.04	12.42	66.13	10.76
81	127.91	20.54	109.99	17.72	95.76	15.55	87.73	14.32	76.79	12.54	66.78	10.86
82	129.27	20.75	110.31	17.77	96.04	15.60	87.98	14.35	77.00	12.58	66.97	10.90
83	128.77	20.67	109.88	17.71	95.68	15.54	87.63	14.29	76.71	12.53	66.71	10.85
84	127.85	20.53	109.10	17.58	94.99	15.43	87.00	14.20	76.16	12.44	66.24	10.78

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	24.98	3.87	22.32	3.47	20.19	3.18	19.19	3.05	17.49	2.78	16.07	2.56
41	26.07	4.03	23.21	3.62	20.87	3.28	19.71	3.12	17.87	2.84	16.33	2.59
42	26.42	4.09	23.47	3.65	21.06	3.32	19.86	3.14	17.99	2.87	16.40	2.61
43	26.75	4.14	23.74	3.70	21.27	3.34	20.00	3.17	18.10	2.88	16.47	2.62
44	27.08	4.20	24.00	3.74	21.47	3.38	20.16	3.19	18.21	2.90	16.54	2.63
45	27.42	4.25	24.26	3.77	21.67	3.42	20.30	3.21	18.31	2.92	16.61	2.64
46	27.76	4.30	24.53	3.82	21.86	3.44	20.46	3.24	18.42	2.94	16.68	2.65
47	28.08	4.36	24.79	3.86	22.06	3.47	20.60	3.26	18.53	2.95	16.76	2.67
48	28.42	4.40	25.05	3.90	22.26	3.51	20.75	3.28	18.64	2.98	16.81	2.68
49	28.75	4.45	25.31	3.94	22.46	3.53	20.90	3.31	18.74	2.99	16.89	2.69
50	29.08	4.50	25.57	3.99	22.65	3.57	21.04	3.33	18.85	3.00	16.96	2.70
51	29.38	4.55	25.83	4.02	22.88	3.61	21.27	3.37	19.05	3.03	17.14	2.73
52	31.04	4.81	27.30	4.25	24.18	3.81	22.46	3.56	20.12	3.20	18.10	2.88
53	32.00	4.95	28.14	4.38	24.93	3.93	23.16	3.67	20.74	3.31	18.66	2.98
54	32.93	5.11	28.95	4.51	25.64	4.03	23.82	3.77	21.35	3.40	19.21	3.06
55	35.11	5.44	30.87	4.81	27.35	4.31	25.41	4.02	22.76	3.63	20.47	3.26
56	35.90	5.56	31.57	4.91	27.97	4.40	25.98	4.12	23.28	3.71	20.93	3.33
57	37.39	5.80	32.65	5.08	28.67	4.51	26.45	4.19	23.69	3.77	21.05	3.36
58	39.26	6.08	34.28	5.34	30.11	4.74	27.77	4.40	24.88	3.96	22.11	3.52
59	41.65	6.45	36.38	5.66	31.94	5.03	29.46	4.66	26.41	4.21	23.45	3.74
60	43.39	6.72	37.89	5.90	33.27	5.24	30.69	4.87	27.50	4.38	24.43	3.89
61	46.77	7.25	40.84	6.35	35.85	5.65	33.08	5.24	29.64	4.72	26.33	4.19
62	50.30	7.79	43.59	6.78	38.27	6.03	35.18	5.57	31.52	5.02	27.66	4.40
63	52.36	8.10	45.37	7.07	39.83	6.27	36.62	5.80	32.81	5.22	28.77	4.58
64	55.32	8.57	47.93	7.46	42.09	6.63	38.69	6.13	34.66	5.52	30.40	4.84
65	57.51	8.90	49.84	7.76	43.76	6.89	40.22	6.37	36.03	5.75	31.61	5.03
66	61.04	9.45	52.88	8.23	46.43	7.32	42.69	6.76	38.25	6.09	33.55	5.34
67	67.14	10.40	57.74	8.98	50.69	7.98	46.62	7.39	40.84	6.51	36.19	5.76
68	72.46	11.22	62.31	9.70	54.70	8.62	50.31	7.97	44.08	7.02	39.04	6.21
69	78.18	12.11	67.24	10.47	59.02	9.29	54.30	8.60	47.56	7.58	42.14	6.71
70	84.19	13.04	72.40	11.27	63.56	10.01	58.46	9.26	51.22	8.16	45.37	7.22
71	91.02	14.10	78.27	12.19	68.72	10.83	63.21	10.02	55.37	8.83	49.05	7.81
72	97.78	15.14	84.07	13.09	73.82	11.63	68.28	10.82	59.82	9.53	52.31	8.33
73	105.51	16.34	90.71	14.13	79.65	12.54	73.68	11.67	64.55	10.28	56.44	8.98
74	112.56	17.43	96.79	15.07	84.98	13.39	78.61	12.46	68.87	10.97	60.23	9.59
75	120.07	18.60	103.24	16.08	90.64	14.28	83.85	13.28	73.46	11.71	64.24	10.22
76	127.06	19.67	109.25	17.01	95.91	15.10	88.73	14.05	77.73	12.39	67.97	10.82
77	130.84	20.27	113.50	17.67	98.78	15.55	91.13	14.43	79.84	12.72	69.82	11.11
78	136.02	21.06	117.99	18.37	102.69	16.17	94.74	15.01	82.99	13.22	72.58	11.55
79	139.90	21.67	121.36	18.90	105.61	16.64	97.44	15.43	85.36	13.60	74.65	11.89
80	141.68	21.94	122.90	19.14	106.96	16.85	98.69	15.64	86.45	13.78	75.60	12.03
81	143.07	22.16	124.12	19.33	108.02	17.02	99.65	15.79	87.30	13.91	76.35	12.15
82	140.32	21.73	120.81	18.80	105.14	16.55	97.47	15.45	85.39	13.61	74.67	11.89
83	139.79	21.65	120.33	18.73	104.73	16.49	97.10	15.39	85.06	13.55	74.39	11.84
84	138.79	21.49	119.48	18.60	103.98	16.37	96.40	15.27	84.45	13.46	73.85	11.76

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R982 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	33.11	4.65	29.73	4.18	27.17	3.82	25.70	3.62	23.37	3.28	21.61	3.03
41	34.61	4.87	30.93	4.36	28.11	3.95	26.47	3.72	23.95	3.37	22.03	3.09
42	35.07	4.93	31.30	4.40	28.38	3.99	26.69	3.75	24.12	3.39	22.13	3.12
43	35.52	5.00	31.65	4.45	28.67	4.03	26.92	3.78	24.29	3.42	22.25	3.13
44	35.99	5.06	32.02	4.51	28.94	4.07	27.13	3.82	24.45	3.44	22.36	3.14
45	36.44	5.13	32.39	4.56	29.23	4.11	27.36	3.84	24.62	3.46	22.48	3.17
46	36.89	5.19	32.75	4.61	29.50	4.15	27.58	3.88	24.79	3.49	22.59	3.18
47	37.34	5.25	33.11	4.65	29.77	4.19	27.80	3.92	24.94	3.51	22.71	3.19
48	37.79	5.32	33.46	4.71	30.05	4.22	28.02	3.94	25.11	3.53	22.81	3.21
49	38.25	5.38	33.83	4.76	30.32	4.26	28.24	3.97	25.28	3.56	22.93	3.22
50	38.70	5.44	34.19	4.81	30.59	4.31	28.46	4.00	25.43	3.58	23.04	3.24
51	39.10	5.50	34.53	4.86	30.92	4.34	28.76	4.05	25.70	3.62	23.28	3.27
52	41.30	5.81	36.49	5.13	32.67	4.59	30.38	4.27	27.16	3.82	24.59	3.46
53	42.58	5.99	37.62	5.30	33.67	4.74	31.32	4.40	27.99	3.94	25.35	3.57
54	43.82	6.16	38.71	5.45	34.65	4.88	32.23	4.53	28.80	4.05	26.08	3.67
55	46.72	6.57	41.27	5.81	36.94	5.20	34.36	4.83	30.71	4.32	27.81	3.92
56	47.78	6.72	42.21	5.94	37.78	5.32	35.14	4.94	31.40	4.41	28.44	4.00
57	50.60	7.12	44.05	6.20	39.09	5.50	36.33	5.11	32.11	4.51	28.67	4.03
58	53.13	7.47	46.27	6.51	41.04	5.77	38.15	5.37	33.71	4.74	30.11	4.24
59	56.37	7.93	49.09	6.90	43.54	6.13	40.47	5.69	35.77	5.03	31.94	4.50
60	58.71	8.26	51.12	7.19	45.36	6.38	42.16	5.93	37.26	5.24	33.27	4.68
61	63.30	8.90	55.11	7.75	48.90	6.88	45.45	6.39	40.15	5.65	35.87	5.05
62	66.64	9.38	58.10	8.18	51.09	7.19	47.79	6.72	41.75	5.87	36.75	5.16
63	69.37	9.76	60.46	8.51	53.17	7.47	49.74	7.00	43.46	6.12	38.25	5.38
64	73.29	10.31	63.89	8.98	56.18	7.90	52.55	7.39	45.91	6.46	40.41	5.69
65	76.18	10.72	66.41	9.34	58.41	8.21	54.63	7.69	47.73	6.71	42.01	5.91
66	80.86	11.38	70.48	9.91	61.99	8.72	57.98	8.15	50.66	7.13	44.59	6.27
67	90.90	12.79	78.74	11.08	68.64	9.65	64.65	9.09	56.48	7.95	49.72	7.00
68	98.10	13.80	84.97	11.95	74.08	10.42	69.77	9.82	60.95	8.57	53.65	7.54
69	105.86	14.89	91.69	12.90	79.93	11.25	75.29	10.59	65.77	9.25	57.89	8.14
70	113.99	16.03	98.73	13.89	86.07	12.10	81.06	11.40	70.83	9.96	62.33	8.77
71	123.25	17.34	106.74	15.02	93.06	13.09	87.64	12.33	76.58	10.77	67.40	9.48
72	130.31	18.33	112.86	15.87	98.39	13.84	92.24	12.97	80.59	11.33	70.00	9.84
73	140.60	19.78	121.77	17.12	106.16	14.93	99.52	13.99	86.94	12.23	75.52	10.63
74	150.01	21.10	129.92	18.28	113.26	15.93	106.18	14.93	92.76	13.04	80.57	11.33
75	160.01	22.50	138.59	19.49	120.82	16.99	113.25	15.93	98.95	13.92	85.94	12.09
76	169.31	23.81	146.64	20.62	127.84	17.98	119.84	16.86	104.71	14.73	90.94	12.79
77	175.04	24.62	150.46	21.17	131.17	18.45	121.92	17.15	106.51	14.98	92.51	13.01
78	181.95	25.60	156.41	22.00	136.36	19.18	126.74	17.83	110.72	15.58	96.16	13.53
79	187.14	26.32	160.88	22.63	140.25	19.73	130.34	18.34	113.88	16.02	98.91	13.91
80	189.53	26.66	162.93	22.92	142.04	19.98	132.01	18.56	115.33	16.22	100.17	14.09
81	191.40	26.92	164.53	23.15	143.43	20.17	133.30	18.75	116.47	16.39	101.16	14.23
82	182.57	25.68	156.95	22.07	136.83	19.24	128.56	18.09	111.03	15.61	97.56	13.72
83	181.87	25.59	156.34	21.99	136.29	19.17	128.06	18.02	110.60	15.55	97.18	13.67
84	180.56	25.39	155.22	21.84	135.31	19.03	127.14	17.89	109.80	15.45	96.49	13.57

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R982-STD-03012009

Security Rider Form R965 100% HCC - Proposed Rates

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.62
41	0.64
42	0.65
43	0.67
44	0.67
45	0.68
46	0.69
47	0.69
48	0.70
49	0.71
50	0.73
51	0.74
52	0.79
53	0.82
54	0.86
55	0.92
56	0.95
57	0.99
58	1.05
59	1.13
60	1.20
61	1.31
62	1.46
63	1.55
64	1.67
65	1.76
66	1.90
67	2.09
68	2.33
69	2.59
70	2.89
71	3.26
72	3.68
73	4.15
74	4.63
75	5.19
76	5.77
77	6.37
78	7.00
79	7.66
80	8.33
81	9.12
82	10.09
83	11.11
84	12.34

Physicians Mutual Insurance Company
Exhibit 4
Long Term Care Policy Form P103 - Proposed Rates
Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R962 (Inflation Protection Rider)	Yes
R963 (Optional Inflation Protection Rider)	No
R981 (Inflation Protection Rider)	No
R965 (Security Rider)	Yes
R967 (Surviving Spouse Waiver of Premium Rider)	Yes
R968 (Joint Spouse Waiver of Premium Rider)	Yes
75% Home Health Care Option	Yes
R969 (Spouse Discount)	Yes
10-Pay	No
Payment Mode	Monthly
Risk Class	Standard

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	89.48
5 Additional $300 Units @ 78.18 per unit	67.50
A Total Base Premium	156.98
R962 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	68.93
5 Additional $300 Units @ 8.51 per unit	42.55
B Total Rider Premium	111.48
R963 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.68 per unit	-
C Total Rider Premium	-
R981 Return of Premium Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 6.78 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.48 per Month	1.48
E Total Rider Premium	1.48
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	59.39
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G. Total Rider Premium = (A+B+C+D+E) x Rider Factor	269.94
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(13.50)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	585.77
Spouse Discount (20%)	(117.15)
Total Monthly Premium	468.62
Multiply by 10-Pay Factor of 1	468.62
Multiply by Standard Risk Class Adjustment of 1	468.62
Multiply by Monthly Modal Factor of 1	468.62

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	106.48
5 Additional $300 Units @ 93.03 per unit	80.35
A Total Base Premium	186.83
R962 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	82.03
5 Additional $300 Units @ 10.13 per unit	50.65
B Total Rider Premium	132.68
R963 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.81 per unit	-
C Total Rider Premium	-
R981 Return of Premium Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 8.07 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.76 per Month	1.76
E Total Rider Premium	1.76
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	70.68
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G. Total Rider Premium = (A+B+C+D+E) x Rider Factor	321.27
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(16.06)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	697.16
Spouse Discount (20%)	(139.43)
Total Monthly Premium	557.73
Multiply by 10-Pay Factor of 1	557.73
Multiply by Standard Risk Class Adjustment of 1	557.73
Multiply by Monthly Modal Factor of 1	557.73

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.19 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	21.13	3.77	19.03	3.40	17.25	3.10	15.07	2.72	13.79	2.48	12.75	2.25
41	21.92	3.92	19.65	3.52	17.69	3.18	15.61	2.81	14.22	2.56	13.04	2.30
42	22.19	3.96	19.86	3.55	17.84	3.20	15.79	2.85	14.35	2.58	13.14	2.32
43	22.46	4.01	20.07	3.59	17.98	3.23	15.97	2.88	14.50	2.61	13.23	2.33
44	22.72	4.06	20.28	3.62	18.12	3.26	16.15	2.91	14.64	2.64	13.32	2.35
45	22.98	4.11	20.49	3.66	18.27	3.29	16.33	2.94	14.78	2.67	13.43	2.37
46	23.26	4.16	20.70	3.70	18.42	3.31	16.51	2.97	14.92	2.69	13.52	2.38
47	23.52	4.20	20.91	3.74	18.55	3.34	16.68	3.00	15.07	2.71	13.62	2.40
48	23.78	4.25	21.12	3.78	18.70	3.36	16.86	3.03	15.20	2.74	13.71	2.42
49	24.06	4.29	21.33	3.81	18.85	3.39	17.04	3.08	15.35	2.76	13.82	2.44
50	24.32	4.35	21.54	3.85	18.99	3.41	17.22	3.11	15.49	2.79	13.91	2.46
51	24.80	4.43	21.97	3.93	19.37	3.49	17.57	3.17	15.80	2.85	14.19	2.50
52	25.80	4.61	22.85	4.08	20.15	3.62	18.27	3.30	16.43	2.96	14.76	2.60
53	26.58	4.75	23.53	4.21	20.75	3.73	18.82	3.39	16.93	3.05	15.20	2.68
54	27.37	4.89	24.23	4.34	21.38	3.84	19.38	3.50	17.43	3.14	15.66	2.76
55	29.01	5.19	25.69	4.59	22.66	4.07	20.55	3.71	18.31	3.30	16.44	2.90
56	30.17	5.39	26.72	4.78	23.56	4.23	21.37	3.85	19.04	3.43	16.94	2.99
57	33.44	5.97	29.18	5.22	25.50	4.59	22.07	3.98	19.64	3.54	17.39	3.07
58	35.61	6.36	31.06	5.55	27.15	4.88	23.49	4.23	20.90	3.76	18.51	3.27
59	38.30	6.85	33.41	5.97	29.21	5.25	25.27	4.56	22.48	4.05	19.92	3.52
60	40.46	7.22	35.29	6.31	30.85	5.54	26.69	4.81	23.75	4.27	21.03	3.71
61	44.24	7.91	38.59	6.90	33.74	6.06	29.19	5.26	25.97	4.67	23.00	4.05
62	50.93	9.09	44.08	7.89	38.52	6.93	34.45	6.21	30.30	5.46	26.81	4.73
63	53.78	9.61	46.56	8.33	40.70	7.32	36.38	6.55	32.00	5.76	28.31	5.00
64	57.79	10.32	50.02	8.95	43.72	7.86	39.09	7.05	34.39	6.20	30.42	5.37
65	61.23	10.94	52.99	9.47	46.32	8.33	41.41	7.47	36.44	6.56	32.22	5.69
66	66.37	11.85	57.45	10.27	50.22	9.03	44.90	8.10	39.50	7.11	34.94	6.16
67	72.85	13.01	62.08	11.10	54.26	9.75	48.98	8.83	42.60	7.68	37.15	6.55
68	80.87	14.45	68.92	12.33	60.25	10.83	54.38	9.80	47.30	8.52	41.24	7.28
69	90.06	16.09	76.74	13.72	67.08	12.05	60.55	10.91	52.67	9.48	45.93	8.11
70	100.38	17.93	85.54	15.30	74.77	13.44	67.49	12.16	58.71	10.57	51.19	9.03
71	113.00	20.18	96.30	17.22	84.18	15.13	75.98	13.69	66.09	11.91	57.62	10.16
72	126.26	22.55	107.72	19.26	93.33	16.78	84.50	15.23	72.67	13.08	63.26	11.16
73	142.33	25.42	121.43	21.71	105.22	18.91	95.26	17.17	81.92	14.75	71.32	12.58
74	158.97	28.39	135.63	24.26	117.52	21.13	106.40	19.17	91.50	16.47	79.65	14.05
75	177.91	31.78	151.79	27.14	131.52	23.65	119.07	21.46	102.40	18.44	89.15	15.73
76	198.00	35.36	168.92	30.21	146.37	26.31	132.52	23.89	113.96	20.53	99.20	17.50
77	215.24	38.45	182.25	32.58	157.91	28.38	141.56	25.52	120.33	21.67	104.58	18.45
78	236.65	42.27	200.38	35.83	173.62	31.21	155.64	28.05	132.30	23.82	114.99	20.29
79	259.19	46.29	219.46	39.24	190.16	34.18	170.46	30.72	144.90	26.09	125.94	22.22
80	281.73	50.33	238.55	42.65	206.69	37.15	185.28	33.39	157.50	28.36	136.89	24.15
81	308.22	55.05	260.97	46.66	226.12	40.65	202.70	36.53	172.31	31.03	149.75	26.42
82	343.20	61.31	290.60	51.96	251.79	45.26	229.82	41.42	195.36	35.19	169.80	29.96
83	378.04	67.53	320.09	57.24	277.35	49.85	253.16	45.62	215.20	38.76	187.03	33.00
84	419.73	74.97	355.39	63.55	307.93	55.36	281.06	50.65	238.93	43.03	207.65	36.63
85	NA	83.22	NA	70.54	NA	61.44	NA	56.23	NA	47.76	NA	40.67
86	NA	91.55	NA	77.58	NA	67.59	NA	61.86	NA	52.54	NA	44.73
87	NA	99.78	NA	84.57	NA	73.67	NA	67.42	NA	57.27	NA	48.76
88	NA	107.76	NA	91.34	NA	79.56	NA	72.81	NA	61.85	NA	52.66
89	NA	115.31	NA	97.73	NA	85.13	NA	77.91	NA	66.18	NA	56.34
90	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
91	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
92	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
93	NA	141.50	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
94	NA	148.56	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
95	NA	156.00	NA	132.22	NA	115.16	NA	105.40	NA	89.53	NA	76.23
96	NA	163.80	NA	138.82	NA	120.93	NA	110.67	NA	94.01	NA	80.03
97	NA	171.99	NA	145.77	NA	126.98	NA	116.20	NA	98.71	NA	84.04
98	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.65	NA	88.24
99	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65
100	NA	199.10	NA	168.75	NA	146.99	NA	134.52	NA	114.26	NA	97.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	25.65	4.37	22.76	3.92	20.74	3.60	18.96	3.34	17.38	3.06	16.14	2.81
41	27.43	4.66	24.22	4.17	21.93	3.81	19.60	3.45	17.85	3.14	16.49	2.88
42	28.01	4.77	24.71	4.25	22.33	3.89	19.82	3.49	18.01	3.17	16.60	2.90
43	28.60	4.86	25.20	4.34	22.73	3.95	20.03	3.53	18.15	3.20	16.72	2.92
44	29.19	4.97	25.68	4.42	23.13	4.02	20.25	3.56	18.31	3.22	16.83	2.94
45	29.79	5.07	26.17	4.50	23.53	4.08	20.46	3.60	18.47	3.26	16.95	2.95
46	30.38	5.17	26.66	4.59	23.93	4.16	20.69	3.64	18.63	3.28	17.06	2.97
47	30.96	5.27	27.14	4.67	24.33	4.22	20.91	3.68	18.78	3.31	17.17	2.99
48	31.56	5.37	27.63	4.75	24.73	4.29	21.12	3.72	18.94	3.34	17.28	3.01
49	32.15	5.47	28.11	4.83	25.12	4.37	21.34	3.75	19.10	3.36	17.40	3.03
50	32.74	5.58	28.60	4.91	25.52	4.43	21.55	3.79	19.26	3.39	17.51	3.06
51	33.40	5.68	29.17	5.02	26.03	4.53	21.98	3.86	19.64	3.45	17.87	3.12
52	34.73	5.91	30.33	5.22	27.07	4.70	22.86	4.02	20.42	3.60	18.59	3.24
53	35.77	6.09	31.25	5.38	27.88	4.84	23.54	4.15	21.03	3.71	19.14	3.34
54	36.84	6.27	32.18	5.53	28.72	4.99	24.24	4.26	21.66	3.81	19.71	3.43
55	39.06	6.65	34.11	5.87	30.44	5.29	25.70	4.53	22.96	4.04	20.90	3.64
56	40.62	6.91	35.48	6.10	31.66	5.50	26.73	4.70	23.89	4.21	21.74	3.79
57	44.59	7.58	38.68	6.66	34.21	5.94	29.09	5.11	25.70	4.53	23.07	4.02
58	47.47	8.07	41.17	7.08	36.41	6.32	30.96	5.45	27.36	4.82	24.56	4.28
59	51.06	8.68	44.29	7.61	39.18	6.80	33.31	5.86	29.43	5.19	26.42	4.61
60	53.94	9.18	46.79	8.04	41.38	7.19	35.19	6.20	31.09	5.47	27.91	4.87
61	58.97	10.04	51.16	8.80	45.24	7.86	38.47	6.77	33.99	5.99	30.51	5.32
62	64.91	11.05	56.36	9.69	49.41	8.58	42.02	7.39	37.13	6.54	32.91	5.74
63	68.55	11.67	59.54	10.24	52.19	9.06	44.37	7.81	39.21	6.91	34.76	6.06
64	73.67	12.54	63.97	11.00	56.07	9.74	47.68	8.39	42.13	7.42	37.35	6.51
65	78.05	13.28	67.77	11.66	59.40	10.32	50.52	8.89	44.64	7.86	39.56	6.90
66	84.61	14.40	73.47	12.63	64.40	11.18	54.77	9.64	48.38	8.53	42.89	7.48
67	94.90	16.15	81.76	14.06	71.67	12.45	60.87	10.71	53.78	9.47	47.67	8.32
68	105.36	17.92	90.77	15.61	79.57	13.83	67.58	11.90	59.71	10.52	52.93	9.23
69	117.31	19.96	101.07	17.39	88.60	15.39	75.25	13.24	66.49	11.71	58.94	10.28
70	130.76	22.25	112.67	19.37	98.76	17.16	83.87	14.76	74.11	13.05	65.69	11.46
71	147.20	25.04	126.83	21.81	111.17	19.31	94.42	16.61	83.43	14.69	73.95	12.89
72	165.18	28.10	141.23	24.29	123.80	21.50	105.58	18.57	93.29	16.43	82.69	14.43
73	186.21	31.68	159.20	27.38	139.55	24.24	119.02	20.95	105.16	18.52	93.21	16.25
74	207.97	35.39	177.82	30.59	155.87	27.08	132.93	23.39	117.46	20.69	104.11	18.17
75	232.75	39.60	199.00	34.22	174.44	30.30	148.77	26.18	131.45	23.15	116.52	20.33
76	259.04	44.07	221.47	38.08	194.13	33.73	165.56	29.14	146.30	25.77	129.68	22.62
77	285.45	48.56	244.34	42.02	212.30	36.88	180.45	31.75	159.44	28.08	141.33	24.65
78	313.85	53.39	268.64	46.20	233.42	40.55	198.41	34.91	175.31	30.87	155.39	27.10
79	343.74	58.49	294.22	50.60	255.64	44.42	217.30	38.24	192.00	33.81	170.18	29.68
80	373.62	63.57	319.81	55.00	277.87	48.27	236.20	41.56	208.70	36.75	184.99	32.27
81	408.74	69.54	349.87	60.18	304.00	52.82	258.41	45.47	228.32	40.20	202.38	35.30
82	450.44	76.64	385.56	66.31	335.00	58.20	286.03	50.33	252.74	44.51	224.02	39.07
83	496.16	84.41	424.69	73.04	369.00	64.10	315.06	55.44	278.39	49.02	246.75	43.04
84	550.87	93.72	471.52	81.09	409.70	71.17	349.81	61.55	309.09	54.43	273.97	47.79
85	NA	104.03	NA	90.02	NA	79.00	NA	68.32	NA	60.42	NA	53.05
86	NA	114.44	NA	99.02	NA	86.91	NA	75.16	NA	66.47	NA	58.35
87	NA	124.73	NA	107.93	NA	94.72	NA	81.92	NA	72.44	NA	63.60
88	NA	134.72	NA	116.56	NA	102.30	NA	88.47	NA	78.24	NA	68.69
89	NA	144.14	NA	124.72	NA	109.46	NA	94.67	NA	83.72	NA	73.50
90	NA	152.79	NA	132.21	NA	116.04	NA	100.35	NA	88.74	NA	77.91
91	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.81
92	NA	168.45	NA	145.75	NA	127.92	NA	110.64	NA	97.84	NA	85.89
93	NA	176.87	NA	153.04	NA	134.33	NA	116.16	NA	102.73	NA	90.18
94	NA	185.71	NA	160.69	NA	141.04	NA	121.98	NA	107.87	NA	94.70
95	NA	195.01	NA	168.72	NA	148.09	NA	128.07	NA	113.25	NA	99.44
96	NA	204.75	NA	177.17	NA	155.49	NA	134.47	NA	118.92	NA	104.40
97	NA	214.99	NA	186.03	NA	163.26	NA	141.20	NA	124.87	NA	109.62
98	NA	225.74	NA	195.32	NA	171.43	NA	148.26	NA	131.11	NA	115.10
99	NA	237.03	NA	205.10	NA	180.00	NA	155.67	NA	137.67	NA	120.86
100	NA	248.88	NA	215.34	NA	189.00	NA	163.45	NA	144.54	NA	126.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	29.42	5.04	26.22	4.50	23.77	4.12	21.37	3.72	19.25	3.35	17.51	3.05
41	30.69	5.26	27.16	4.67	24.54	4.25	22.03	3.83	19.75	3.44	17.82	3.10
42	31.11	5.33	27.49	4.73	24.80	4.29	22.24	3.87	19.91	3.47	17.92	3.11
43	31.53	5.41	27.80	4.78	25.05	4.35	22.46	3.91	20.08	3.50	18.02	3.13
44	31.95	5.47	28.12	4.83	25.31	4.39	22.68	3.95	20.24	3.53	18.12	3.15
45	32.37	5.54	28.43	4.89	25.57	4.43	22.90	3.99	20.41	3.56	18.23	3.16
46	32.80	5.62	28.75	4.95	25.82	4.47	23.12	4.02	20.57	3.58	18.32	3.18
47	33.22	5.69	29.07	5.00	26.07	4.52	23.33	4.06	20.74	3.61	18.43	3.20
48	33.64	5.76	29.39	5.05	26.33	4.57	23.55	4.10	20.91	3.64	18.53	3.21
49	34.06	5.84	29.70	5.10	26.59	4.61	23.77	4.14	21.07	3.68	18.64	3.23
50	34.49	5.91	30.02	5.17	26.84	4.65	23.99	4.18	21.23	3.70	18.73	3.26
51	35.18	6.03	30.62	5.26	27.38	4.75	24.47	4.26	21.66	3.77	19.11	3.32
52	37.58	6.44	32.71	5.63	29.24	5.07	26.13	4.55	23.14	4.03	20.41	3.55
53	39.18	6.71	34.10	5.86	30.49	5.28	27.25	4.75	24.12	4.20	21.28	3.70
54	40.77	6.98	35.49	6.10	31.73	5.50	28.36	4.94	25.11	4.38	22.16	3.84
55	43.97	7.54	38.27	6.58	34.22	5.93	30.59	5.32	27.08	4.71	23.89	4.15
56	45.57	7.81	39.67	6.83	35.47	6.14	31.70	5.51	28.06	4.89	24.76	4.29
57	47.19	8.09	40.80	7.01	36.15	6.27	33.80	5.88	29.59	5.16	26.06	4.53
58	50.23	8.61	43.43	7.47	38.49	6.67	35.98	6.26	31.50	5.49	27.75	4.82
59	54.04	9.26	46.73	8.03	41.40	7.17	38.70	6.74	33.88	5.90	29.85	5.19
60	57.09	9.79	49.35	8.48	43.73	7.58	40.89	7.12	35.79	6.24	31.53	5.47
61	62.41	10.70	53.96	9.28	47.82	8.28	44.71	7.78	39.13	6.81	34.47	5.99
62	69.90	11.98	60.50	10.41	53.14	9.21	48.52	8.44	42.47	7.40	37.42	6.50
63	73.83	12.65	63.89	10.98	56.12	9.72	51.25	8.91	44.86	7.81	39.52	6.86
64	79.32	13.59	68.66	11.80	60.30	10.45	55.06	9.59	48.20	8.40	42.46	7.37
65	84.03	14.40	72.73	12.51	63.88	11.07	58.34	10.15	51.06	8.89	44.98	7.81
66	91.10	15.61	78.86	13.56	69.26	12.00	63.24	11.00	55.36	9.65	48.77	8.46
67	100.21	17.17	86.07	14.79	75.60	13.10	69.24	12.05	60.61	10.56	53.39	9.27
68	111.26	19.07	95.56	16.43	83.93	14.54	76.87	13.38	67.28	11.73	59.28	10.29
69	123.88	21.23	106.40	18.29	93.46	16.20	85.60	14.90	74.92	13.05	66.00	11.46
70	138.09	23.66	118.60	20.39	104.17	18.05	95.40	16.60	83.51	14.55	73.57	12.77
71	155.44	26.64	133.51	22.95	117.26	20.33	107.40	18.69	94.01	16.38	82.82	14.37
72	175.62	30.09	151.01	25.97	131.47	22.79	119.94	20.87	104.99	18.29	92.49	16.05
73	197.98	33.93	170.23	29.26	148.21	25.68	135.21	23.53	118.35	20.62	104.27	18.10
74	221.12	37.89	190.13	32.69	165.54	28.69	151.01	26.28	132.18	23.03	116.46	20.21
75	247.46	42.40	212.78	36.58	185.26	32.11	169.01	29.41	147.93	25.78	130.33	22.63
76	275.40	47.19	236.81	40.72	206.18	35.73	188.09	32.73	164.64	28.69	145.05	25.18
77	303.68	52.04	261.12	44.90	227.35	39.40	208.26	36.25	182.29	31.76	158.54	27.52
78	333.89	57.21	287.10	49.36	249.95	43.32	228.97	39.85	200.42	34.92	174.31	30.26
79	365.68	62.66	314.44	54.06	273.77	47.45	250.78	43.65	219.51	38.25	190.91	33.15
80	397.49	68.11	341.79	58.77	297.57	51.58	272.59	47.44	238.60	41.57	207.51	36.03
81	434.85	74.51	373.91	64.29	325.54	56.42	298.22	51.90	261.03	45.48	227.02	39.42
82	481.49	82.50	410.88	70.64	357.72	61.99	327.65	57.03	286.80	49.97	249.43	43.30
83	530.36	90.88	452.58	77.82	394.03	68.29	360.92	62.81	315.91	55.04	274.75	47.70
84	588.84	100.89	502.49	86.39	437.48	75.82	400.71	69.74	350.74	61.11	305.05	52.96
85	NA	111.99	NA	95.90	NA	84.16	NA	77.41	NA	67.83	NA	58.78
86	NA	123.20	NA	105.48	NA	92.58	NA	85.14	NA	74.61	NA	64.66
87	NA	134.28	NA	114.99	NA	100.91	NA	92.81	NA	81.33	NA	70.49
88	NA	145.03	NA	124.18	NA	108.98	NA	100.23	NA	87.84	NA	76.13
89	NA	155.18	NA	132.87	NA	116.60	NA	107.26	NA	93.99	NA	81.45
90	NA	164.49	NA	140.85	NA	123.61	NA	113.68	NA	99.62	NA	86.33
91	NA	172.71	NA	147.88	NA	129.78	NA	119.37	NA	104.61	NA	90.66
92	NA	181.36	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.18
93	NA	190.42	NA	163.04	NA	143.08	NA	131.61	NA	115.33	NA	99.95
94	NA	199.94	NA	171.19	NA	150.24	NA	138.19	NA	121.10	NA	104.94
95	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.16	NA	110.19
96	NA	220.44	NA	188.75	NA	165.64	NA	152.36	NA	133.51	NA	115.70
97	NA	231.45	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.49
98	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.55
99	NA	255.18	NA	218.49	NA	191.75	NA	176.37	NA	154.56	NA	133.94
100	NA	267.94	NA	229.43	NA	201.34	NA	185.19	NA	162.28	NA	140.64

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	32.92	5.45	29.43	4.89	26.62	4.47	25.29	4.28	23.06	3.93	21.17	3.60
41	34.42	5.70	30.63	5.09	27.54	4.63	26.01	4.40	23.60	4.01	21.55	3.66
42	34.92	5.78	31.03	5.17	27.86	4.68	26.25	4.44	23.78	4.04	21.68	3.69
43	35.42	5.86	31.43	5.23	28.16	4.74	26.49	4.48	23.96	4.07	21.81	3.71
44	35.92	5.94	31.83	5.29	28.47	4.79	26.73	4.53	24.14	4.11	21.93	3.73
45	36.42	6.03	32.22	5.37	28.78	4.84	26.96	4.57	24.33	4.14	22.06	3.75
46	36.92	6.11	32.62	5.43	29.09	4.89	27.21	4.60	24.51	4.17	22.19	3.77
47	37.42	6.20	33.02	5.49	29.39	4.95	27.45	4.64	24.69	4.20	22.31	3.79
48	37.93	6.28	33.43	5.57	29.70	5.00	27.69	4.68	24.87	4.23	22.44	3.81
49	38.42	6.36	33.83	5.63	30.01	5.05	27.93	4.73	25.05	4.26	22.58	3.83
50	38.92	6.45	34.23	5.69	30.32	5.10	28.16	4.77	25.23	4.29	22.70	3.85
51	39.70	6.57	34.91	5.81	30.92	5.20	28.73	4.86	25.74	4.38	23.15	3.94
52	42.41	7.01	37.30	6.21	33.03	5.55	30.68	5.19	27.49	4.67	24.73	4.20
53	44.22	7.32	38.88	6.47	34.44	5.80	31.99	5.41	28.67	4.87	25.78	4.38
54	46.02	7.61	40.47	6.73	35.85	6.03	33.30	5.63	29.83	5.07	26.84	4.56
55	49.63	8.21	43.64	7.26	38.66	6.50	35.91	6.08	32.17	5.47	28.94	4.92
56	51.43	8.52	45.22	7.53	40.06	6.74	37.21	6.30	33.34	5.67	29.99	5.10
57	54.29	8.99	47.41	7.89	41.62	7.00	38.41	6.50	34.41	5.86	30.57	5.20
58	57.79	9.57	50.46	8.40	44.31	7.46	40.89	6.92	36.62	6.24	32.54	5.53
59	62.17	10.29	54.30	9.03	47.67	8.02	43.98	7.44	39.41	6.70	35.01	5.95
60	65.67	10.87	57.35	9.54	50.35	8.47	46.46	7.86	41.62	7.08	36.98	6.29
61	71.80	11.89	62.71	10.43	55.05	9.26	50.80	8.59	45.51	7.74	40.43	6.88
62	78.35	12.97	67.89	11.30	59.61	10.03	54.79	9.27	49.09	8.35	43.07	7.32
63	82.75	13.69	71.70	11.93	62.96	10.59	57.87	9.79	51.85	8.82	45.49	7.73
64	88.91	14.72	77.05	12.82	67.65	11.38	62.18	10.52	55.71	9.48	48.88	8.31
65	94.20	15.59	81.63	13.58	71.66	12.05	65.88	11.14	59.02	10.04	51.78	8.80
66	102.12	16.91	88.49	14.72	77.69	13.07	71.41	12.09	63.99	10.89	56.13	9.54
67	115.04	19.04	98.92	16.45	86.85	14.61	79.88	13.51	69.98	11.91	61.99	10.54
68	127.71	21.14	109.82	18.27	96.42	16.22	88.69	15.00	77.70	13.22	68.83	11.70
69	142.21	23.54	122.28	20.34	107.36	18.06	98.75	16.71	86.51	14.72	76.64	13.03
70	158.51	26.24	136.30	22.68	119.67	20.13	110.07	18.62	96.43	16.40	85.43	14.52
71	178.44	29.54	153.44	25.53	134.72	22.66	123.91	20.96	108.55	18.47	96.16	16.35
72	199.44	33.01	171.50	28.53	150.57	25.33	139.28	23.56	122.02	20.76	106.70	18.14
73	224.83	37.21	193.32	32.16	169.73	28.55	157.01	26.57	137.55	23.40	120.29	20.44
74	251.12	41.56	215.92	35.92	189.58	31.89	175.37	29.66	153.64	26.13	134.35	22.84
75	281.03	46.52	241.65	40.20	212.16	35.69	196.27	33.20	171.94	29.25	150.36	25.56
76	312.75	51.77	268.94	44.74	236.11	39.72	218.42	36.95	191.34	32.55	167.34	28.44
77	339.66	56.22	294.65	49.01	256.43	43.13	236.58	40.03	207.25	35.26	181.24	30.81
78	373.45	61.80	323.96	53.90	281.94	47.43	260.11	44.01	227.87	38.77	199.27	33.87
79	409.02	67.69	354.82	59.03	308.78	51.94	284.89	48.20	249.56	42.46	218.25	37.10
80	444.58	73.58	385.67	64.16	335.64	56.46	309.66	52.38	271.27	46.15	237.23	40.33
81	486.37	80.49	421.92	70.19	367.19	61.77	338.76	57.31	296.77	50.49	259.53	44.12
82	522.67	86.51	449.95	74.85	391.58	65.87	363.06	61.41	318.06	54.11	278.15	47.28
83	575.72	95.29	495.61	82.45	431.32	72.56	399.90	67.65	350.33	59.61	306.37	52.08
84	639.21	105.79	550.26	91.54	478.88	80.56	444.00	75.12	388.97	66.18	340.16	57.82
85	NA	117.43	NA	101.61	NA	89.42	NA	83.38	NA	73.46	NA	64.19
86	NA	129.17	NA	111.77	NA	98.36	NA	91.72	NA	80.80	NA	70.60
87	NA	140.79	NA	121.83	NA	107.22	NA	99.97	NA	88.07	NA	76.95
88	NA	152.06	NA	131.58	NA	115.79	NA	107.96	NA	95.12	NA	83.11
89	NA	162.71	NA	140.79	NA	123.90	NA	115.52	NA	101.78	NA	88.94
90	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.89	NA	94.27
91	NA	181.09	NA	156.70	NA	137.90	NA	128.57	NA	113.27	NA	98.98
92	NA	190.14	NA	164.54	NA	144.80	NA	135.01	NA	118.94	NA	103.93
93	NA	199.66	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.13
94	NA	209.63	NA	181.40	NA	159.63	NA	148.85	NA	131.13	NA	114.58
95	NA	220.12	NA	190.47	NA	167.61	NA	156.28	NA	137.69	NA	120.31
96	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.57	NA	126.33
97	NA	242.69	NA	209.99	NA	184.79	NA	172.31	NA	151.81	NA	132.65
98	NA	254.81	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
99	NA	267.56	NA	231.51	NA	203.73	NA	189.97	NA	167.36	NA	146.23
100	NA	280.94	NA	243.10	NA	213.92	NA	199.47	NA	175.73	NA	153.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	43.64	6.58	39.18	5.91	35.81	5.41	33.87	5.11	30.81	4.65	28.49	4.29
41	45.68	6.89	40.82	6.16	37.10	5.60	34.93	5.27	31.62	4.77	29.07	4.39
42	46.36	6.99	41.37	6.24	37.53	5.66	35.28	5.32	31.89	4.81	29.26	4.42
43	47.03	7.10	41.92	6.32	37.96	5.72	35.64	5.38	32.15	4.85	29.46	4.44
44	47.71	7.20	42.46	6.41	38.38	5.80	35.98	5.43	32.42	4.89	29.66	4.47
45	48.39	7.30	43.02	6.49	38.81	5.86	36.34	5.48	32.70	4.94	29.85	4.50
46	49.08	7.40	43.56	6.57	39.24	5.92	36.69	5.53	32.97	4.98	30.05	4.54
47	49.76	7.51	44.11	6.66	39.67	5.99	37.04	5.59	33.23	5.02	30.25	4.57
48	50.43	7.61	44.66	6.74	40.10	6.05	37.39	5.64	33.51	5.05	30.44	4.59
49	51.11	7.71	45.20	6.83	40.53	6.11	37.75	5.69	33.78	5.09	30.64	4.62
50	51.80	7.81	45.76	6.90	40.96	6.18	38.09	5.74	34.05	5.13	30.84	4.65
51	52.83	7.97	46.67	7.05	41.78	6.30	38.86	5.86	34.72	5.24	31.45	4.75
52	56.44	8.52	49.85	7.52	44.63	6.73	41.51	6.26	37.10	5.60	33.60	5.07
53	58.83	8.87	51.98	7.84	46.53	7.01	43.27	6.53	38.67	5.84	35.03	5.28
54	61.24	9.24	54.10	8.16	48.43	7.31	45.03	6.79	40.26	6.07	36.46	5.50
55	66.03	9.96	58.34	8.80	52.22	7.88	48.57	7.33	43.41	6.55	39.31	5.93
56	68.44	10.32	60.46	9.12	54.12	8.17	50.34	7.59	44.99	6.78	40.74	6.14
57	73.47	11.09	63.97	9.65	56.75	8.56	52.74	7.96	46.61	7.04	41.62	6.28
58	78.20	11.80	68.09	10.27	60.42	9.11	56.15	8.47	49.62	7.49	44.31	6.69
59	84.14	12.69	73.26	11.06	65.00	9.81	60.41	9.11	53.38	8.05	47.67	7.19
60	88.87	13.41	77.39	11.68	68.65	10.35	63.81	9.63	56.39	8.51	50.36	7.60
61	97.17	14.66	84.61	12.77	75.06	11.33	69.76	10.52	61.65	9.30	55.05	8.31
62	103.80	15.67	90.48	13.65	79.57	12.00	74.43	11.24	65.03	9.81	57.24	8.63
63	109.63	16.54	95.56	14.42	84.04	12.68	78.61	11.87	68.68	10.36	60.45	9.12
64	117.80	17.78	102.68	15.49	90.30	13.63	84.46	12.75	73.79	11.13	64.95	9.80
65	124.79	18.83	108.78	16.41	95.67	14.44	89.48	13.50	78.18	11.79	68.81	10.38
66	135.29	20.41	117.94	17.80	103.71	15.65	97.01	14.64	84.76	12.79	74.59	11.26
67	155.75	23.50	134.90	20.35	117.60	17.75	110.76	16.72	96.77	14.61	85.18	12.85
68	172.92	26.09	149.77	22.60	130.57	19.70	122.98	18.55	107.44	16.21	94.56	14.27
69	192.54	29.05	166.76	25.16	145.38	21.93	136.93	20.66	119.64	18.05	105.29	15.89
70	214.62	32.38	185.88	28.05	162.05	24.45	152.63	23.03	133.35	20.12	117.37	17.70
71	241.59	36.46	209.25	31.57	182.42	27.52	171.82	25.92	150.11	22.65	132.12	19.93
72	265.79	40.10	230.20	34.73	200.69	30.28	188.13	28.38	164.36	24.80	142.76	21.54
73	299.61	45.20	259.50	39.15	226.22	34.14	212.07	31.99	185.28	27.95	160.92	24.28
74	334.65	50.49	289.84	43.73	252.68	38.13	236.87	35.74	206.94	31.23	179.75	27.12
75	374.51	56.50	324.38	48.94	282.79	42.66	265.09	39.99	231.60	34.94	201.16	30.35
76	416.80	62.88	361.00	54.46	314.71	47.48	295.02	44.51	257.74	38.89	223.87	33.78
77	454.38	68.55	390.61	58.94	340.52	51.38	316.48	47.75	276.50	41.72	240.16	36.24
78	499.57	75.37	429.46	64.80	374.39	56.49	347.96	52.50	304.00	45.86	264.04	39.84
79	547.14	82.55	470.36	70.97	410.05	61.87	381.10	57.50	332.94	50.23	289.19	43.63
80	594.73	89.73	511.27	77.13	445.70	67.24	414.24	62.50	361.90	54.60	314.34	47.43
81	650.63	98.16	559.32	84.39	487.60	73.56	453.17	68.38	395.92	59.73	343.89	51.88
82	680.00	102.60	584.57	88.20	509.61	76.89	478.82	72.24	413.51	62.39	363.34	54.82
83	749.02	113.01	643.90	97.15	561.33	84.69	527.42	79.58	455.49	68.72	400.22	60.39
84	831.61	125.48	714.90	107.87	623.23	94.03	585.57	88.35	505.71	76.30	444.35	67.04
85	NA	139.27	NA	119.73	NA	104.37	NA	98.07	NA	84.69	NA	74.41
86	NA	153.20	NA	131.70	NA	114.81	NA	107.88	NA	93.17	NA	81.86
87	NA	166.99	NA	143.56	NA	125.15	NA	117.58	NA	101.55	NA	89.23
88	NA	180.35	NA	155.03	NA	135.16	NA	126.99	NA	109.67	NA	96.37
89	NA	192.97	NA	165.89	NA	144.62	NA	135.88	NA	117.35	NA	103.11
90	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.29
91	NA	214.78	NA	184.63	NA	160.95	NA	151.23	NA	130.61	NA	114.77
92	NA	225.52	NA	193.87	NA	169.01	NA	158.79	NA	137.14	NA	120.50
93	NA	236.80	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.53
94	NA	248.63	NA	213.74	NA	186.33	NA	175.08	NA	151.20	NA	132.85
95	NA	261.06	NA	224.43	NA	195.65	NA	183.82	NA	158.76	NA	139.49
96	NA	274.11	NA	235.65	NA	205.43	NA	193.02	NA	166.70	NA	146.46
97	NA	287.83	NA	247.43	NA	215.70	NA	202.67	NA	175.02	NA	153.79
98	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
99	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.55
100	NA	333.19	NA	286.43	NA	249.70	NA	234.61	NA	202.62	NA	178.04

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	19.78	2.95	17.81	2.66	16.16	2.43	14.11	2.12	12.90	1.94	11.94	1.75
41	20.53	3.06	18.40	2.74	16.57	2.49	14.62	2.19	13.30	2.01	12.21	1.80
42	20.71	3.09	18.53	2.76	16.64	2.50	14.73	2.22	13.40	2.02	12.25	1.81
43	20.83	3.11	18.62	2.77	16.68	2.50	14.82	2.23	13.45	2.03	12.27	1.81
44	21.00	3.13	18.74	2.79	16.76	2.51	14.93	2.25	13.53	2.04	12.32	1.81
45	21.20	3.16	18.90	2.81	16.85	2.53	15.06	2.27	13.63	2.05	12.38	1.82
46	21.32	3.17	18.97	2.84	16.88	2.53	15.13	2.28	13.68	2.06	12.40	1.83
47	21.44	3.19	19.06	2.85	16.92	2.54	15.20	2.29	13.73	2.07	12.41	1.83
48	21.58	3.21	19.15	2.86	16.97	2.54	15.30	2.30	13.80	2.07	12.44	1.83
49	21.77	3.24	19.30	2.88	17.05	2.56	15.42	2.32	13.89	2.09	12.51	1.84
50	21.90	3.27	19.39	2.89	17.10	2.56	15.51	2.33	13.95	2.10	12.53	1.84
51	22.21	3.31	19.67	2.93	17.35	2.60	15.73	2.36	14.14	2.12	12.71	1.87
52	22.90	3.41	20.28	3.02	17.88	2.68	16.21	2.44	14.58	2.19	13.09	1.88
53	23.44	3.50	20.76	3.10	18.30	2.75	16.60	2.50	14.93	2.25	13.41	1.92
54	23.96	3.57	21.22	3.16	18.71	2.80	16.97	2.55	15.27	2.30	13.71	1.98
55	25.24	3.76	22.35	3.33	19.72	2.96	17.88	2.69	15.93	2.39	14.22	2.04
56	26.09	3.89	23.10	3.44	20.38	3.06	18.48	2.78	16.46	2.48	14.51	2.10
57	28.67	4.27	25.01	3.73	21.86	3.28	18.91	2.85	16.83	2.53	14.91	2.19
58	30.29	4.52	26.42	3.94	23.10	3.47	19.98	3.00	17.78	2.67	15.75	2.31
59	32.25	4.81	28.13	4.20	24.59	3.69	21.27	3.20	18.93	2.85	16.77	2.47
60	33.80	5.04	29.48	4.40	25.78	3.86	22.30	3.36	19.85	2.98	17.58	2.58
61	36.48	5.44	31.83	4.75	27.81	4.17	24.07	3.62	21.41	3.22	18.96	2.78
62	41.44	6.17	35.87	5.34	31.35	4.70	28.04	4.22	24.66	3.71	21.82	3.20
63	43.07	6.42	37.28	5.55	32.58	4.88	29.14	4.38	25.63	3.85	22.67	3.33
64	45.15	6.73	39.07	5.83	34.16	5.12	30.53	4.60	26.87	4.04	23.76	3.50
65	47.17	7.02	40.82	6.09	35.68	5.36	31.90	4.80	28.07	4.22	24.82	3.64
66	49.69	7.40	43.01	6.42	37.59	5.64	33.61	5.06	29.57	4.44	26.16	3.84
67	52.95	7.89	45.13	6.73	39.45	5.92	35.61	5.36	30.98	4.65	27.01	3.97
68	57.04	8.49	48.60	7.25	42.49	6.37	38.35	5.76	33.36	5.02	29.09	4.27
69	61.55	9.17	52.46	7.82	45.85	6.88	41.39	6.23	36.00	5.41	31.40	4.61
70	66.43	9.90	56.62	8.44	49.49	7.42	44.67	6.72	38.85	5.84	33.88	4.98
71	71.11	10.59	60.60	9.04	52.97	7.95	47.81	7.19	41.59	6.25	36.27	5.32
72	73.97	11.01	63.12	9.41	54.68	8.20	49.51	7.44	42.58	6.41	37.07	5.45
73	78.76	11.73	67.19	10.02	58.22	8.74	52.71	7.93	45.33	6.81	39.46	5.80
74	82.79	12.34	70.63	10.53	61.20	9.18	55.41	8.34	47.65	7.16	41.49	6.10
75	86.87	12.94	74.11	11.06	64.22	9.63	58.14	8.75	49.99	7.52	43.52	6.39
76	90.23	13.44	76.98	11.48	66.70	10.01	60.39	9.08	51.93	7.80	45.21	6.65
77	91.08	13.57	77.12	11.50	66.82	10.03	59.90	9.01	50.91	7.65	44.26	6.50
78	92.44	13.77	78.27	11.68	67.82	10.17	60.80	9.15	51.68	7.77	44.91	6.59
79	92.80	13.83	78.58	11.72	68.08	10.22	61.04	9.18	51.88	7.80	45.09	6.63
80	91.71	13.66	77.65	11.58	67.27	10.09	60.31	9.07	51.27	7.71	44.55	6.55
81	93.64	13.94	79.29	11.82	68.69	10.30	61.58	9.26	52.34	7.86	45.50	6.69
82	93.09	13.87	78.82	11.76	68.30	10.25	62.34	9.38	52.99	7.97	46.05	6.77
83	94.34	14.05	79.88	11.91	69.22	10.38	63.18	9.50	53.70	8.07	46.67	6.86
84	95.63	14.25	80.98	12.08	70.16	10.52	64.04	9.64	54.44	8.18	47.31	6.95

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.01	3.39	21.32	3.05	19.43	2.80	17.76	2.60	16.28	2.38	15.11	2.19
41	25.67	3.62	22.68	3.24	20.54	2.97	18.36	2.69	16.72	2.45	15.44	2.24
42	26.13	3.69	23.06	3.30	20.84	3.01	18.50	2.71	16.80	2.47	15.49	2.25
43	26.53	3.75	23.37	3.34	21.08	3.05	18.59	2.72	16.84	2.47	15.51	2.25
44	26.99	3.81	23.74	3.39	21.38	3.09	18.72	2.74	16.93	2.48	15.56	2.26
45	27.47	3.87	24.13	3.44	21.70	3.14	18.88	2.76	17.03	2.50	15.62	2.27
46	27.85	3.93	24.43	3.49	21.93	3.17	18.96	2.78	17.08	2.51	15.63	2.27
47	28.22	3.98	24.74	3.53	22.17	3.20	19.05	2.79	17.12	2.51	15.66	2.27
48	28.62	4.04	25.05	3.58	22.43	3.23	19.15	2.80	17.18	2.52	15.68	2.28
49	29.10	4.11	25.44	3.63	22.73	3.29	19.30	2.82	17.28	2.53	15.75	2.29
50	29.48	4.16	25.76	3.68	22.98	3.32	19.40	2.85	17.34	2.54	15.77	2.29
51	29.89	4.22	26.11	3.73	23.30	3.37	19.68	2.89	17.58	2.57	15.99	2.32
52	30.83	4.35	26.92	3.84	24.02	3.48	20.29	2.97	18.12	2.66	16.50	2.39
53	31.55	4.45	27.56	3.94	24.59	3.55	20.77	3.05	18.55	2.72	16.88	2.45
54	32.27	4.56	28.18	4.02	25.15	3.63	21.23	3.11	18.97	2.78	17.26	2.51
55	33.99	4.80	29.68	4.24	26.49	3.82	22.37	3.28	19.98	2.93	18.19	2.64
56	35.12	4.96	30.68	4.38	27.37	3.96	23.12	3.39	20.65	3.02	18.80	2.73
57	38.22	5.40	33.15	4.74	29.32	4.23	24.94	3.65	22.03	3.23	19.77	2.87
58	40.37	5.70	35.03	5.00	30.98	4.47	26.34	3.86	23.28	3.41	20.90	3.03
59	42.99	6.07	37.30	5.32	32.98	4.77	28.05	4.11	24.78	3.63	22.24	3.22
60	45.07	6.36	39.09	5.59	34.57	5.00	29.40	4.31	25.98	3.81	23.31	3.38
61	48.63	6.87	42.18	6.03	37.31	5.39	31.72	4.65	28.04	4.11	25.16	3.65
62	52.83	7.46	45.86	6.55	40.20	5.81	34.19	5.01	30.21	4.43	26.78	3.89
63	54.89	7.75	47.67	6.80	41.79	6.04	35.53	5.21	31.40	4.60	27.83	4.04
64	57.55	8.13	49.97	7.14	43.81	6.33	37.25	5.46	32.92	4.83	29.17	4.23
65	60.12	8.48	52.21	7.46	45.76	6.62	38.91	5.70	34.39	5.04	30.48	4.42
66	63.34	8.94	55.00	7.85	48.22	6.96	41.00	6.01	36.23	5.31	32.11	4.66
67	68.99	9.73	59.44	8.49	52.10	7.53	44.25	6.48	39.10	5.73	34.66	5.03
68	74.30	10.49	64.02	9.15	56.12	8.11	47.66	6.98	42.12	6.17	37.33	5.42
69	80.19	11.32	69.09	9.87	60.56	8.75	51.44	7.54	45.44	6.67	40.29	5.85
70	86.54	12.21	74.57	10.65	65.36	9.44	55.51	8.14	49.05	7.19	43.48	6.31
71	92.63	13.07	79.81	11.40	69.96	10.10	59.42	8.70	52.50	7.70	46.54	6.75
72	96.78	13.66	82.74	11.82	72.53	10.48	61.86	9.06	54.66	8.01	48.45	7.02
73	103.04	14.54	88.10	12.58	77.22	11.15	65.86	9.65	58.19	8.54	51.58	7.49
74	108.32	15.29	92.61	13.23	81.18	11.73	69.24	10.14	61.17	8.97	54.22	7.86
75	113.64	16.04	97.16	13.88	85.17	12.31	72.64	10.65	64.19	9.41	56.89	8.25
76	118.04	16.66	100.93	14.42	88.46	12.78	75.45	11.06	66.66	9.78	59.09	8.58
77	120.79	17.05	103.39	14.77	89.84	12.98	76.36	11.18	67.47	9.89	59.81	8.67
78	122.59	17.30	104.93	14.98	91.17	13.17	77.50	11.35	68.47	10.04	60.69	8.81
79	123.07	17.37	105.35	15.05	91.53	13.22	77.81	11.40	68.74	10.08	60.93	8.84
80	121.61	17.17	104.10	14.87	90.45	13.06	76.88	11.27	67.94	9.96	60.22	8.74
81	124.17	17.52	106.29	15.18	92.36	13.34	78.50	11.50	69.36	10.17	61.48	8.93
82	122.18	17.24	104.58	14.94	90.87	13.13	77.58	11.37	68.55	10.05	60.76	8.82
83	123.82	17.47	105.99	15.14	92.09	13.30	78.62	11.52	69.47	10.19	61.58	8.94
84	125.52	17.71	107.44	15.35	93.35	13.48	79.71	11.68	70.42	10.33	62.42	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.55	3.92	24.55	3.51	22.26	3.20	20.01	2.90	18.03	2.61	16.40	2.36
41	28.74	4.08	25.44	3.63	22.98	3.31	20.62	2.98	18.49	2.68	16.68	2.40
42	29.03	4.13	25.65	3.66	23.14	3.33	20.76	3.00	18.57	2.69	16.72	2.42
43	29.25	4.16	25.79	3.69	23.24	3.35	20.83	3.01	18.63	2.70	16.72	2.42
44	29.54	4.20	26.00	3.72	23.39	3.37	20.97	3.03	18.71	2.71	16.76	2.42
45	29.86	4.25	26.23	3.75	23.57	3.39	21.12	3.06	18.82	2.73	16.81	2.43
46	30.07	4.27	26.37	3.77	23.68	3.41	21.19	3.07	18.86	2.73	16.80	2.43
47	30.28	4.31	26.49	3.78	23.76	3.42	21.26	3.08	18.90	2.74	16.80	2.43
48	30.51	4.34	26.66	3.81	23.89	3.44	21.37	3.09	18.96	2.75	16.81	2.43
49	30.83	4.39	26.88	3.84	24.06	3.47	21.51	3.11	19.07	2.76	16.86	2.44
50	31.06	4.42	27.04	3.86	24.17	3.49	21.60	3.13	19.12	2.77	16.87	2.44
51	31.49	4.48	27.41	3.92	24.51	3.53	21.90	3.17	19.39	2.81	17.10	2.47
52	33.35	4.75	29.03	4.15	25.96	3.74	23.19	3.36	20.54	2.97	18.11	2.61
53	34.56	4.91	30.08	4.29	26.90	3.87	24.03	3.48	21.27	3.09	18.77	2.71
54	35.70	5.08	31.08	4.44	27.78	4.00	24.83	3.59	21.99	3.18	19.39	2.80
55	38.26	5.44	33.31	4.76	29.78	4.29	26.62	3.85	23.56	3.41	20.79	3.00
56	39.41	5.61	34.30	4.89	30.67	4.42	27.41	3.97	24.27	3.52	21.41	3.09
57	40.45	5.75	34.98	5.00	30.99	4.46	28.97	4.19	25.36	3.68	22.34	3.22
58	42.74	6.08	36.95	5.27	32.74	4.71	30.61	4.43	26.80	3.89	23.60	3.40
59	45.50	6.47	39.33	5.62	34.86	5.02	32.59	4.71	28.53	4.14	25.14	3.62
60	47.69	6.78	41.23	5.89	36.54	5.26	34.16	4.95	29.90	4.34	26.34	3.80
61	51.46	7.32	44.50	6.35	39.43	5.68	36.87	5.33	32.27	4.67	28.42	4.11
62	56.88	8.10	49.23	7.04	43.24	6.23	39.48	5.71	34.57	5.01	30.45	4.40
63	59.12	8.41	51.17	7.31	44.94	6.48	41.03	5.94	35.92	5.21	31.65	4.57
64	61.96	8.82	53.63	7.65	47.10	6.78	43.02	6.23	37.65	5.46	33.17	4.79
65	64.73	9.21	56.03	8.00	49.21	7.09	44.94	6.50	39.33	5.70	34.65	5.00
66	68.21	9.70	59.03	8.43	51.85	7.47	47.34	6.86	41.44	6.01	36.51	5.27
67	72.85	10.36	62.57	8.94	54.96	7.92	50.34	7.29	44.06	6.38	38.82	5.61
68	78.47	11.16	67.39	9.63	59.19	8.53	54.21	7.84	47.45	6.88	41.81	6.04
69	84.68	12.04	72.73	10.38	63.88	9.20	58.51	8.46	51.21	7.42	45.12	6.51
70	91.39	13.00	78.50	11.21	68.94	9.93	63.15	9.14	55.27	8.01	48.70	7.02
71	97.82	13.91	84.02	12.00	73.79	10.63	67.59	9.79	59.16	8.57	52.12	7.52
72	102.90	14.64	88.47	12.63	77.03	11.10	70.28	10.17	61.51	8.91	54.19	7.82
73	109.55	15.58	94.20	13.45	82.02	11.81	74.81	10.83	65.49	9.49	57.70	8.33
74	115.16	16.38	99.03	14.14	86.22	12.42	78.65	11.38	68.84	9.98	60.65	8.76
75	120.82	17.19	103.90	14.84	90.46	13.03	82.52	11.94	72.23	10.47	63.63	9.19
76	125.51	17.85	107.92	15.41	93.95	13.53	85.71	12.40	75.02	10.87	66.10	9.54
77	128.50	18.28	110.49	15.78	96.20	13.86	88.13	12.76	77.13	11.18	67.08	9.68
78	130.42	18.55	112.14	16.01	97.63	14.07	89.44	12.95	78.29	11.34	68.08	9.83
79	130.94	18.63	112.58	16.08	98.02	14.12	89.80	13.00	78.59	11.39	68.36	9.87
80	129.38	18.41	111.25	15.89	96.86	13.95	88.73	12.84	77.67	11.26	67.55	9.75
81	132.11	18.80	113.59	16.22	98.90	14.25	90.59	13.11	79.30	11.49	68.96	9.95
82	130.60	18.57	111.45	15.92	97.03	13.98	88.87	12.86	77.79	11.28	67.66	9.77
83	132.35	18.83	112.94	16.13	98.33	14.16	90.07	13.03	78.83	11.42	68.57	9.90
84	134.17	19.09	114.49	16.35	99.68	14.36	91.30	13.21	79.92	11.58	69.51	10.03

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	30.82	4.22	27.55	3.79	24.93	3.48	23.69	3.32	21.59	3.05	19.82	2.79
41	32.22	4.41	28.68	3.95	25.79	3.59	24.36	3.41	22.10	3.12	20.18	2.85
42	32.58	4.46	28.95	3.99	25.99	3.62	24.50	3.43	22.19	3.13	20.22	2.86
43	32.85	4.49	29.16	4.01	26.12	3.64	24.57	3.44	22.23	3.14	20.23	2.86
44	33.20	4.55	29.42	4.05	26.31	3.66	24.71	3.47	22.32	3.15	20.28	2.86
45	33.59	4.60	29.73	4.10	26.54	3.70	24.87	3.49	22.44	3.17	20.35	2.87
46	33.85	4.63	29.91	4.12	26.67	3.72	24.95	3.50	22.47	3.17	20.34	2.87
47	34.10	4.67	30.10	4.15	26.79	3.74	25.01	3.51	22.50	3.17	20.34	2.87
48	34.40	4.70	30.32	4.18	26.94	3.76	25.12	3.52	22.55	3.18	20.36	2.87
49	34.77	4.76	30.61	4.21	27.15	3.78	25.27	3.55	22.67	3.20	20.42	2.88
50	35.05	4.80	30.83	4.24	27.30	3.80	25.37	3.56	22.72	3.20	20.44	2.88
51	35.54	4.86	31.25	4.31	27.68	3.85	25.71	3.60	23.04	3.26	20.73	2.92
52	37.64	5.16	33.10	4.56	29.32	4.08	27.24	3.82	24.40	3.44	21.95	3.10
53	39.00	5.33	34.29	4.73	30.38	4.23	28.22	3.96	25.28	3.57	22.74	3.20
54	40.30	5.51	35.43	4.88	31.38	4.38	29.16	4.08	26.12	3.69	23.50	3.32
55	43.19	5.91	37.98	5.23	33.64	4.68	31.25	4.38	27.99	3.95	25.18	3.55
56	44.48	6.09	39.11	5.39	34.64	4.83	32.18	4.52	28.83	4.07	25.94	3.65
57	46.54	6.37	40.64	5.60	35.68	4.98	32.92	4.62	29.49	4.16	26.20	3.70
58	49.16	6.73	42.93	5.91	37.70	5.25	34.78	4.88	31.15	4.40	27.68	3.91
59	52.34	7.16	45.71	6.29	40.13	5.60	37.03	5.20	33.18	4.68	29.47	4.16
60	54.86	7.51	47.91	6.59	42.06	5.86	38.81	5.44	34.78	4.90	30.89	4.36
61	59.21	8.11	51.70	7.12	45.39	6.33	41.88	5.87	37.53	5.29	33.34	4.70
62	63.76	8.73	55.25	7.60	48.51	6.76	44.58	6.26	39.95	5.64	35.05	4.95
63	66.27	9.07	57.42	7.91	50.41	7.02	46.34	6.50	41.52	5.86	36.42	5.13
64	69.46	9.50	60.19	8.28	52.85	7.36	48.57	6.81	43.52	6.14	38.18	5.39
65	72.57	9.93	62.88	8.65	55.21	7.70	50.75	7.12	45.47	6.42	39.89	5.63
66	76.45	10.47	66.24	9.12	58.17	8.11	53.47	7.50	47.90	6.76	42.02	5.92
67	83.62	11.45	71.90	9.90	63.14	8.80	58.08	8.15	50.87	7.18	45.07	6.35
68	90.07	12.33	77.45	10.66	68.00	9.48	62.55	8.77	54.80	7.74	48.54	6.85
69	97.21	13.30	83.59	11.51	73.38	10.23	67.50	9.47	59.14	8.35	52.38	7.38
70	104.92	14.36	90.21	12.42	79.20	11.04	72.85	10.22	63.82	9.01	56.54	7.97
71	112.30	15.37	96.56	13.29	84.78	11.81	77.97	10.94	68.31	9.64	60.51	8.54
72	116.85	15.99	100.47	13.83	88.22	12.30	81.61	11.45	71.49	10.09	62.52	8.82
73	124.40	17.03	106.97	14.72	93.92	13.09	86.88	12.18	76.11	10.74	66.56	9.39
74	130.78	17.90	112.46	15.48	98.73	13.77	91.33	12.81	80.01	11.29	69.97	9.87
75	137.21	18.78	117.99	16.24	103.59	14.44	95.82	13.44	83.95	11.84	73.42	10.35
76	142.53	19.51	122.56	16.87	107.60	14.99	99.53	13.97	87.19	12.31	76.25	10.75
77	143.72	19.68	124.68	17.17	108.51	15.12	100.11	14.04	87.70	12.38	76.69	10.82
78	145.87	19.96	126.54	17.42	110.12	15.35	101.60	14.25	89.01	12.56	77.84	10.97
79	146.44	20.04	127.04	17.49	110.57	15.41	102.00	14.30	89.36	12.61	78.14	11.01
80	144.71	19.80	125.54	17.28	109.25	15.23	100.79	14.13	88.29	12.46	77.22	10.89
81	147.76	20.22	128.17	17.64	111.55	15.55	102.91	14.44	90.16	12.73	78.84	11.12
82	141.77	19.40	122.05	16.80	106.22	14.81	98.48	13.81	86.27	12.18	75.44	10.64
83	143.67	19.67	123.68	17.02	107.64	15.00	99.79	14.00	87.42	12.34	76.45	10.78
84	145.65	19.94	125.38	17.26	109.12	15.20	101.17	14.19	88.63	12.51	77.50	10.93

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-STD

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R962 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	40.86	5.04	36.69	4.53	33.53	4.14	31.72	3.92	28.84	3.56	26.67	3.29
41	42.77	5.28	38.22	4.71	34.73	4.28	32.71	4.03	29.60	3.65	27.22	3.36
42	43.25	5.33	38.60	4.77	35.02	4.32	32.92	4.06	29.75	3.68	27.31	3.37
43	43.63	5.39	38.88	4.80	35.21	4.35	33.05	4.07	29.83	3.69	27.33	3.37
44	44.11	5.44	39.26	4.84	35.48	4.38	33.26	4.11	29.98	3.70	27.42	3.38
45	44.64	5.50	39.67	4.89	35.79	4.42	33.52	4.14	30.16	3.72	27.53	3.40
46	44.99	5.55	39.94	4.92	35.97	4.44	33.63	4.15	30.22	3.73	27.55	3.40
47	45.35	5.60	40.20	4.96	36.15	4.46	33.76	4.17	30.29	3.74	27.56	3.40
48	45.75	5.65	40.51	5.00	36.37	4.48	33.92	4.19	30.39	3.75	27.62	3.40
49	46.25	5.71	40.91	5.05	36.68	4.53	34.16	4.21	30.57	3.77	27.72	3.42
50	46.64	5.75	41.20	5.08	36.89	4.55	34.30	4.23	30.66	3.78	27.77	3.42
51	47.29	5.84	41.78	5.16	37.39	4.61	34.78	4.29	31.09	3.83	28.15	3.48
52	50.09	6.18	44.25	5.46	39.61	4.88	36.83	4.55	32.93	4.06	29.82	3.68
53	51.90	6.41	45.84	5.66	41.03	5.06	38.17	4.71	34.11	4.21	30.89	3.81
54	53.61	6.62	47.37	5.85	42.40	5.23	39.44	4.86	35.25	4.35	31.92	3.94
55	57.47	7.09	50.77	6.27	45.44	5.61	42.26	5.22	37.77	4.66	34.21	4.22
56	59.18	7.30	52.28	6.45	46.80	5.78	43.53	5.38	38.90	4.80	35.23	4.35
57	62.97	7.77	54.83	6.76	48.65	6.01	45.21	5.58	39.95	4.94	35.68	4.40
58	66.53	8.21	57.93	7.15	51.39	6.34	47.76	5.89	42.21	5.21	37.70	4.65
59	70.83	8.74	61.68	7.61	54.72	6.75	50.85	6.28	44.94	5.54	40.13	4.96
60	74.25	9.17	64.65	7.98	57.35	7.08	53.31	6.57	47.10	5.82	42.07	5.19
61	80.13	9.89	69.76	8.61	61.90	7.63	57.53	7.10	50.83	6.27	45.40	5.60
62	84.46	10.43	73.63	9.08	64.75	7.99	60.56	7.48	52.92	6.53	46.58	5.74
63	87.78	10.84	76.52	9.44	67.29	8.31	62.95	7.77	55.00	6.78	48.41	5.97
64	92.02	11.35	80.22	9.90	70.54	8.70	65.98	8.14	57.65	7.11	50.74	6.26
65	96.14	11.87	83.80	10.34	73.70	9.09	68.93	8.51	60.23	7.43	53.00	6.54
66	101.28	12.50	88.29	10.90	77.65	9.58	72.63	8.96	63.45	7.83	55.85	6.89
67	113.22	13.98	98.07	12.10	85.49	10.55	80.52	9.93	70.35	8.68	61.92	7.64
68	121.95	15.05	105.63	13.03	92.09	11.36	86.73	10.70	75.77	9.35	66.69	8.23
69	131.62	16.24	113.99	14.07	99.37	12.26	93.60	11.55	81.77	10.09	71.98	8.88
70	142.04	17.52	123.03	15.18	107.26	13.23	101.02	12.46	88.25	10.89	77.68	9.59
71	152.04	18.76	131.68	16.24	114.80	14.16	108.13	13.35	94.47	11.66	83.14	10.26
72	155.73	19.22	134.87	16.64	117.58	14.51	110.23	13.60	96.30	11.89	83.64	10.32
73	165.80	20.45	143.60	17.71	125.18	15.45	117.35	14.48	102.52	12.65	89.05	10.98
74	174.28	21.50	150.95	18.63	131.60	16.23	123.36	15.23	107.77	13.30	93.61	11.55
75	182.86	22.56	158.37	19.54	138.06	17.03	129.43	15.97	113.07	13.95	98.22	12.12
76	189.93	23.44	164.50	20.30	143.41	17.69	134.44	16.59	117.45	14.49	102.02	12.59
77	192.27	23.72	165.28	20.39	144.09	17.78	133.92	16.53	117.00	14.44	101.62	12.54
78	195.13	24.08	167.75	20.70	146.23	18.04	135.91	16.77	118.74	14.65	103.13	12.73
79	195.91	24.17	168.41	20.78	146.82	18.11	136.45	16.83	119.22	14.71	103.54	12.78
80	193.59	23.89	166.41	20.54	145.08	17.90	134.83	16.63	117.80	14.53	102.31	12.62
81	197.66	24.39	169.92	20.97	148.13	18.28	137.68	16.99	120.28	14.84	104.48	12.89
82	184.45	22.76	158.56	19.56	138.23	17.05	129.87	16.02	112.16	13.84	98.55	12.16
83	186.92	23.07	160.68	19.82	140.08	17.28	131.62	16.24	113.66	14.03	99.88	12.33
84	189.48	23.38	162.89	20.10	142.00	17.52	133.42	16.46	115.23	14.22	101.24	12.50

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.06	0.19	0.95	0.17	0.86	0.16	0.75	0.14	0.69	0.12	0.64	0.11
41	1.10	0.20	0.98	0.18	0.88	0.16	0.78	0.14	0.71	0.13	0.65	0.12
42	1.11	0.20	0.99	0.18	0.89	0.16	0.79	0.14	0.72	0.13	0.66	0.12
43	1.12	0.20	1.00	0.18	0.90	0.16	0.80	0.14	0.73	0.13	0.66	0.12
44	1.14	0.20	1.01	0.18	0.91	0.16	0.81	0.15	0.73	0.13	0.67	0.12
45	1.15	0.21	1.02	0.18	0.91	0.16	0.82	0.15	0.74	0.13	0.67	0.12
46	1.16	0.21	1.04	0.19	0.92	0.17	0.83	0.15	0.75	0.13	0.68	0.12
47	1.18	0.21	1.05	0.19	0.93	0.17	0.83	0.15	0.75	0.14	0.68	0.12
48	1.19	0.21	1.06	0.19	0.94	0.17	0.84	0.15	0.76	0.14	0.69	0.12
49	1.20	0.21	1.07	0.19	0.94	0.17	0.85	0.15	0.77	0.14	0.69	0.12
50	1.22	0.22	1.08	0.19	0.95	0.17	0.86	0.16	0.77	0.14	0.70	0.12
51	1.24	0.22	1.10	0.20	0.97	0.17	0.88	0.16	0.79	0.14	0.71	0.13
52	1.29	0.23	1.14	0.20	1.01	0.18	0.91	0.17	0.82	0.15	0.74	0.13
53	1.33	0.24	1.18	0.21	1.04	0.19	0.94	0.17	0.85	0.15	0.76	0.13
54	1.37	0.24	1.21	0.22	1.07	0.19	0.97	0.18	0.87	0.16	0.78	0.14
55	1.45	0.26	1.28	0.23	1.13	0.20	1.03	0.19	0.92	0.17	0.82	0.15
56	1.51	0.27	1.34	0.24	1.18	0.21	1.07	0.19	0.95	0.17	0.85	0.15
57	1.67	0.30	1.46	0.26	1.28	0.23	1.10	0.20	0.98	0.18	0.87	0.15
58	1.78	0.32	1.55	0.28	1.36	0.24	1.17	0.21	1.05	0.19	0.93	0.16
59	1.92	0.34	1.67	0.30	1.46	0.26	1.26	0.23	1.12	0.20	1.00	0.18
60	2.02	0.36	1.76	0.32	1.54	0.28	1.33	0.24	1.19	0.21	1.05	0.19
61	2.21	0.40	1.93	0.35	1.69	0.30	1.46	0.26	1.30	0.23	1.15	0.20
62	2.55	0.45	2.20	0.39	1.93	0.35	1.72	0.31	1.52	0.27	1.34	0.24
63	2.69	0.48	2.33	0.42	2.04	0.37	1.82	0.33	1.60	0.29	1.42	0.25
64	2.89	0.52	2.50	0.45	2.19	0.39	1.95	0.35	1.72	0.31	1.52	0.27
65	3.06	0.55	2.65	0.47	2.32	0.42	2.07	0.37	1.82	0.33	1.61	0.28
66	3.32	0.59	2.87	0.51	2.51	0.45	2.25	0.41	1.98	0.36	1.75	0.31
67	3.64	0.65	3.10	0.56	2.71	0.49	2.45	0.44	2.13	0.38	1.86	0.33
68	4.04	0.72	3.45	0.62	3.01	0.54	2.72	0.49	2.37	0.43	2.06	0.36
69	4.50	0.80	3.84	0.69	3.35	0.60	3.03	0.55	2.63	0.47	2.30	0.41
70	5.02	0.90	4.28	0.77	3.74	0.67	3.37	0.61	2.94	0.53	2.56	0.45
71	5.65	1.01	4.82	0.86	4.21	0.76	3.80	0.68	3.30	0.60	2.88	0.51
72	6.31	1.13	5.39	0.96	4.67	0.84	4.23	0.76	3.63	0.65	3.16	0.56
73	7.12	1.27	6.07	1.09	5.26	0.95	4.76	0.86	4.10	0.74	3.57	0.63
74	7.95	1.42	6.78	1.21	5.88	1.06	5.32	0.96	4.58	0.82	3.98	0.70
75	8.90	1.59	7.59	1.36	6.58	1.18	5.95	1.07	5.12	0.92	4.46	0.79
76	9.90	1.77	8.45	1.51	7.32	1.32	6.63	1.19	5.70	1.03	4.96	0.88
77	10.76	1.92	9.11	1.63	7.90	1.42	7.08	1.28	6.02	1.08	5.23	0.92
78	11.83	2.11	10.02	1.79	8.68	1.56	7.78	1.40	6.62	1.19	5.75	1.01
79	12.96	2.31	10.97	1.96	9.51	1.71	8.52	1.54	7.25	1.30	6.30	1.11
80	14.09	2.52	11.93	2.13	10.33	1.86	9.26	1.67	7.88	1.42	6.84	1.21
81	15.41	2.75	13.05	2.33	11.31	2.03	10.14	1.83	8.62	1.55	7.49	1.32
82	17.16	3.07	14.53	2.60	12.59	2.26	11.49	2.07	9.77	1.76	8.49	1.50
83	18.90	3.38	16.00	2.86	13.87	2.49	12.66	2.28	10.76	1.94	9.35	1.65
84	20.99	3.75	17.77	3.18	15.40	2.77	14.05	2.53	11.95	2.15	10.38	1.83

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.28	0.22	1.14	0.20	1.04	0.18	0.95	0.17	0.87	0.15	0.81	0.14
41	1.37	0.23	1.21	0.21	1.10	0.19	0.98	0.17	0.89	0.16	0.82	0.14
42	1.40	0.24	1.24	0.21	1.12	0.19	0.99	0.17	0.90	0.16	0.83	0.15
43	1.43	0.24	1.26	0.22	1.14	0.20	1.00	0.18	0.91	0.16	0.84	0.15
44	1.46	0.25	1.28	0.22	1.16	0.20	1.01	0.18	0.92	0.16	0.84	0.15
45	1.49	0.25	1.31	0.23	1.18	0.20	1.02	0.18	0.92	0.16	0.85	0.15
46	1.52	0.26	1.33	0.23	1.20	0.21	1.03	0.18	0.93	0.16	0.85	0.15
47	1.55	0.26	1.36	0.23	1.22	0.21	1.05	0.18	0.94	0.17	0.86	0.15
48	1.58	0.27	1.38	0.24	1.24	0.21	1.06	0.19	0.95	0.17	0.86	0.15
49	1.61	0.27	1.41	0.24	1.26	0.22	1.07	0.19	0.96	0.17	0.87	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.08	0.19	0.96	0.17	0.88	0.15
51	1.67	0.28	1.46	0.25	1.30	0.23	1.10	0.19	0.98	0.17	0.89	0.16
52	1.74	0.30	1.52	0.26	1.35	0.24	1.14	0.20	1.02	0.18	0.93	0.16
53	1.79	0.30	1.56	0.27	1.39	0.24	1.18	0.21	1.05	0.19	0.96	0.17
54	1.84	0.31	1.61	0.28	1.44	0.25	1.21	0.21	1.08	0.19	0.99	0.17
55	1.95	0.33	1.71	0.29	1.52	0.26	1.29	0.23	1.15	0.20	1.05	0.18
56	2.03	0.35	1.77	0.31	1.58	0.28	1.34	0.24	1.19	0.21	1.09	0.19
57	2.23	0.38	1.93	0.33	1.71	0.30	1.45	0.26	1.29	0.23	1.15	0.20
58	2.37	0.40	2.06	0.35	1.82	0.32	1.55	0.27	1.37	0.24	1.23	0.21
59	2.55	0.43	2.21	0.38	1.96	0.34	1.67	0.29	1.47	0.26	1.32	0.23
60	2.70	0.46	2.34	0.40	2.07	0.36	1.76	0.31	1.55	0.27	1.40	0.24
61	2.95	0.50	2.56	0.44	2.26	0.39	1.92	0.34	1.70	0.30	1.53	0.27
62	3.25	0.55	2.82	0.48	2.47	0.43	2.10	0.37	1.86	0.33	1.65	0.29
63	3.43	0.58	2.98	0.51	2.61	0.45	2.22	0.39	1.96	0.35	1.74	0.30
64	3.68	0.63	3.20	0.55	2.80	0.49	2.38	0.42	2.11	0.37	1.87	0.33
65	3.90	0.66	3.39	0.58	2.97	0.52	2.53	0.44	2.23	0.39	1.98	0.35
66	4.23	0.72	3.67	0.63	3.22	0.56	2.74	0.48	2.42	0.43	2.14	0.37
67	4.75	0.81	4.09	0.70	3.58	0.62	3.04	0.54	2.69	0.47	2.38	0.42
68	5.27	0.90	4.54	0.78	3.98	0.69	3.38	0.60	2.99	0.53	2.65	0.46
69	5.87	1.00	5.05	0.87	4.43	0.77	3.76	0.66	3.32	0.59	2.95	0.51
70	6.54	1.11	5.63	0.97	4.94	0.86	4.19	0.74	3.71	0.65	3.28	0.57
71	7.36	1.25	6.34	1.09	5.56	0.97	4.72	0.83	4.17	0.73	3.70	0.64
72	8.26	1.41	7.06	1.21	6.19	1.08	5.28	0.93	4.66	0.82	4.13	0.72
73	9.31	1.58	7.96	1.37	6.98	1.21	5.95	1.05	5.26	0.93	4.66	0.81
74	10.40	1.77	8.89	1.53	7.79	1.35	6.65	1.17	5.87	1.03	5.21	0.91
75	11.64	1.98	9.95	1.71	8.72	1.52	7.44	1.31	6.57	1.16	5.83	1.02
76	12.95	2.20	11.07	1.90	9.71	1.69	8.28	1.46	7.32	1.29	6.48	1.13
77	14.27	2.43	12.22	2.10	10.62	1.84	9.02	1.59	7.97	1.40	7.07	1.23
78	15.69	2.67	13.43	2.31	11.67	2.03	9.92	1.75	8.77	1.54	7.77	1.36
79	17.19	2.92	14.71	2.53	12.78	2.22	10.87	1.91	9.60	1.69	8.51	1.48
80	18.68	3.18	15.99	2.75	13.89	2.41	11.81	2.08	10.44	1.84	9.25	1.61
81	20.44	3.48	17.49	3.01	15.20	2.64	12.92	2.27	11.42	2.01	10.12	1.77
82	22.52	3.83	19.28	3.32	16.75	2.91	14.30	2.52	12.64	2.23	11.20	1.95
83	24.81	4.22	21.23	3.65	18.45	3.21	15.75	2.77	13.92	2.45	12.34	2.15
84	27.54	4.69	23.58	4.05	20.49	3.56	17.49	3.08	15.45	2.72	13.70	2.39

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.47	0.25	1.31	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.88	0.15
41	1.53	0.26	1.36	0.23	1.23	0.21	1.10	0.19	0.99	0.17	0.89	0.16
42	1.56	0.27	1.37	0.24	1.24	0.21	1.11	0.19	1.00	0.17	0.90	0.16
43	1.58	0.27	1.39	0.24	1.25	0.22	1.12	0.20	1.00	0.18	0.90	0.16
44	1.60	0.27	1.41	0.24	1.27	0.22	1.13	0.20	1.01	0.18	0.91	0.16
45	1.62	0.28	1.42	0.24	1.28	0.22	1.15	0.20	1.02	0.18	0.91	0.16
46	1.64	0.28	1.44	0.25	1.29	0.22	1.16	0.20	1.03	0.18	0.92	0.16
47	1.66	0.28	1.45	0.25	1.30	0.23	1.17	0.20	1.04	0.18	0.92	0.16
48	1.68	0.29	1.47	0.25	1.32	0.23	1.18	0.21	1.05	0.18	0.93	0.16
49	1.70	0.29	1.49	0.26	1.33	0.23	1.19	0.21	1.05	0.18	0.93	0.16
50	1.72	0.30	1.50	0.26	1.34	0.23	1.20	0.21	1.06	0.19	0.94	0.16
51	1.76	0.30	1.53	0.26	1.37	0.24	1.22	0.21	1.08	0.19	0.96	0.17
52	1.88	0.32	1.64	0.28	1.46	0.25	1.31	0.23	1.16	0.20	1.02	0.18
53	1.96	0.34	1.71	0.29	1.52	0.26	1.36	0.24	1.21	0.21	1.06	0.19
54	2.04	0.35	1.77	0.31	1.59	0.28	1.42	0.25	1.26	0.22	1.11	0.19
55	2.20	0.38	1.91	0.33	1.71	0.30	1.53	0.27	1.35	0.24	1.19	0.21
56	2.28	0.39	1.98	0.34	1.77	0.31	1.59	0.28	1.40	0.24	1.24	0.21
57	2.36	0.40	2.04	0.35	1.81	0.31	1.69	0.29	1.48	0.26	1.30	0.23
58	2.51	0.43	2.17	0.37	1.92	0.33	1.80	0.31	1.58	0.27	1.39	0.24
59	2.70	0.46	2.34	0.40	2.07	0.36	1.94	0.34	1.69	0.30	1.49	0.26
60	2.85	0.49	2.47	0.42	2.19	0.38	2.04	0.36	1.79	0.31	1.58	0.27
61	3.12	0.54	2.70	0.46	2.39	0.41	2.24	0.39	1.96	0.34	1.72	0.30
62	3.50	0.60	3.03	0.52	2.66	0.46	2.43	0.42	2.12	0.37	1.87	0.33
63	3.69	0.63	3.19	0.55	2.81	0.49	2.56	0.45	2.24	0.39	1.98	0.34
64	3.97	0.68	3.43	0.59	3.02	0.52	2.75	0.48	2.41	0.42	2.12	0.37
65	4.20	0.72	3.64	0.63	3.19	0.55	2.92	0.51	2.55	0.44	2.25	0.39
66	4.56	0.78	3.94	0.68	3.46	0.60	3.16	0.55	2.77	0.48	2.44	0.42
67	5.01	0.86	4.30	0.74	3.78	0.66	3.46	0.60	3.03	0.53	2.67	0.46
68	5.56	0.95	4.78	0.82	4.20	0.73	3.84	0.67	3.36	0.59	2.96	0.51
69	6.19	1.06	5.32	0.91	4.67	0.81	4.28	0.75	3.75	0.65	3.30	0.57
70	6.90	1.18	5.93	1.02	5.21	0.90	4.77	0.83	4.18	0.73	3.68	0.64
71	7.77	1.33	6.68	1.15	5.86	1.02	5.37	0.93	4.70	0.82	4.14	0.72
72	8.78	1.50	7.55	1.30	6.57	1.14	6.00	1.04	5.25	0.91	4.62	0.80
73	9.90	1.70	8.51	1.46	7.41	1.28	6.76	1.18	5.92	1.03	5.21	0.91
74	11.06	1.89	9.51	1.63	8.28	1.43	7.55	1.31	6.61	1.15	5.82	1.01
75	12.37	2.12	10.64	1.83	9.26	1.61	8.45	1.47	7.40	1.29	6.52	1.13
76	13.77	2.36	11.84	2.04	10.31	1.79	9.40	1.64	8.23	1.43	7.25	1.26
77	15.18	2.60	13.06	2.25	11.37	1.97	10.41	1.81	9.11	1.59	7.93	1.38
78	16.69	2.86	14.36	2.47	12.50	2.17	11.45	1.99	10.02	1.75	8.72	1.51
79	18.28	3.13	15.72	2.70	13.69	2.37	12.54	2.18	10.98	1.91	9.55	1.66
80	19.87	3.41	17.09	2.94	14.88	2.58	13.63	2.37	11.93	2.08	10.38	1.80
81	21.74	3.73	18.70	3.21	16.28	2.82	14.91	2.60	13.05	2.27	11.35	1.97
82	24.07	4.13	20.54	3.53	17.89	3.10	16.38	2.85	14.34	2.50	12.47	2.17
83	26.52	4.54	22.63	3.89	19.70	3.41	18.05	3.14	15.80	2.75	13.74	2.39
84	29.44	5.04	25.12	4.32	21.87	3.79	20.04	3.49	17.54	3.06	15.25	2.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.65	0.27	1.47	0.24	1.33	0.22	1.26	0.21	1.15	0.20	1.06	0.18
41	1.72	0.29	1.53	0.25	1.38	0.23	1.30	0.22	1.18	0.20	1.08	0.18
42	1.75	0.29	1.55	0.26	1.39	0.23	1.31	0.22	1.19	0.20	1.08	0.18
43	1.77	0.29	1.57	0.26	1.41	0.24	1.32	0.22	1.20	0.20	1.09	0.19
44	1.80	0.30	1.59	0.26	1.42	0.24	1.34	0.23	1.21	0.21	1.10	0.19
45	1.82	0.30	1.61	0.27	1.44	0.24	1.35	0.23	1.22	0.21	1.10	0.19
46	1.85	0.31	1.63	0.27	1.45	0.24	1.36	0.23	1.23	0.21	1.11	0.19
47	1.87	0.31	1.65	0.27	1.47	0.25	1.37	0.23	1.23	0.21	1.12	0.19
48	1.90	0.31	1.67	0.28	1.49	0.25	1.38	0.23	1.24	0.21	1.12	0.19
49	1.92	0.32	1.69	0.28	1.50	0.25	1.40	0.24	1.25	0.21	1.13	0.19
50	1.95	0.32	1.71	0.28	1.52	0.26	1.41	0.24	1.26	0.21	1.14	0.19
51	1.99	0.33	1.75	0.29	1.55	0.26	1.44	0.24	1.29	0.22	1.16	0.20
52	2.12	0.35	1.87	0.31	1.65	0.28	1.53	0.26	1.37	0.23	1.24	0.21
53	2.21	0.37	1.94	0.32	1.72	0.29	1.60	0.27	1.43	0.24	1.29	0.22
54	2.30	0.38	2.02	0.34	1.79	0.30	1.67	0.28	1.49	0.25	1.34	0.23
55	2.48	0.41	2.18	0.36	1.93	0.33	1.80	0.30	1.61	0.27	1.45	0.25
56	2.57	0.43	2.26	0.38	2.00	0.34	1.86	0.32	1.67	0.28	1.50	0.26
57	2.71	0.45	2.37	0.39	2.08	0.35	1.92	0.33	1.72	0.29	1.53	0.26
58	2.89	0.48	2.52	0.42	2.22	0.37	2.04	0.35	1.83	0.31	1.63	0.28
59	3.11	0.51	2.72	0.45	2.38	0.40	2.20	0.37	1.97	0.34	1.75	0.30
60	3.28	0.54	2.87	0.48	2.52	0.42	2.32	0.39	2.08	0.35	1.85	0.31
61	3.59	0.59	3.14	0.52	2.75	0.46	2.54	0.43	2.28	0.39	2.02	0.34
62	3.92	0.65	3.39	0.57	2.98	0.50	2.74	0.46	2.45	0.42	2.15	0.37
63	4.14	0.68	3.59	0.60	3.15	0.53	2.89	0.49	2.59	0.44	2.27	0.39
64	4.45	0.74	3.85	0.64	3.38	0.57	3.11	0.53	2.79	0.47	2.44	0.42
65	4.71	0.78	4.08	0.68	3.58	0.60	3.29	0.56	2.95	0.50	2.59	0.44
66	5.11	0.85	4.42	0.74	3.88	0.65	3.57	0.60	3.20	0.54	2.81	0.48
67	5.75	0.95	4.95	0.82	4.34	0.73	3.99	0.68	3.50	0.60	3.10	0.53
68	6.39	1.06	5.49	0.91	4.82	0.81	4.43	0.75	3.89	0.66	3.44	0.59
69	7.11	1.18	6.11	1.02	5.37	0.90	4.94	0.84	4.33	0.74	3.83	0.65
70	7.93	1.31	6.82	1.13	5.98	1.01	5.50	0.93	4.82	0.82	4.27	0.73
71	8.92	1.48	7.67	1.28	6.74	1.13	6.20	1.05	5.43	0.92	4.81	0.82
72	9.97	1.65	8.58	1.43	7.53	1.27	6.96	1.18	6.10	1.04	5.34	0.91
73	11.24	1.86	9.67	1.61	8.49	1.43	7.85	1.33	6.88	1.17	6.01	1.02
74	12.56	2.08	10.80	1.80	9.48	1.59	8.77	1.48	7.68	1.31	6.72	1.14
75	14.05	2.33	12.08	2.01	10.61	1.78	9.81	1.66	8.60	1.46	7.52	1.28
76	15.64	2.59	13.45	2.24	11.81	1.99	10.92	1.85	9.57	1.63	8.37	1.42
77	16.98	2.81	14.73	2.45	12.82	2.16	11.83	2.00	10.36	1.76	9.06	1.54
78	18.67	3.09	16.20	2.70	14.10	2.37	13.01	2.20	11.39	1.94	9.96	1.69
79	20.45	3.38	17.74	2.95	15.44	2.60	14.24	2.41	12.48	2.12	10.91	1.86
80	22.23	3.68	19.28	3.21	16.78	2.82	15.48	2.62	13.56	2.31	11.86	2.02
81	24.32	4.02	21.10	3.51	18.36	3.09	16.94	2.87	14.84	2.52	12.98	2.21
82	26.13	4.33	22.50	3.74	19.58	3.29	18.15	3.07	15.90	2.71	13.91	2.36
83	28.79	4.76	24.78	4.12	21.57	3.63	20.00	3.38	17.52	2.98	15.32	2.60
84	31.96	5.29	27.51	4.58	23.94	4.03	22.20	3.76	19.45	3.31	17.01	2.89

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R963 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.18	0.33	1.96	0.30	1.79	0.27	1.69	0.26	1.54	0.23	1.42	0.21
41	2.28	0.34	2.04	0.31	1.86	0.28	1.75	0.26	1.58	0.24	1.45	0.22
42	2.32	0.35	2.07	0.31	1.88	0.28	1.76	0.27	1.59	0.24	1.46	0.22
43	2.35	0.36	2.10	0.32	1.90	0.29	1.78	0.27	1.61	0.24	1.47	0.22
44	2.39	0.36	2.12	0.32	1.92	0.29	1.80	0.27	1.62	0.24	1.48	0.22
45	2.42	0.37	2.15	0.32	1.94	0.29	1.82	0.27	1.64	0.25	1.49	0.23
46	2.45	0.37	2.18	0.33	1.96	0.30	1.83	0.28	1.65	0.25	1.50	0.23
47	2.49	0.38	2.21	0.33	1.98	0.30	1.85	0.28	1.66	0.25	1.51	0.23
48	2.52	0.38	2.23	0.34	2.01	0.30	1.87	0.28	1.68	0.25	1.52	0.23
49	2.56	0.39	2.26	0.34	2.03	0.31	1.89	0.28	1.69	0.25	1.53	0.23
50	2.59	0.39	2.29	0.35	2.05	0.31	1.90	0.29	1.70	0.26	1.54	0.23
51	2.64	0.40	2.33	0.35	2.09	0.32	1.94	0.29	1.74	0.26	1.57	0.24
52	2.82	0.43	2.49	0.38	2.23	0.34	2.08	0.31	1.86	0.28	1.68	0.25
53	2.94	0.44	2.60	0.39	2.33	0.35	2.16	0.33	1.93	0.29	1.75	0.26
54	3.06	0.46	2.71	0.41	2.42	0.37	2.25	0.34	2.01	0.30	1.82	0.28
55	3.30	0.50	2.92	0.44	2.61	0.39	2.43	0.37	2.17	0.33	1.97	0.30
56	3.42	0.52	3.02	0.46	2.71	0.41	2.52	0.38	2.25	0.34	2.04	0.31
57	3.67	0.55	3.20	0.48	2.84	0.43	2.64	0.40	2.33	0.35	2.08	0.31
58	3.91	0.59	3.40	0.51	3.02	0.46	2.81	0.42	2.48	0.37	2.22	0.33
59	4.21	0.63	3.66	0.55	3.25	0.49	3.02	0.46	2.67	0.40	2.38	0.36
60	4.44	0.67	3.87	0.58	3.43	0.52	3.19	0.48	2.82	0.43	2.52	0.38
61	4.86	0.73	4.23	0.64	3.75	0.57	3.49	0.53	3.08	0.47	2.75	0.42
62	5.19	0.78	4.52	0.68	3.98	0.60	3.72	0.56	3.25	0.49	2.86	0.43
63	5.48	0.83	4.78	0.72	4.20	0.63	3.93	0.59	3.43	0.52	3.02	0.46
64	5.89	0.89	5.13	0.77	4.52	0.68	4.22	0.64	3.69	0.56	3.25	0.49
65	6.24	0.94	5.44	0.82	4.78	0.72	4.47	0.68	3.91	0.59	3.44	0.52
66	6.76	1.02	5.90	0.89	5.19	0.78	4.85	0.73	4.24	0.64	3.73	0.56
67	7.79	1.18	6.75	1.02	5.88	0.89	5.54	0.84	4.84	0.73	4.26	0.64
68	8.65	1.30	7.49	1.13	6.53	0.99	6.15	0.93	5.37	0.81	4.73	0.71
69	9.63	1.45	8.34	1.26	7.27	1.10	6.85	1.03	5.98	0.90	5.26	0.79
70	10.73	1.62	9.29	1.40	8.10	1.22	7.63	1.15	6.67	1.01	5.87	0.89
71	12.08	1.82	10.46	1.58	9.12	1.38	8.59	1.30	7.51	1.13	6.61	1.00
72	13.29	2.01	11.51	1.74	10.03	1.51	9.41	1.42	8.22	1.24	7.14	1.08
73	14.98	2.26	12.98	1.96	11.31	1.71	10.60	1.60	9.26	1.40	8.05	1.21
74	16.73	2.52	14.49	2.19	12.63	1.91	11.84	1.79	10.35	1.56	8.99	1.36
75	18.73	2.83	16.22	2.45	14.14	2.13	13.25	2.00	11.58	1.75	10.06	1.52
76	20.84	3.14	18.05	2.72	15.74	2.37	14.75	2.23	12.89	1.94	11.19	1.69
77	22.72	3.43	19.53	2.95	17.03	2.57	15.82	2.39	13.83	2.09	12.01	1.81
78	24.98	3.77	21.47	3.24	18.72	2.82	17.40	2.63	15.20	2.29	13.20	1.99
79	27.36	4.13	23.52	3.55	20.50	3.09	19.06	2.88	16.65	2.51	14.46	2.18
80	29.74	4.49	25.56	3.86	22.29	3.36	20.71	3.13	18.10	2.73	15.72	2.37
81	32.53	4.91	27.97	4.22	24.38	3.68	22.66	3.42	19.80	2.99	17.19	2.59
82	34.00	5.13	29.23	4.41	25.48	3.84	23.94	3.61	20.68	3.12	18.17	2.74
83	37.45	5.65	32.20	4.86	28.07	4.23	26.37	3.98	22.77	3.44	20.01	3.02
84	41.58	6.27	35.75	5.39	31.16	4.70	29.28	4.42	25.29	3.82	22.22	3.35

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	14.14	2.37	12.74	2.13	11.55	1.95	10.09	1.71	9.23	1.56	8.54	1.41
41	14.66	2.46	13.14	2.21	11.82	2.00	10.44	1.76	9.50	1.61	8.72	1.44
42	14.81	2.48	13.25	2.23	11.91	2.01	10.54	1.79	9.58	1.62	8.77	1.45
43	14.96	2.51	13.38	2.25	11.98	2.03	10.64	1.80	9.66	1.64	8.82	1.46
44	15.12	2.53	13.49	2.27	12.06	2.04	10.74	1.82	9.74	1.65	8.87	1.47
45	15.27	2.56	13.61	2.28	12.14	2.05	10.85	1.84	9.82	1.66	8.91	1.48
46	15.42	2.58	13.73	2.30	12.21	2.06	10.95	1.85	9.90	1.67	8.97	1.48
47	15.58	2.61	13.85	2.32	12.30	2.07	11.05	1.87	9.98	1.69	9.02	1.49
48	15.73	2.64	13.97	2.34	12.37	2.09	11.15	1.89	10.06	1.70	9.07	1.50
49	15.88	2.66	14.08	2.36	12.44	2.10	11.26	1.90	10.13	1.71	9.12	1.51
50	16.03	2.69	14.20	2.38	12.52	2.11	11.35	1.92	10.22	1.72	9.17	1.52
51	16.20	2.72	14.34	2.40	12.65	2.13	11.48	1.94	10.32	1.74	9.27	1.53
52	16.66	2.79	14.75	2.48	13.01	2.19	11.80	2.00	10.62	1.80	9.53	1.58
53	16.97	2.85	15.03	2.52	13.25	2.24	12.02	2.04	10.80	1.83	9.70	1.61
54	17.28	2.90	15.30	2.57	13.49	2.28	12.24	2.07	11.00	1.86	9.88	1.64
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	18.11	3.03	16.03	2.69	14.14	2.38	12.82	2.17	11.42	1.93	10.26	1.76
56	18.59	3.12	16.45	2.76	14.51	2.45	13.16	2.23	11.73	1.98	10.43	1.75
57	20.33	3.40	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.56	1.75
58	21.35	3.58	18.62	3.12	16.28	2.74	14.08	2.38	12.53	2.12	11.10	1.84
59	22.65	3.79	19.75	3.32	17.27	2.91	14.94	2.53	13.29	2.25	11.77	1.95
60	23.58	3.96	20.58	3.45	17.99	3.03	15.56	2.64	13.85	2.34	12.26	2.03
61	25.42	4.26	22.18	3.72	19.38	3.27	16.78	2.84	14.92	2.52	13.22	2.18
62	28.85	4.83	24.97	4.19	21.83	3.69	19.52	3.30	17.17	2.90	15.18	2.51
63	30.03	5.03	25.99	4.36	22.72	3.83	20.31	3.43	17.87	3.02	15.80	2.61
64	31.73	5.31	27.46	4.61	24.00	4.05	21.46	3.63	18.88	3.19	16.71	2.76
65	32.98	5.52	28.55	4.79	24.95	4.21	22.31	3.77	19.62	3.32	17.36	2.88
66	35.01	5.87	30.29	5.08	26.48	4.46	23.68	4.00	20.83	3.52	18.43	3.05
67	37.52	6.29	31.97	5.37	27.95	4.71	25.22	4.26	21.95	3.71	19.13	3.16
68	40.49	6.78	34.50	5.79	30.16	5.09	27.22	4.61	23.68	4.00	20.64	3.41
69	43.69	7.32	37.23	6.25	32.54	5.49	29.38	4.97	25.55	4.32	22.28	3.69
70	47.04	7.89	40.09	6.73	35.04	5.91	31.63	5.36	27.51	4.65	23.99	3.97
71	50.86	8.53	43.34	7.28	37.88	6.39	34.20	5.79	29.75	5.03	25.94	4.29
72	54.62	9.16	46.60	7.82	40.37	6.81	36.56	6.18	31.44	5.31	27.36	4.53
73	58.94	9.88	50.28	8.43	43.56	7.35	39.44	6.67	33.92	5.73	29.53	4.88
74	62.87	10.54	53.64	9.00	46.48	7.84	42.08	7.12	36.19	6.12	31.50	5.21
75	67.06	11.25	57.23	9.60	49.58	8.37	44.89	7.59	38.60	6.52	33.60	5.57
76	70.97	11.90	60.55	10.15	52.47	8.85	47.50	8.03	40.85	6.91	35.56	5.88
77	73.16	12.26	61.95	10.40	53.68	9.05	48.11	8.14	40.90	6.91	35.54	5.88
78	76.05	12.75	64.40	10.80	55.80	9.41	50.01	8.46	42.51	7.18	36.95	6.11
79	78.23	13.11	66.23	11.11	57.38	9.68	51.44	8.70	43.73	7.39	38.01	6.29
80	79.22	13.28	67.07	11.26	58.12	9.81	52.10	8.81	44.29	7.49	38.49	6.37
81	80.00	13.41	67.74	11.36	58.70	9.90	52.62	8.90	44.72	7.56	38.87	6.44
82	81.30	13.63	68.84	11.55	59.65	10.06	54.44	9.21	46.28	7.82	40.23	6.66
83	80.99	13.58	68.58	11.51	59.42	10.03	54.23	9.18	46.11	7.79	40.07	6.63
84	80.41	13.48	68.08	11.42	58.99	9.95	53.84	9.10	45.77	7.74	39.78	6.58

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	17.17	2.74	15.25	2.46	13.88	2.26	12.69	2.10	11.63	1.92	10.80	1.76
41	18.33	2.92	16.19	2.61	14.66	2.38	13.10	2.16	11.93	1.97	11.01	1.81
42	18.70	2.98	16.50	2.66	14.91	2.43	13.23	2.18	12.01	1.98	11.08	1.82
43	19.06	3.03	16.79	2.71	15.15	2.47	13.36	2.21	12.11	2.00	11.14	1.82
44	19.43	3.10	17.09	2.75	15.39	2.51	13.47	2.23	12.19	2.02	11.19	1.83
45	19.79	3.15	17.39	2.80	15.63	2.54	13.60	2.25	12.27	2.03	11.26	1.84
46	20.15	3.21	17.68	2.85	15.88	2.58	13.72	2.27	12.36	2.04	11.32	1.85
47	20.51	3.27	17.98	2.90	16.11	2.63	13.84	2.29	12.44	2.06	11.37	1.86
48	20.86	3.33	18.27	2.94	16.35	2.67	13.97	2.30	12.53	2.07	11.43	1.87
49	21.23	3.38	18.56	2.99	16.59	2.70	14.08	2.32	12.61	2.08	11.49	1.88
50	21.58	3.44	18.85	3.03	16.82	2.74	14.21	2.34	12.69	2.10	11.55	1.89
51	21.81	3.48	19.05	3.07	17.00	2.77	14.35	2.37	12.82	2.12	11.67	1.91
52	22.43	3.57	19.59	3.16	17.48	2.85	14.76	2.44	13.19	2.17	12.00	1.96
53	22.85	3.64	19.95	3.21	17.81	2.90	15.04	2.48	13.43	2.22	12.22	2.00
54	23.27	3.71	20.32	3.28	18.13	2.95	15.31	2.53	13.68	2.26	12.44	2.04
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	24.38	3.89	21.29	3.43	19.01	3.10	16.04	2.65	14.33	2.36	13.04	2.13
56	25.02	3.99	21.85	3.52	19.50	3.17	16.46	2.72	14.71	2.43	13.39	2.18
57	27.10	4.32	23.51	3.79	20.79	3.38	17.68	2.92	15.62	2.58	14.02	2.29
58	28.46	4.54	24.69	3.98	21.83	3.56	18.56	3.07	16.40	2.71	14.72	2.40
59	30.19	4.81	26.19	4.22	23.16	3.77	19.70	3.26	17.40	2.88	15.62	2.55
60	31.45	5.01	27.28	4.40	24.12	3.93	20.52	3.38	18.12	2.99	16.26	2.66
61	33.89	5.40	29.40	4.74	26.00	4.23	22.11	3.64	19.54	3.22	17.54	2.87
62	36.77	5.86	31.93	5.15	27.99	4.56	23.80	3.93	21.03	3.48	18.64	3.05
63	38.27	6.10	33.23	5.36	29.14	4.75	24.77	4.08	21.89	3.61	19.40	3.17
64	40.45	6.45	35.11	5.66	30.79	5.01	26.18	4.32	23.13	3.82	20.50	3.35
65	42.04	6.70	36.51	5.88	32.00	5.21	27.22	4.49	24.05	3.97	21.32	3.49
66	44.61	7.11	38.75	6.25	33.96	5.53	28.88	4.77	25.52	4.21	22.62	3.70
67	48.87	7.79	42.11	6.78	36.91	6.01	31.35	5.18	27.70	4.58	24.55	4.01
68	52.74	8.40	45.44	7.32	39.83	6.49	33.83	5.59	29.89	4.94	26.49	4.34
69	56.91	9.07	49.04	7.91	42.99	7.00	36.51	6.03	32.26	5.32	28.59	4.67
70	61.28	9.77	52.80	8.51	46.28	7.54	39.31	6.49	34.73	5.73	30.79	5.03
71	66.26	10.56	57.09	9.20	50.04	8.15	42.50	7.01	37.55	6.21	33.29	5.44
72	71.45	11.38	61.09	9.85	53.55	8.73	45.68	7.54	40.35	6.67	35.77	5.85
73	77.10	12.29	65.92	10.63	57.78	9.41	49.28	8.13	43.54	7.19	38.60	6.31
74	82.26	13.10	70.33	11.33	61.65	10.04	52.57	8.67	46.46	7.68	41.18	6.73
75	87.75	13.99	75.02	12.09	65.76	10.71	56.08	9.25	49.56	8.18	43.92	7.18
76	92.85	14.79	79.38	12.79	69.58	11.33	59.35	9.80	52.44	8.66	46.48	7.60
77	97.02	15.46	83.04	13.39	72.16	11.75	61.34	10.12	54.20	8.95	48.04	7.85
78	100.85	16.08	86.33	13.91	75.01	12.21	63.76	10.52	56.33	9.30	49.94	8.17
79	103.74	16.53	88.80	14.31	77.15	12.56	65.58	10.83	57.95	9.57	51.37	8.40
80	105.06	16.74	89.92	14.49	78.13	12.73	66.41	10.96	58.68	9.69	52.02	8.51
81	106.09	16.91	90.81	14.64	78.91	12.85	67.07	11.07	59.26	9.79	52.53	8.59
82	106.71	17.00	91.34	14.72	79.36	12.93	67.77	11.18	59.87	9.89	53.07	8.67
83	106.29	16.94	90.98	14.66	79.05	12.87	67.50	11.14	59.64	9.85	52.87	8.64
84	105.54	16.82	90.33	14.55	78.49	12.78	67.02	11.06	59.22	9.78	52.49	8.58

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	19.70	3.16	17.56	2.82	15.92	2.58	14.31	2.33	12.88	2.10	11.73	1.91
41	20.52	3.30	18.17	2.93	16.40	2.67	14.72	2.40	13.20	2.15	11.91	1.94
42	20.76	3.33	18.34	2.95	16.55	2.69	14.85	2.43	13.29	2.17	11.96	1.94
43	21.01	3.37	18.53	2.98	16.70	2.71	14.97	2.45	13.38	2.18	12.01	1.95
44	21.26	3.41	18.71	3.01	16.84	2.74	15.09	2.46	13.47	2.21	12.05	1.96
45	21.50	3.45	18.89	3.05	16.99	2.76	15.21	2.48	13.56	2.22	12.11	1.97
46	21.76	3.50	19.07	3.08	17.13	2.78	15.33	2.50	13.65	2.23	12.16	1.97
47	22.00	3.53	19.26	3.10	17.27	2.80	15.46	2.52	13.73	2.25	12.20	1.98
48	22.25	3.57	19.44	3.13	17.41	2.82	15.57	2.54	13.83	2.26	12.25	2.00
49	22.49	3.61	19.61	3.16	17.56	2.86	15.70	2.56	13.91	2.27	12.31	2.01
50	22.73	3.65	19.79	3.19	17.69	2.88	15.81	2.58	14.00	2.29	12.35	2.01
51	22.97	3.69	19.99	3.22	17.88	2.91	15.98	2.60	14.14	2.31	12.48	2.03
52	24.27	3.90	21.13	3.40	18.89	3.07	16.88	2.75	14.94	2.44	13.19	2.14
53	25.02	4.01	21.78	3.51	19.47	3.16	17.40	2.84	15.40	2.52	13.59	2.22
54	25.75	4.14	22.41	3.61	20.03	3.26	17.90	2.92	15.86	2.59	13.99	2.28
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	27.45	4.41	23.89	3.85	21.37	3.47	19.09	3.12	16.91	2.76	14.91	2.43
56	28.07	4.50	24.43	3.94	21.85	3.55	19.52	3.18	17.28	2.82	15.25	2.48
57	28.68	4.60	24.79	3.99	21.98	3.57	20.54	3.35	17.98	2.94	15.84	2.57
58	30.11	4.83	26.04	4.19	23.07	3.75	21.57	3.52	18.88	3.09	16.63	2.71
59	31.95	5.12	27.63	4.45	24.48	3.98	22.89	3.74	20.03	3.28	17.65	2.88
60	33.27	5.34	28.77	4.63	25.49	4.14	23.84	3.89	20.86	3.41	18.39	2.99
61	35.87	5.75	31.02	5.00	27.48	4.46	25.69	4.19	22.49	3.68	19.81	3.22
62	39.60	6.35	34.27	5.52	30.10	4.89	27.49	4.48	24.06	3.93	21.20	3.45
63	41.21	6.62	35.67	5.74	31.33	5.09	28.61	4.66	25.04	4.10	22.06	3.59
64	43.54	6.99	37.70	6.07	33.11	5.38	30.23	4.94	26.46	4.33	23.31	3.79
65	45.27	7.27	39.19	6.31	34.42	5.59	31.43	5.12	27.51	4.49	24.23	3.95
66	48.05	7.72	41.58	6.70	36.52	5.93	33.35	5.44	29.19	4.77	25.71	4.19
67	51.61	8.28	44.32	7.14	38.93	6.32	35.66	5.82	31.22	5.10	27.50	4.47
68	55.69	8.95	47.84	7.71	42.01	6.83	38.48	6.28	33.68	5.50	29.67	4.83
69	60.10	9.65	51.62	8.32	45.34	7.36	41.53	6.77	36.35	5.93	32.03	5.21
70	64.71	10.38	55.58	8.96	48.81	7.93	44.71	7.30	39.13	6.39	34.48	5.61
71	69.97	11.24	60.09	9.68	52.78	8.58	48.34	7.89	42.32	6.91	37.28	6.07
72	75.98	12.20	65.33	10.52	56.88	9.24	51.89	8.46	45.41	7.41	40.02	6.51
73	81.97	13.16	70.49	11.35	61.36	9.96	55.99	9.14	49.00	8.00	43.18	7.02
74	87.45	14.04	75.20	12.12	65.48	10.64	59.73	9.74	52.28	8.54	46.06	7.50
75	93.29	14.97	80.22	12.93	69.84	11.34	63.71	10.40	55.77	9.11	49.13	7.99
76	98.72	15.84	84.88	13.67	73.90	12.00	67.42	10.99	59.01	9.64	51.99	8.46
77	103.23	16.57	88.76	14.30	77.27	12.55	70.79	11.55	61.96	10.12	53.89	8.77
78	107.30	17.23	92.26	14.87	80.33	13.05	73.58	12.00	64.41	10.52	56.02	9.11
79	110.37	17.71	94.90	15.29	82.61	13.42	75.68	12.35	66.24	10.83	57.61	9.38
80	111.77	17.94	96.11	15.49	83.67	13.59	76.65	12.51	67.10	10.96	58.35	9.49
81	112.86	18.12	97.05	15.63	84.49	13.72	77.41	12.63	67.76	11.07	58.93	9.59
82	114.06	18.31	97.34	15.68	84.75	13.77	77.63	12.66	67.95	11.10	59.09	9.62
83	113.62	18.24	96.96	15.62	84.42	13.71	77.32	12.61	67.68	11.06	58.86	9.58
84	112.81	18.11	96.26	15.51	83.81	13.62	76.77	12.53	67.20	10.97	58.44	9.51

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	22.04	3.41	19.70	3.07	17.82	2.80	16.94	2.69	15.44	2.46	14.18	2.26
41	23.01	3.56	20.48	3.19	18.42	2.90	17.39	2.75	15.77	2.51	14.41	2.29
42	23.31	3.61	20.71	3.22	18.59	2.93	17.52	2.77	15.88	2.53	14.47	2.30
43	23.60	3.65	20.95	3.27	18.76	2.95	17.65	2.79	15.97	2.54	14.53	2.31
44	23.90	3.71	21.18	3.30	18.94	2.98	17.79	2.81	16.07	2.56	14.60	2.32
45	24.19	3.75	21.41	3.33	19.12	3.01	17.91	2.84	16.16	2.57	14.66	2.33
46	24.50	3.79	21.64	3.37	19.29	3.03	18.05	2.86	16.25	2.59	14.72	2.34
47	24.78	3.84	21.87	3.40	19.47	3.07	18.18	2.88	16.35	2.60	14.78	2.35
48	25.07	3.89	22.10	3.44	19.65	3.10	18.31	2.90	16.44	2.63	14.84	2.36
49	25.37	3.93	22.33	3.48	19.81	3.12	18.44	2.92	16.54	2.64	14.90	2.37
50	25.66	3.97	22.56	3.52	19.98	3.15	18.56	2.94	16.63	2.65	14.96	2.38
51	25.92	4.01	22.80	3.55	20.19	3.18	18.76	2.97	16.81	2.68	15.12	2.40
52	27.38	4.24	24.09	3.75	21.34	3.36	19.81	3.14	17.76	2.82	15.97	2.54
53	28.23	4.37	24.83	3.86	22.00	3.47	20.43	3.23	18.30	2.92	16.46	2.63
54	29.05	4.50	25.55	3.98	22.63	3.56	21.02	3.33	18.84	3.00	16.95	2.70
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	30.98	4.80	27.24	4.24	24.13	3.80	22.42	3.55	20.09	3.20	18.06	2.88
56	31.68	4.90	27.86	4.34	24.68	3.89	22.92	3.63	20.54	3.28	18.47	2.94
57	32.99	5.11	28.81	4.48	25.29	3.98	23.34	3.70	20.91	3.33	18.57	2.96
58	34.64	5.37	30.25	4.71	26.57	4.18	24.51	3.89	21.96	3.50	19.51	3.11
59	36.75	5.69	32.10	5.00	28.18	4.44	26.00	4.12	23.30	3.72	20.70	3.30
60	38.28	5.93	33.43	5.21	29.36	4.62	27.08	4.29	24.27	3.86	21.56	3.43
61	41.27	6.39	36.04	5.61	31.64	4.99	29.19	4.62	26.16	4.17	23.24	3.70
62	44.38	6.88	38.46	5.99	33.77	5.32	31.04	4.91	27.81	4.43	24.40	3.89
63	46.20	7.15	40.04	6.24	35.14	5.53	32.31	5.11	28.95	4.61	25.39	4.04
64	48.81	7.56	42.29	6.58	37.14	5.85	34.14	5.41	30.59	4.87	26.83	4.27
65	50.75	7.85	43.97	6.85	38.61	6.08	35.49	5.62	31.79	5.07	27.89	4.44
66	53.85	8.34	46.66	7.27	40.97	6.46	37.66	5.96	33.75	5.38	29.60	4.71
67	59.24	9.18	50.95	7.93	44.73	7.05	41.14	6.52	36.04	5.74	31.93	5.08
68	63.93	9.90	54.98	8.56	48.27	7.60	44.39	7.04	38.89	6.20	34.45	5.48
69	68.99	10.69	59.33	9.24	52.08	8.20	47.91	7.59	41.97	6.69	37.18	5.92
70	74.29	11.51	63.88	9.94	56.08	8.83	51.59	8.17	45.19	7.20	40.04	6.37
71	80.31	12.44	69.06	10.75	60.64	9.56	55.78	8.84	48.86	7.79	43.28	6.89
72	86.28	13.36	74.18	11.55	65.13	10.26	60.25	9.54	52.78	8.41	46.16	7.35
73	93.09	14.42	80.04	12.46	70.28	11.07	65.02	10.30	56.95	9.07	49.80	7.93
74	99.32	15.38	85.41	13.29	74.98	11.81	69.36	10.99	60.76	9.68	53.14	8.46
75	105.95	16.41	91.10	14.19	79.98	12.60	73.98	11.72	64.82	10.33	56.68	9.02
76	112.11	17.36	96.40	15.00	84.63	13.32	78.29	12.40	68.59	10.93	59.98	9.54
77	115.45	17.88	100.15	15.59	87.16	13.72	80.41	12.74	70.44	11.22	61.60	9.81
78	120.02	18.59	104.11	16.21	90.60	14.27	83.59	13.24	73.23	11.67	64.04	10.20
79	123.44	19.12	107.08	16.67	93.19	14.68	85.97	13.62	75.32	12.00	65.87	10.49
80	125.01	19.36	108.44	16.88	94.37	14.87	87.08	13.80	76.28	12.16	66.71	10.62
81	126.24	19.55	109.52	17.05	95.31	15.02	87.93	13.93	77.03	12.27	67.37	10.72
82	123.82	19.17	106.60	16.59	92.77	14.61	86.01	13.63	75.35	12.01	65.89	10.49
83	123.34	19.10	106.18	16.53	92.41	14.55	85.68	13.58	75.05	11.96	65.64	10.45
84	122.46	18.96	105.42	16.41	91.75	14.45	85.06	13.47	74.52	11.88	65.16	10.37

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R981 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.21	4.11	26.23	3.69	23.97	3.37	22.68	3.19	20.62	2.90	19.07	2.68
41	30.53	4.29	27.29	3.84	24.80	3.49	23.35	3.29	21.14	2.97	19.44	2.73
42	30.94	4.35	27.62	3.89	25.04	3.52	23.55	3.31	21.28	2.99	19.53	2.75
43	31.34	4.41	27.93	3.93	25.29	3.56	23.75	3.34	21.43	3.01	19.64	2.76
44	31.75	4.46	28.26	3.98	25.54	3.59	23.94	3.37	21.58	3.03	19.73	2.77
45	32.15	4.53	28.58	4.02	25.79	3.62	24.14	3.39	21.72	3.06	19.83	2.79
46	32.55	4.58	28.90	4.06	26.03	3.66	24.34	3.42	21.87	3.08	19.93	2.80
47	32.95	4.63	29.21	4.11	26.27	3.70	24.53	3.45	22.01	3.10	20.03	2.81
48	33.35	4.69	29.53	4.16	26.51	3.73	24.73	3.48	22.16	3.12	20.13	2.84
49	33.75	4.75	29.85	4.20	26.75	3.76	24.92	3.51	22.30	3.14	20.23	2.85
50	34.15	4.80	30.17	4.24	27.00	3.80	25.12	3.53	22.44	3.16	20.33	2.86
51	34.50	4.85	30.47	4.28	27.28	3.83	25.38	3.57	22.68	3.19	20.54	2.89
52	36.45	5.12	32.19	4.53	28.82	4.05	26.81	3.77	23.96	3.37	21.69	3.06
53	37.57	5.28	33.19	4.67	29.70	4.18	27.64	3.89	24.70	3.48	22.37	3.15
54	38.66	5.44	34.16	4.81	30.58	4.31	28.43	4.00	25.41	3.57	23.02	3.23
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	41.22	5.80	36.41	5.12	32.59	4.59	30.31	4.26	27.10	3.81	24.54	3.45
56	42.16	5.93	37.24	5.24	33.34	4.69	31.01	4.36	27.71	3.90	25.10	3.53
57	44.65	6.28	38.87	5.47	34.49	4.85	32.06	4.50	28.33	3.98	25.29	3.56
58	46.88	6.59	40.82	5.74	36.21	5.09	33.66	4.74	29.75	4.18	26.57	3.74
59	49.74	6.99	43.31	6.09	38.42	5.41	35.71	5.02	31.56	4.44	28.18	3.97
60	51.81	7.29	45.11	6.34	40.03	5.63	37.20	5.23	32.88	4.62	29.36	4.13
61	55.85	7.85	48.63	6.84	43.14	6.07	40.10	5.64	35.43	4.99	31.65	4.45
62	58.80	8.27	51.26	7.21	45.08	6.34	42.17	5.93	36.83	5.18	32.42	4.56
63	61.20	8.61	53.35	7.51	46.91	6.59	43.89	6.17	38.35	5.40	33.75	4.75
64	64.67	9.09	56.37	7.93	49.57	6.97	46.37	6.52	40.51	5.70	35.66	5.02
65	67.22	9.46	58.60	8.24	51.53	7.25	48.21	6.78	42.12	5.92	37.07	5.22
66	71.35	10.04	62.19	8.75	54.69	7.70	51.16	7.19	44.70	6.29	39.34	5.53
67	80.21	11.29	69.48	9.78	60.56	8.52	57.05	8.02	49.83	7.01	43.87	6.17
68	86.56	12.18	74.97	10.54	65.36	9.20	61.56	8.66	53.78	7.56	47.33	6.66
69	93.41	13.14	80.90	11.38	70.53	9.92	66.43	9.35	58.03	8.16	51.08	7.18
70	100.58	14.14	87.12	12.25	75.95	10.68	71.53	10.06	62.50	8.79	55.00	7.74
71	108.75	15.30	94.19	13.25	82.11	11.55	77.33	10.88	67.57	9.50	59.47	8.37
72	114.98	16.17	99.58	14.01	86.81	12.21	81.39	11.45	71.11	10.00	61.76	8.68
73	124.06	17.45	107.45	15.11	93.67	13.18	87.81	12.35	76.71	10.79	66.63	9.38
74	132.36	18.62	114.64	16.13	99.94	14.06	93.69	13.18	81.85	11.51	71.10	10.00
75	141.18	19.86	122.28	17.20	106.61	14.99	99.93	14.06	87.31	12.29	75.83	10.67
76	149.39	21.01	129.39	18.20	112.80	15.87	105.75	14.88	92.39	13.00	80.24	11.29
77	154.44	21.72	132.76	18.68	115.74	16.28	107.57	15.13	93.98	13.22	81.63	11.48
78	160.55	22.59	138.01	19.41	120.32	16.93	111.83	15.73	97.69	13.74	84.85	11.94
79	165.12	23.23	141.95	19.97	123.75	17.41	115.01	16.18	100.49	14.13	87.28	12.27
80	167.23	23.52	143.77	20.22	125.33	17.63	116.48	16.38	101.77	14.31	88.39	12.43
81	168.88	23.75	145.17	20.42	126.56	17.80	117.62	16.55	102.76	14.46	89.26	12.56
82	161.09	22.66	138.48	19.48	120.73	16.98	113.43	15.96	97.97	13.78	86.08	12.11
83	160.47	22.58	137.95	19.40	120.26	16.92	112.99	15.90	97.59	13.72	85.74	12.06
84	159.32	22.41	136.96	19.27	119.40	16.79	112.18	15.78	96.88	13.63	85.13	11.97

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	25.14	4.49	22.65	4.05	20.53	3.69	17.93	3.24	16.41	2.95	15.17	2.68
41	26.08	4.66	23.38	4.19	21.05	3.78	18.58	3.34	16.92	3.05	15.52	2.74
42	26.41	4.71	23.63	4.22	21.23	3.81	18.79	3.39	17.08	3.07	15.64	2.76
43	26.73	4.77	23.88	4.27	21.40	3.84	19.00	3.43	17.26	3.11	15.74	2.77
44	27.04	4.83	24.13	4.31	21.56	3.88	19.22	3.46	17.42	3.14	15.85	2.80
45	27.35	4.89	24.38	4.36	21.74	3.92	19.43	3.50	17.59	3.18	15.98	2.82
46	27.68	4.95	24.63	4.40	21.92	3.94	19.65	3.53	17.75	3.20	16.09	2.83
47	27.99	5.00	24.88	4.45	22.07	3.97	19.85	3.57	17.93	3.22	16.21	2.86
48	28.30	5.06	25.13	4.50	22.25	4.00	20.06	3.61	18.09	3.26	16.31	2.88
49	28.63	5.11	25.38	4.53	22.43	4.03	20.28	3.67	18.27	3.28	16.45	2.90
50	28.94	5.18	25.63	4.58	22.60	4.06	20.49	3.70	18.43	3.32	16.55	2.93
51	29.51	5.27	26.14	4.68	23.05	4.15	20.91	3.77	18.80	3.39	16.89	2.98
52	30.70	5.49	27.19	4.86	23.98	4.31	21.74	3.93	19.55	3.52	17.56	3.09
53	31.63	5.65	28.00	5.01	24.69	4.44	22.40	4.03	20.15	3.63	18.09	3.19
54	32.57	5.82	28.83	5.16	25.44	4.57	23.06	4.17	20.74	3.74	18.64	3.28
55	34.52	6.18	30.57	5.46	26.97	4.84	24.45	4.41	21.79	3.93	19.56	3.45
56	35.90	6.41	31.80	5.69	28.04	5.03	25.43	4.58	22.66	4.08	20.16	3.56
57	39.79	7.10	34.72	6.21	30.35	5.46	26.26	4.74	23.37	4.21	20.69	3.65
58	42.38	7.57	36.96	6.60	32.31	5.81	27.95	5.03	24.87	4.47	22.03	3.89
59	45.58	8.15	39.76	7.10	34.76	6.25	30.07	5.43	26.75	4.82	23.70	4.19
60	48.15	8.59	42.00	7.51	36.71	6.59	31.76	5.72	28.26	5.08	25.03	4.41
61	52.65	9.41	45.92	8.21	40.15	7.21	34.74	6.26	30.90	5.56	27.37	4.82
62	60.61	10.82	52.46	9.39	45.84	8.25	41.00	7.39	36.06	6.50	31.90	5.63
63	64.00	11.44	55.41	9.91	48.43	8.71	43.29	7.79	38.08	6.85	33.69	5.95
64	68.77	12.28	59.52	10.65	52.03	9.35	46.52	8.39	40.92	7.38	36.20	6.39
65	72.86	13.02	63.06	11.27	55.12	9.91	49.28	8.89	43.36	7.81	38.34	6.77
66	78.98	14.10	68.37	12.22	59.76	10.75	53.43	9.64	47.01	8.46	41.58	7.33
67	86.69	15.48	73.88	13.21	64.57	11.60	58.29	10.51	50.69	9.14	44.21	7.79
68	96.24	17.20	82.01	14.67	71.70	12.89	64.71	11.66	56.29	10.14	49.08	8.66
69	107.17	19.15	91.32	16.33	79.83	14.34	72.05	12.98	62.68	11.28	54.66	9.65
70	119.45	21.34	101.79	18.21	88.98	15.99	80.31	14.47	69.86	12.58	60.92	10.75
71	134.47	24.01	114.60	20.49	100.17	18.00	90.42	16.29	78.65	14.17	68.57	12.09
72	150.25	26.83	128.19	22.92	111.06	19.97	100.56	18.12	86.48	15.57	75.28	13.28
73	169.37	30.25	144.50	25.83	125.21	22.50	113.36	20.43	97.48	17.55	84.87	14.97
74	189.17	33.78	161.40	28.87	139.85	25.14	126.62	22.81	108.89	19.60	94.78	16.72
75	211.71	37.82	180.63	32.30	156.51	28.14	141.69	25.54	121.86	21.94	106.09	18.72
76	235.62	42.08	201.01	35.95	174.18	31.31	157.70	28.43	135.61	24.43	118.05	20.83
77	256.14	45.76	216.88	38.77	187.91	33.77	168.46	30.37	143.19	25.79	124.45	21.96
78	281.61	50.30	238.45	42.64	206.61	37.14	185.21	33.38	157.44	28.35	136.84	24.15
79	308.44	55.09	261.16	46.70	226.29	40.67	202.85	36.56	172.43	31.05	149.87	26.44
80	335.26	59.89	283.87	50.75	245.96	44.21	220.48	39.73	187.43	33.75	162.90	28.74
81	366.78	65.51	310.55	55.53	269.08	48.37	241.21	43.47	205.05	36.93	178.20	31.44
82	408.41	72.96	345.81	61.83	299.63	53.86	273.49	49.29	232.48	41.88	202.06	35.65
83	449.87	80.36	380.91	68.12	330.05	59.32	301.26	54.29	256.09	46.12	222.57	39.27
84	499.48	89.21	422.91	75.62	366.44	65.88	334.46	60.27	284.33	51.21	247.10	43.59
85	NA	99.03	NA	83.94	NA	73.11	NA	66.91	NA	56.83	NA	48.40
86	NA	108.94	NA	92.32	NA	80.43	NA	73.61	NA	62.52	NA	53.23
87	NA	118.74	NA	100.64	NA	87.67	NA	80.23	NA	68.15	NA	58.02
88	NA	128.23	NA	108.69	NA	94.68	NA	86.64	NA	73.60	NA	62.67
89	NA	137.22	NA	116.30	NA	101.30	NA	92.71	NA	78.75	NA	67.04
90	NA	145.45	NA	123.27	NA	107.39	NA	98.27	NA	83.48	NA	71.07
91	NA	152.72	NA	129.44	NA	112.75	NA	103.18	NA	87.66	NA	74.62
92	NA	160.36	NA	135.91	NA	118.39	NA	108.35	NA	92.03	NA	78.36
93	NA	168.39	NA	142.70	NA	124.31	NA	113.76	NA	96.64	NA	82.28
94	NA	176.79	NA	149.84	NA	130.52	NA	119.45	NA	101.47	NA	86.39
95	NA	185.64	NA	157.34	NA	137.04	NA	125.43	NA	106.54	NA	90.71
96	NA	194.92	NA	165.20	NA	143.91	NA	131.70	NA	111.87	NA	95.24
97	NA	204.67	NA	173.47	NA	151.11	NA	138.28	NA	117.46	NA	100.01
98	NA	214.90	NA	182.14	NA	158.65	NA	145.19	NA	123.34	NA	105.01
99	NA	225.65	NA	191.24	NA	166.59	NA	152.45	NA	129.50	NA	110.25
100	NA	236.93	NA	200.81	NA	174.92	NA	160.08	NA	135.97	NA	115.76

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	30.52	5.20	27.08	4.66	24.68	4.28	22.56	3.97	20.68	3.64	19.21	3.34
41	32.64	5.55	28.82	4.96	26.10	4.53	23.32	4.11	21.24	3.74	19.62	3.43
42	33.33	5.68	29.40	5.06	26.57	4.63	23.59	4.15	21.43	3.77	19.75	3.45
43	34.03	5.78	29.99	5.16	27.05	4.70	23.84	4.20	21.60	3.81	19.90	3.47
44	34.74	5.91	30.56	5.26	27.52	4.78	24.10	4.24	21.79	3.83	20.03	3.50
45	35.45	6.03	31.14	5.36	28.00	4.86	24.35	4.28	21.98	3.88	20.17	3.51
46	36.15	6.15	31.73	5.46	28.48	4.95	24.62	4.33	22.17	3.90	20.30	3.53
47	36.84	6.27	32.30	5.56	28.95	5.02	24.88	4.38	22.35	3.94	20.43	3.56
48	37.56	6.39	32.88	5.65	29.43	5.11	25.13	4.43	22.54	3.97	20.56	3.58
49	38.26	6.51	33.45	5.75	29.89	5.20	25.39	4.46	22.73	4.00	20.71	3.61
50	38.96	6.64	34.03	5.84	30.37	5.27	25.64	4.51	22.92	4.03	20.84	3.64
51	39.75	6.76	34.71	5.97	30.98	5.39	26.16	4.59	23.37	4.11	21.27	3.71
52	41.33	7.03	36.09	6.21	32.21	5.59	27.20	4.78	24.30	4.28	22.12	3.86
53	42.57	7.25	37.19	6.40	33.18	5.76	28.01	4.94	25.03	4.41	22.78	3.97
54	43.84	7.46	38.29	6.58	34.18	5.94	28.85	5.07	25.78	4.53	23.45	4.08
55	46.48	7.91	40.59	6.99	36.22	6.30	30.58	5.39	27.32	4.81	24.87	4.33
56	48.34	8.22	42.22	7.26	37.68	6.55	31.81	5.59	28.43	5.01	25.87	4.51
57	53.06	9.02	46.03	7.93	40.71	7.07	34.62	6.08	30.58	5.39	27.45	4.78
58	56.49	9.60	48.99	8.43	43.33	7.52	36.84	6.49	32.56	5.74	29.23	5.09
59	60.76	10.33	52.71	9.06	46.62	8.09	39.64	6.97	35.02	6.18	31.44	5.49
60	64.19	10.92	55.68	9.57	49.24	8.56	41.88	7.38	37.00	6.51	33.21	5.80
61	70.17	11.95	60.88	10.47	53.84	9.35	45.78	8.06	40.45	7.13	36.31	6.33
62	77.24	13.15	67.07	11.53	58.80	10.21	50.00	8.79	44.18	7.78	39.16	6.83
63	81.57	13.89	70.85	12.19	62.11	10.78	52.80	9.29	46.66	8.22	41.36	7.21
64	87.67	14.92	76.12	13.09	66.72	11.59	56.74	9.98	50.13	8.83	44.45	7.75
65	92.88	15.80	80.65	13.88	70.69	12.28	60.12	10.58	53.12	9.35	47.08	8.21
66	100.69	17.14	87.43	15.03	76.64	13.30	65.18	11.47	57.57	10.15	51.04	8.90
67	112.93	19.22	97.29	16.73	85.29	14.82	72.44	12.74	64.00	11.27	56.73	9.90
68	125.38	21.32	108.02	18.58	94.69	16.46	80.42	14.16	71.05	12.52	62.99	10.98
69	139.60	23.75	120.27	20.69	105.43	18.31	89.55	15.76	79.12	13.93	70.14	12.23
70	155.60	26.48	134.08	23.05	117.52	20.42	99.81	17.56	88.19	15.53	78.17	13.64
71	175.17	29.80	150.93	25.95	132.29	22.98	112.36	19.77	99.28	17.48	88.00	15.34
72	196.56	33.44	168.06	28.91	147.32	25.59	125.64	22.10	111.02	19.55	98.40	17.17
73	221.59	37.70	189.45	32.58	166.06	28.85	141.63	24.93	125.14	22.04	110.92	19.34
74	247.48	42.11	211.61	36.40	185.49	32.23	158.19	27.83	139.78	24.62	123.89	21.62
75	276.97	47.12	236.81	40.72	207.58	36.06	177.04	31.15	156.43	27.55	138.66	24.19
76	308.26	52.44	263.55	45.32	231.01	40.14	197.02	34.68	174.10	30.67	154.32	26.92
77	339.69	57.79	290.76	50.00	252.64	43.89	214.74	37.78	189.73	33.42	168.18	29.33
78	373.48	63.53	319.68	54.98	277.77	48.25	236.11	41.54	208.62	36.74	184.91	32.25
79	409.05	69.60	350.12	60.21	304.21	52.86	258.59	45.51	228.48	40.23	202.51	35.32
80	444.61	75.65	380.57	65.45	330.67	57.44	281.08	49.46	248.35	43.73	220.14	38.40
81	486.40	82.75	416.35	71.61	361.76	62.86	307.51	54.11	271.70	47.84	240.83	42.01
82	536.02	91.20	458.82	78.91	398.65	69.26	340.38	59.89	300.76	52.97	266.58	46.49
83	590.43	100.45	505.38	86.92	439.11	76.28	374.92	65.97	331.28	58.33	293.63	51.22
84	655.54	111.53	561.11	96.50	487.54	84.69	416.27	73.24	367.82	64.77	326.02	56.87
85	NA	123.80	NA	107.12	NA	94.01	NA	81.30	NA	71.90	NA	63.13
86	NA	136.18	NA	117.83	NA	103.42	NA	89.44	NA	79.10	NA	69.44
87	NA	148.43	NA	128.44	NA	112.72	NA	97.48	NA	86.20	NA	75.68
88	NA	160.32	NA	138.71	NA	121.74	NA	105.28	NA	93.11	NA	81.74
89	NA	171.53	NA	148.42	NA	130.26	NA	112.66	NA	99.63	NA	87.47
90	NA	181.82	NA	157.33	NA	138.09	NA	119.42	NA	105.60	NA	92.71
91	NA	190.91	NA	165.18	NA	144.98	NA	125.39	NA	110.88	NA	97.35
92	NA	200.46	NA	173.44	NA	152.22	NA	131.66	NA	116.43	NA	102.21
93	NA	210.48	NA	182.12	NA	159.85	NA	138.23	NA	122.25	NA	107.31
94	NA	220.99	NA	191.22	NA	167.84	NA	145.16	NA	128.37	NA	112.69
95	NA	232.06	NA	200.78	NA	176.23	NA	152.40	NA	134.77	NA	118.33
96	NA	243.65	NA	210.83	NA	185.03	NA	160.02	NA	141.51	NA	124.24
97	NA	255.84	NA	221.38	NA	194.28	NA	168.03	NA	148.60	NA	130.45
98	NA	268.63	NA	232.43	NA	204.00	NA	176.43	NA	156.02	NA	136.97
99	NA	282.07	NA	244.07	NA	214.20	NA	185.25	NA	163.83	NA	143.82
100	NA	296.17	NA	256.25	NA	224.91	NA	194.51	NA	172.00	NA	151.01

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	35.01	6.00	31.20	5.36	28.29	4.90	25.43	4.43	22.91	3.99	20.84	3.63
41	36.52	6.26	32.32	5.56	29.20	5.06	26.22	4.56	23.50	4.09	21.21	3.69
42	37.02	6.34	32.71	5.63	29.51	5.11	26.47	4.61	23.69	4.13	21.32	3.70
43	37.52	6.44	33.08	5.69	29.81	5.18	26.73	4.65	23.90	4.17	21.44	3.72
44	38.02	6.51	33.46	5.75	30.12	5.22	26.99	4.70	24.09	4.20	21.56	3.75
45	38.52	6.59	33.83	5.82	30.43	5.27	27.25	4.75	24.29	4.24	21.69	3.76
46	39.03	6.69	34.21	5.89	30.73	5.32	27.51	4.78	24.48	4.26	21.80	3.78
47	39.53	6.77	34.59	5.95	31.02	5.38	27.76	4.83	24.68	4.30	21.93	3.81
48	40.03	6.85	34.97	6.01	31.33	5.44	28.02	4.88	24.88	4.33	22.05	3.82
49	40.53	6.95	35.34	6.07	31.64	5.49	28.29	4.93	25.07	4.38	22.18	3.84
50	41.04	7.03	35.72	6.15	31.94	5.53	28.55	4.97	25.26	4.40	22.29	3.88
51	41.86	7.18	36.44	6.26	32.58	5.65	29.12	5.07	25.78	4.49	22.74	3.95
52	44.72	7.66	38.92	6.70	34.80	6.03	31.09	5.41	27.54	4.80	24.29	4.22
53	46.62	7.98	40.58	6.97	36.28	6.28	32.43	5.65	28.70	5.00	25.32	4.40
54	48.52	8.31	42.23	7.26	37.76	6.55	33.75	5.88	29.88	5.21	26.37	4.57
55	52.32	8.97	45.54	7.83	40.72	7.06	36.40	6.33	32.23	5.60	28.43	4.94
56	54.23	9.29	47.21	8.13	42.21	7.31	37.72	6.56	33.39	5.82	29.46	5.11
57	56.16	9.63	48.55	8.34	43.02	7.46	40.22	7.00	35.21	6.14	31.01	5.39
58	59.77	10.25	51.68	8.89	45.80	7.94	42.82	7.45	37.49	6.53	33.02	5.74
59	64.31	11.02	55.61	9.56	49.27	8.53	46.05	8.02	40.32	7.02	35.52	6.18
60	67.94	11.65	58.73	10.09	52.04	9.02	48.66	8.47	42.59	7.43	37.52	6.51
61	74.27	12.73	64.21	11.04	56.91	9.85	53.20	9.26	46.56	8.10	41.02	7.13
62	83.18	14.26	72.00	12.39	63.24	10.96	57.74	10.04	50.54	8.81	44.53	7.74
63	87.86	15.05	76.03	13.07	66.78	11.57	60.99	10.60	53.38	9.29	47.03	8.16
64	94.39	16.17	81.71	14.04	71.76	12.44	65.52	11.41	57.36	10.00	50.53	8.77
65	100.00	17.14	86.55	14.89	76.02	13.17	69.42	12.08	60.76	10.58	53.53	9.29
66	108.41	18.58	93.84	16.14	82.42	14.28	75.26	13.09	65.88	11.48	58.04	10.07
67	119.25	20.43	102.42	17.60	89.96	15.59	82.40	14.34	72.13	12.57	63.53	11.03
68	132.40	22.69	113.72	19.55	99.88	17.30	91.48	15.92	80.06	13.96	70.54	12.25
69	147.42	25.26	126.62	21.77	111.22	19.28	101.86	17.73	89.15	15.53	78.54	13.64
70	164.33	28.16	141.13	24.26	123.96	21.48	113.53	19.75	99.38	17.31	87.55	15.20
71	184.97	31.70	158.88	27.31	139.54	24.19	127.81	22.24	111.87	19.49	98.56	17.10
72	208.99	35.81	179.70	30.90	156.45	27.12	142.73	24.84	124.94	21.77	110.06	19.10
73	235.60	40.38	202.57	34.82	176.37	30.56	160.90	28.00	140.84	24.54	124.08	21.54
74	263.13	45.09	226.25	38.90	196.99	34.14	179.70	31.27	157.29	27.41	138.59	24.05
75	294.48	50.46	253.21	43.53	220.46	38.21	201.12	35.00	176.04	30.68	155.09	26.93
76	327.73	56.16	281.80	48.46	245.35	42.52	223.83	38.95	195.92	34.14	172.61	29.96
77	361.38	61.93	310.73	53.43	270.55	46.89	247.83	43.14	216.93	37.79	188.66	32.75
78	397.33	68.08	341.65	58.74	297.44	51.55	272.47	47.42	238.50	41.55	207.43	36.01
79	435.16	74.57	374.18	64.33	325.79	56.47	298.43	51.94	261.22	45.52	227.18	39.45
80	473.01	81.05	406.73	69.94	354.11	61.38	324.38	56.45	283.93	49.47	246.94	42.88
81	517.47	88.67	444.95	76.51	387.39	67.14	354.88	61.76	310.63	54.12	270.15	46.91
82	572.97	98.18	488.95	84.06	425.69	73.77	389.90	67.87	341.29	59.46	296.82	51.53
83	631.13	108.15	538.57	92.61	468.90	81.27	429.49	74.74	375.93	65.50	326.95	56.76
84	700.72	120.06	597.96	102.80	520.60	90.23	476.84	82.99	417.38	72.72	363.01	63.02
85	NA	133.27	NA	114.12	NA	100.15	NA	92.12	NA	80.72	NA	69.95
86	NA	146.61	NA	125.52	NA	110.17	NA	101.32	NA	88.79	NA	76.95
87	NA	159.79	NA	136.84	NA	120.08	NA	110.44	NA	96.78	NA	83.88
88	NA	172.59	NA	147.77	NA	129.69	NA	119.27	NA	104.53	NA	90.59
89	NA	184.66	NA	158.12	NA	138.75	NA	127.64	NA	111.85	NA	96.93
90	NA	195.74	NA	167.61	NA	147.10	NA	135.28	NA	118.55	NA	102.73
91	NA	205.52	NA	175.98	NA	154.44	NA	142.05	NA	124.49	NA	107.89
92	NA	215.82	NA	184.78	NA	162.16	NA	149.15	NA	130.71	NA	113.26
93	NA	226.60	NA	194.02	NA	170.27	NA	156.62	NA	137.24	NA	118.94
94	NA	237.93	NA	203.72	NA	178.79	NA	164.45	NA	144.11	NA	124.88
95	NA	249.83	NA	213.91	NA	187.72	NA	172.67	NA	151.32	NA	131.13
96	NA	262.32	NA	224.61	NA	197.11	NA	181.31	NA	158.88	NA	137.68
97	NA	275.43	NA	235.83	NA	206.96	NA	190.36	NA	166.83	NA	144.57
98	NA	289.21	NA	247.63	NA	217.32	NA	199.88	NA	175.17	NA	151.78
99	NA	303.66	NA	260.00	NA	228.18	NA	209.88	NA	183.93	NA	159.39
100	NA	318.85	NA	273.02	NA	239.59	NA	220.38	NA	193.11	NA	167.36

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	39.17	6.49	35.02	5.82	31.68	5.32	30.10	5.09	27.44	4.68	25.19	4.28
41	40.96	6.78	36.45	6.06	32.77	5.51	30.95	5.24	28.08	4.77	25.64	4.36
42	41.55	6.88	36.93	6.15	33.15	5.57	31.24	5.28	28.30	4.81	25.80	4.39
43	42.15	6.97	37.40	6.22	33.51	5.64	31.52	5.33	28.51	4.84	25.95	4.41
44	42.74	7.07	37.88	6.30	33.88	5.70	31.81	5.39	28.73	4.89	26.10	4.44
45	43.34	7.18	38.34	6.39	34.25	5.76	32.08	5.44	28.95	4.93	26.25	4.46
46	43.93	7.27	38.82	6.46	34.62	5.82	32.38	5.47	29.17	4.96	26.41	4.49
47	44.53	7.38	39.29	6.53	34.97	5.89	32.67	5.52	29.38	5.00	26.55	4.51
48	45.14	7.47	39.78	6.63	35.34	5.95	32.95	5.57	29.60	5.03	26.70	4.53
49	45.72	7.57	40.26	6.70	35.71	6.01	33.24	5.63	29.81	5.07	26.87	4.56
50	46.31	7.68	40.73	6.77	36.08	6.07	33.51	5.68	30.02	5.11	27.01	4.58
51	47.24	7.82	41.54	6.91	36.79	6.19	34.19	5.78	30.63	5.21	27.55	4.69
52	50.47	8.34	44.39	7.39	39.31	6.60	36.51	6.18	32.71	5.56	29.43	5.00
53	52.62	8.71	46.27	7.70	40.98	6.90	38.07	6.44	34.12	5.80	30.68	5.21
54	54.76	9.06	48.16	8.01	42.66	7.18	39.63	6.70	35.50	6.03	31.94	5.43
55	59.06	9.77	51.93	8.64	46.01	7.74	42.73	7.24	38.28	6.51	34.44	5.85
56	61.20	10.14	53.81	8.96	47.67	8.02	44.28	7.50	39.67	6.75	35.69	6.07
57	64.61	10.70	56.42	9.39	49.53	8.33	45.71	7.74	40.95	6.97	36.38	6.19
58	68.77	11.39	60.05	10.00	52.73	8.88	48.66	8.23	43.58	7.43	38.72	6.58
59	73.98	12.25	64.62	10.75	56.73	9.54	52.34	8.85	46.90	7.97	41.66	7.08
60	78.15	12.94	68.25	11.35	59.92	10.08	55.29	9.35	49.53	8.43	44.01	7.49
61	85.44	14.15	74.62	12.41	65.51	11.02	60.45	10.22	54.16	9.21	48.11	8.19
62	93.24	15.43	80.79	13.45	70.94	11.94	65.20	11.03	58.42	9.94	51.25	8.71
63	98.47	16.29	85.32	14.20	74.92	12.60	68.87	11.65	61.70	10.50	54.13	9.20
64	105.80	17.52	91.69	15.26	80.50	13.54	73.99	12.52	66.29	11.28	58.17	9.89
65	112.10	18.55	97.14	16.16	85.28	14.34	78.40	13.26	70.23	11.95	61.62	10.47
66	121.52	20.12	105.30	17.52	92.45	15.55	84.98	14.39	76.15	12.96	66.79	11.35
67	136.90	22.66	117.71	19.58	103.35	17.39	95.06	16.08	83.28	14.17	73.77	12.54
68	151.97	25.16	130.69	21.74	114.74	19.30	105.54	17.85	92.46	15.73	81.91	13.92
69	169.23	28.01	145.51	24.20	127.76	21.49	117.51	19.88	102.95	17.52	91.20	15.51
70	188.63	31.23	162.20	26.99	142.41	23.95	130.98	22.16	114.75	19.52	101.66	17.28
71	212.34	35.15	182.59	30.38	160.32	26.97	147.45	24.94	129.17	21.98	114.43	19.46
72	237.33	39.28	204.09	33.95	179.18	30.14	165.74	28.04	145.20	24.70	126.97	21.59
73	267.55	44.28	230.05	38.27	201.98	33.97	186.84	31.62	163.68	27.85	143.15	24.32
74	298.83	49.46	256.94	42.74	225.60	37.95	208.69	35.30	182.83	31.09	159.88	27.18
75	334.43	55.36	287.56	47.84	252.47	42.47	233.56	39.51	204.61	34.81	178.93	30.42
76	372.17	61.61	320.04	53.24	280.97	47.27	259.92	43.97	227.69	38.73	199.13	33.84
77	404.20	66.90	350.63	58.32	305.15	51.32	281.53	47.64	246.63	41.96	215.68	36.66
78	444.41	73.54	385.51	64.14	335.51	56.44	309.53	52.37	271.17	46.14	237.13	40.31
79	486.73	80.55	422.24	70.25	367.45	61.81	339.02	57.36	296.98	50.53	259.72	44.15
80	529.05	87.56	458.95	76.35	399.41	67.19	368.50	62.33	322.81	54.92	282.30	47.99
81	578.78	95.78	502.08	83.53	436.96	73.51	403.12	68.20	353.16	60.08	308.84	52.50
82	621.98	102.95	535.44	89.07	465.98	78.39	432.04	73.08	378.49	64.39	331.00	56.26
83	685.11	113.40	589.78	98.12	513.27	86.35	475.88	80.50	416.89	70.94	364.58	61.98
84	760.66	125.89	654.81	108.93	569.87	95.87	528.36	89.39	462.87	78.75	404.79	68.81
85	NA	139.74	NA	120.92	NA	106.41	NA	99.22	NA	87.42	NA	76.39
86	NA	153.71	NA	133.01	NA	117.05	NA	109.15	NA	96.15	NA	84.01
87	NA	167.54	NA	144.98	NA	127.59	NA	118.96	NA	104.80	NA	91.57
88	NA	180.95	NA	156.58	NA	137.79	NA	128.47	NA	113.19	NA	98.90
89	NA	193.62	NA	167.54	NA	147.44	NA	137.47	NA	121.12	NA	105.84
90	NA	205.24	NA	177.60	NA	156.28	NA	145.72	NA	128.39	NA	112.18
91	NA	215.50	NA	186.47	NA	164.10	NA	153.00	NA	134.79	NA	117.79
92	NA	226.27	NA	195.80	NA	172.31	NA	160.66	NA	141.54	NA	123.68
93	NA	237.60	NA	205.58	NA	180.92	NA	168.69	NA	148.62	NA	129.86
94	NA	249.46	NA	215.87	NA	189.96	NA	177.13	NA	156.04	NA	136.35
95	NA	261.94	NA	226.66	NA	199.46	NA	185.97	NA	163.85	NA	143.17
96	NA	275.04	NA	237.99	NA	209.43	NA	195.28	NA	172.04	NA	150.33
97	NA	288.80	NA	249.89	NA	219.90	NA	205.05	NA	180.65	NA	157.85
98	NA	303.22	NA	262.38	NA	230.90	NA	215.29	NA	189.67	NA	165.73
99	NA	318.40	NA	275.50	NA	242.44	NA	226.06	NA	199.16	NA	174.01
100	NA	334.32	NA	289.29	NA	254.56	NA	237.37	NA	209.12	NA	182.72

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P103 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	**$1,500 Base**	**Additional 300**	**$1,500 Base**	**Additional 300**	**$1,500 Base**	**Additional 300**	**$1,500 Base**	**Additional 300**	**$1,500 Base**	**Additional 300**	**$1,500 Base**	**Additional 300**
18-40	51.93	7.83	46.62	7.03	42.61	6.44	40.31	6.08	36.66	5.53	33.90	5.11
41	54.36	8.20	48.58	7.33	44.15	6.66	41.57	6.27	37.63	5.68	34.59	5.22
42	55.17	8.32	49.23	7.43	44.66	6.74	41.98	6.33	37.95	5.72	34.82	5.26
43	55.97	8.45	49.88	7.52	45.17	6.81	42.41	6.40	38.26	5.77	35.06	5.28
44	56.77	8.57	50.53	7.63	45.67	6.90	42.82	6.46	38.58	5.82	35.30	5.32
45	57.58	8.69	51.19	7.72	46.18	6.97	43.24	6.52	38.91	5.88	35.52	5.36
46	58.41	8.81	51.84	7.82	46.70	7.04	43.66	6.58	39.23	5.93	35.76	5.40
47	59.21	8.94	52.49	7.93	47.21	7.13	44.08	6.65	39.54	5.97	36.00	5.44
48	60.01	9.06	53.15	8.02	47.72	7.20	44.49	6.71	39.88	6.01	36.22	5.46
49	60.82	9.17	53.79	8.13	48.23	7.27	44.92	6.77	40.20	6.06	36.46	5.50
50	61.64	9.29	54.45	8.21	48.74	7.35	45.33	6.83	40.52	6.10	36.70	5.53
51	62.87	9.48	55.54	8.39	49.72	7.50	46.24	6.97	41.32	6.24	37.43	5.65
52	67.16	10.14	59.32	8.95	53.11	8.01	49.40	7.45	44.15	6.66	39.98	6.03
53	70.01	10.56	61.86	9.33	55.37	8.34	51.49	7.77	46.02	6.95	41.69	6.28
54	72.88	11.00	64.38	9.71	57.63	8.70	53.59	8.08	47.91	7.22	43.39	6.55
55	78.58	11.85	69.42	10.47	62.14	9.38	57.80	8.72	51.66	7.79	46.78	7.06
56	81.44	12.28	71.95	10.85	64.40	9.72	59.90	9.03	53.54	8.07	48.48	7.31
57	87.43	13.20	76.12	11.48	67.53	10.19	62.76	9.47	55.47	8.38	49.53	7.47
58	93.06	14.04	81.03	12.22	71.90	10.84	66.82	10.08	59.05	8.91	52.73	7.96
59	100.13	15.10	87.18	13.16	77.35	11.67	71.89	10.84	63.52	9.58	56.73	8.56
60	105.76	15.96	92.09	13.90	81.69	12.32	75.93	11.46	67.10	10.13	59.93	9.04
61	115.63	17.45	100.69	15.20	89.32	13.48	83.01	12.52	73.36	11.07	65.51	9.89
62	123.52	18.65	107.67	16.24	94.69	14.28	88.57	13.38	77.39	11.67	68.12	10.27
63	130.46	19.68	113.72	17.16	100.01	15.09	93.55	14.13	81.73	12.33	71.94	10.85
64	140.18	21.16	122.19	18.43	107.46	16.22	100.51	15.17	87.81	13.24	77.29	11.66
65	148.50	22.41	129.45	19.53	113.85	17.18	106.48	16.07	93.03	14.03	81.88	12.35
66	161.00	24.29	140.35	21.18	123.41	18.62	115.44	17.42	100.86	15.22	88.76	13.40
67	185.34	27.97	160.53	24.22	139.94	21.12	131.80	19.90	115.16	17.39	101.36	15.29
68	205.77	31.05	178.23	26.89	155.38	23.44	146.35	22.07	127.85	19.29	112.53	16.98
69	229.12	34.57	198.44	29.94	173.00	26.10	162.95	24.59	142.37	21.48	125.30	18.91
70	255.40	38.53	221.20	33.38	192.84	29.10	181.63	27.41	158.69	23.94	139.67	21.06
71	287.49	43.39	249.01	37.57	217.08	32.75	204.47	30.84	178.63	26.95	157.22	23.72
72	316.29	47.72	273.94	41.33	238.82	36.03	223.87	33.77	195.59	29.51	169.88	25.63
73	356.54	53.79	308.81	46.59	269.20	40.63	252.36	38.07	220.48	33.26	191.49	28.89
74	398.23	60.08	344.91	52.04	300.69	45.37	281.88	42.53	246.26	37.16	213.90	32.27
75	445.67	67.24	386.01	58.24	336.52	50.77	315.46	47.59	275.60	41.58	239.38	36.12
76	495.99	74.83	429.59	64.81	374.50	56.50	351.07	52.97	306.71	46.28	266.41	40.20
77	540.71	81.57	464.83	70.14	405.22	61.14	376.61	56.82	329.04	49.65	285.79	43.13
78	594.49	89.69	511.06	77.11	445.52	67.22	414.07	62.48	361.76	54.57	314.21	47.41
79	651.10	98.23	559.73	84.45	487.96	73.63	453.51	68.43	396.20	59.77	344.14	51.92
80	707.73	106.78	608.41	91.78	530.38	80.02	492.95	74.38	430.66	64.97	374.06	56.44
81	774.25	116.81	665.59	100.42	580.24	87.54	539.27	81.37	471.14	71.08	409.23	61.74
82	809.20	122.09	695.64	104.96	606.44	91.50	569.80	85.97	492.08	74.24	432.37	65.24
83	891.33	134.48	766.24	115.61	667.98	100.78	627.63	94.70	542.03	81.78	476.26	71.86
84	989.62	149.32	850.73	128.37	741.64	111.90	696.83	105.14	601.79	90.80	528.78	79.78
85	NA	165.73	NA	142.48	NA	124.20	NA	116.70	NA	100.78	NA	88.55
86	NA	182.31	NA	156.72	NA	136.62	NA	128.38	NA	110.87	NA	97.41
87	NA	198.72	NA	170.84	NA	148.93	NA	139.92	NA	120.84	NA	106.18
88	NA	214.62	NA	184.49	NA	160.84	NA	151.12	NA	130.51	NA	114.68
89	NA	229.63	NA	197.41	NA	172.10	NA	161.70	NA	139.65	NA	122.70
90	NA	243.41	NA	209.25	NA	182.42	NA	171.40	NA	148.02	NA	130.06
91	NA	255.59	NA	219.71	NA	191.53	NA	179.96	NA	155.43	NA	136.58
92	NA	268.37	NA	230.71	NA	201.12	NA	188.96	NA	163.20	NA	143.40
93	NA	281.79	NA	242.24	NA	211.18	NA	198.42	NA	171.36	NA	150.57
94	NA	295.87	NA	254.35	NA	221.73	NA	208.35	NA	179.93	NA	158.09
95	NA	310.66	NA	267.07	NA	232.82	NA	218.75	NA	188.92	NA	165.99
96	NA	326.19	NA	280.42	NA	244.46	NA	229.69	NA	198.37	NA	174.29
97	NA	342.52	NA	294.44	NA	256.68	NA	241.18	NA	208.27	NA	183.01
98	NA	359.63	NA	309.16	NA	269.52	NA	253.23	NA	218.70	NA	192.16
99	NA	377.61	NA	324.62	NA	282.99	NA	265.89	NA	229.63	NA	201.76
100	NA	396.50	NA	340.85	NA	297.14	NA	279.19	NA	241.12	NA	211.87

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	23.54	3.51	21.19	3.17	19.23	2.89	16.79	2.52	15.35	2.31	14.21	2.08
41	24.43	3.64	21.90	3.26	19.72	2.96	17.40	2.61	15.83	2.39	14.53	2.14
42	24.64	3.68	22.05	3.28	19.80	2.98	17.53	2.64	15.95	2.40	14.58	2.15
43	24.79	3.70	22.16	3.30	19.85	2.98	17.64	2.65	16.01	2.42	14.60	2.15
44	24.99	3.72	22.30	3.32	19.94	2.99	17.77	2.68	16.10	2.43	14.66	2.15
45	25.23	3.76	22.49	3.34	20.05	3.01	17.92	2.70	16.22	2.44	14.73	2.17
46	25.37	3.77	22.57	3.38	20.09	3.01	18.00	2.71	16.28	2.45	14.76	2.18
47	25.51	3.80	22.68	3.39	20.13	3.02	18.09	2.73	16.34	2.46	14.77	2.18
48	25.68	3.82	22.79	3.40	20.19	3.02	18.21	2.74	16.42	2.46	14.80	2.18
49	25.91	3.86	22.97	3.43	20.29	3.05	18.35	2.76	16.53	2.49	14.89	2.19
50	26.06	3.89	23.07	3.44	20.35	3.05	18.46	2.77	16.60	2.50	14.91	2.19
51	26.43	3.94	23.41	3.49	20.65	3.09	18.72	2.81	16.83	2.52	15.12	2.23
52	27.25	4.06	24.13	3.59	21.28	3.19	19.29	2.90	17.35	2.61	15.58	2.24
53	27.89	4.17	24.70	3.69	21.78	3.27	19.75	2.98	17.77	2.68	15.96	2.28
54	28.51	4.25	25.25	3.76	22.26	3.33	20.19	3.03	18.17	2.74	16.31	2.36
55	30.04	4.47	26.60	3.96	23.47	3.52	21.28	3.20	18.96	2.84	16.92	2.43
56	31.05	4.63	27.49	4.09	24.25	3.64	21.99	3.31	19.59	2.95	17.27	2.50
57	34.12	5.08	29.76	4.44	26.01	3.90	22.50	3.39	20.03	3.01	17.74	2.61
58	36.05	5.38	31.44	4.69	27.49	4.13	23.78	3.57	21.16	3.18	18.74	2.75
59	38.38	5.72	33.47	5.00	29.26	4.39	25.31	3.81	22.53	3.39	19.96	2.94
60	40.22	6.00	35.08	5.24	30.68	4.59	26.54	4.00	23.62	3.55	20.92	3.07
61	43.41	6.47	37.88	5.65	33.09	4.96	28.64	4.31	25.48	3.83	22.56	3.31
62	49.31	7.34	42.69	6.35	37.31	5.59	33.37	5.02	29.35	4.41	25.97	3.81
63	51.25	7.64	44.36	6.60	38.77	5.81	34.68	5.21	30.50	4.58	26.98	3.96
64	53.73	8.01	46.49	6.94	40.65	6.09	36.33	5.47	31.98	4.81	28.27	4.17
65	56.13	8.35	48.58	7.25	42.46	6.38	37.96	5.71	33.40	5.02	29.54	4.33
66	59.13	8.81	51.18	7.64	44.73	6.71	40.00	6.02	35.19	5.28	31.13	4.57
67	63.01	9.39	53.70	8.01	46.95	7.04	42.38	6.38	36.87	5.53	32.14	4.72
68	67.88	10.10	57.83	8.63	50.56	7.58	45.64	6.85	39.70	5.97	34.62	5.08
69	73.24	10.91	62.43	9.31	54.56	8.19	49.25	7.41	42.84	6.44	37.37	5.49
70	79.05	11.78	67.38	10.04	58.89	8.83	53.16	8.00	46.23	6.95	40.32	5.93
71	84.62	12.60	72.11	10.76	63.03	9.46	56.89	8.56	49.49	7.44	43.16	6.33
72	88.02	13.10	75.11	11.20	65.07	9.76	58.92	8.85	50.67	7.63	44.11	6.49
73	93.72	13.96	79.96	11.92	69.28	10.40	62.72	9.44	53.94	8.10	46.96	6.90
74	98.52	14.68	84.05	12.53	72.83	10.92	65.94	9.92	56.70	8.52	49.37	7.26
75	103.38	15.40	88.19	13.16	76.42	11.46	69.19	10.41	59.49	8.95	51.79	7.60
76	107.37	15.99	91.61	13.66	79.37	11.91	71.86	10.81	61.80	9.28	53.80	7.91
77	108.39	16.15	91.77	13.69	79.52	11.94	71.28	10.72	60.58	9.10	52.67	7.74
78	110.00	16.39	93.14	13.90	80.71	12.10	72.35	10.89	61.50	9.25	53.44	7.84
79	110.43	16.46	93.51	13.95	81.02	12.16	72.64	10.92	61.74	9.28	53.66	7.89
80	109.13	16.26	92.40	13.78	80.05	12.01	71.77	10.79	61.01	9.17	53.01	7.79
81	111.43	16.59	94.36	14.07	81.74	12.26	73.28	11.02	62.28	9.35	54.15	7.96
82	110.78	16.51	93.80	13.99	81.28	12.20	74.18	11.16	63.06	9.48	54.80	8.06
83	112.26	16.72	95.06	14.17	82.37	12.35	75.18	11.31	63.90	9.60	55.54	8.16
84	113.80	16.96	96.37	14.38	83.49	12.52	76.21	11.47	64.78	9.73	56.30	8.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	28.57	4.03	25.37	3.63	23.12	3.33	21.13	3.09	19.37	2.83	17.98	2.61
41	30.55	4.31	26.99	3.86	24.44	3.53	21.85	3.20	19.90	2.92	18.37	2.67
42	31.09	4.39	27.44	3.93	24.80	3.58	22.02	3.22	19.99	2.94	18.43	2.68
43	31.57	4.46	27.81	3.97	25.09	3.63	22.12	3.24	20.04	2.94	18.46	2.68
44	32.12	4.53	28.25	4.03	25.44	3.68	22.28	3.26	20.15	2.95	18.52	2.69
45	32.69	4.61	28.71	4.09	25.82	3.74	22.47	3.28	20.27	2.98	18.59	2.70
46	33.14	4.68	29.07	4.15	26.10	3.77	22.56	3.31	20.33	2.99	18.60	2.70
47	33.58	4.74	29.44	4.20	26.38	3.81	22.67	3.32	20.37	2.99	18.64	2.70
48	34.06	4.81	29.81	4.26	26.69	3.84	22.79	3.33	20.44	3.00	18.66	2.71
49	34.63	4.89	30.27	4.32	27.05	3.92	22.97	3.36	20.56	3.01	18.74	2.73
50	35.08	4.95	30.65	4.38	27.35	3.95	23.09	3.39	20.63	3.02	18.77	2.73
51	35.57	5.02	31.07	4.44	27.73	4.01	23.42	3.44	20.92	3.06	19.03	2.76
52	36.69	5.18	32.03	4.57	28.58	4.14	24.15	3.53	21.56	3.17	19.64	2.84
53	37.54	5.30	32.80	4.69	29.26	4.22	24.72	3.63	22.07	3.24	20.09	2.92
54	38.40	5.43	33.53	4.78	29.93	4.32	25.26	3.70	22.57	3.31	20.54	2.99
55	40.45	5.71	35.32	5.05	31.52	4.55	26.62	3.90	23.78	3.49	21.65	3.14
56	41.79	5.90	36.51	5.21	32.57	4.71	27.51	4.03	24.57	3.59	22.37	3.25
57	45.48	6.43	39.45	5.64	34.89	5.03	29.68	4.34	26.22	3.84	23.53	3.42
58	48.04	6.78	41.69	5.95	36.87	5.32	31.34	4.59	27.70	4.06	24.87	3.61
59	51.16	7.22	44.39	6.33	39.25	5.68	33.38	4.89	29.49	4.32	26.47	3.83
60	53.63	7.57	46.52	6.65	41.14	5.95	34.99	5.13	30.92	4.53	27.74	4.02
61	57.87	8.18	50.19	7.18	44.40	6.41	37.75	5.53	33.37	4.89	29.94	4.34
62	62.87	8.88	54.57	7.79	47.84	6.91	40.69	5.96	35.95	5.27	31.87	4.63
63	65.32	9.22	56.73	8.09	49.73	7.19	42.28	6.20	37.37	5.47	33.12	4.81
64	68.48	9.67	59.46	8.50	52.13	7.53	44.33	6.50	39.17	5.75	34.71	5.03
65	71.54	10.09	62.13	8.88	54.45	7.88	46.30	6.78	40.92	6.00	36.27	5.26
66	75.37	10.64	65.45	9.34	57.38	8.28	48.79	7.15	43.11	6.32	38.21	5.55
67	82.10	11.58	70.73	10.10	62.00	8.96	52.66	7.71	46.53	6.82	41.25	5.99
68	88.42	12.48	76.18	10.89	66.78	9.65	56.72	8.31	50.12	7.34	44.42	6.45
69	95.43	13.47	82.22	11.75	72.07	10.41	61.21	8.97	54.07	7.94	47.95	6.96
70	102.98	14.53	88.74	12.67	77.78	11.23	66.06	9.69	58.37	8.56	51.74	7.51
71	110.23	15.55	94.97	13.57	83.25	12.02	70.71	10.35	62.48	9.16	55.38	8.03
72	115.17	16.26	98.46	14.07	86.31	12.47	73.61	10.78	65.05	9.53	57.66	8.35
73	122.62	17.30	104.84	14.97	91.89	13.27	78.37	11.48	69.25	10.16	61.38	8.91
74	128.90	18.20	110.21	15.74	96.60	13.96	82.40	12.07	72.79	10.67	64.52	9.35
75	135.23	19.09	115.62	16.52	101.35	14.65	86.44	12.67	76.39	11.20	67.70	9.82
76	140.47	19.83	120.11	17.16	105.27	15.21	89.79	13.16	79.33	11.64	70.32	10.21
77	143.74	20.29	123.03	17.58	106.91	15.45	90.87	13.30	80.29	11.77	71.17	10.32
78	145.88	20.59	124.87	17.83	108.49	15.67	92.23	13.51	81.48	11.95	72.22	10.48
79	146.45	20.67	125.37	17.91	108.92	15.73	92.59	13.57	81.80	12.00	72.51	10.52
80	144.72	20.43	123.88	17.70	107.64	15.54	91.49	13.41	80.85	11.85	71.66	10.40
81	147.76	20.85	126.49	18.06	109.91	15.87	93.42	13.69	82.54	12.10	73.16	10.63
82	145.39	20.52	124.45	17.78	108.14	15.62	92.32	13.53	81.57	11.96	72.30	10.50
83	147.35	20.79	126.13	18.02	109.59	15.83	93.56	13.71	82.67	12.13	73.28	10.64
84	149.37	21.07	127.85	18.27	111.09	16.04	94.85	13.90	83.80	12.29	74.28	10.78

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	32.78	4.66	29.21	4.18	26.49	3.81	23.81	3.45	21.46	3.11	19.52	2.81
41	34.20	4.86	30.27	4.32	27.35	3.94	24.54	3.55	22.00	3.19	19.85	2.86
42	34.55	4.91	30.52	4.36	27.54	3.96	24.70	3.57	22.10	3.20	19.90	2.88
43	34.81	4.95	30.69	4.39	27.66	3.99	24.79	3.58	22.17	3.21	19.90	2.88
44	35.15	5.00	30.94	4.43	27.83	4.01	24.95	3.61	22.26	3.22	19.94	2.88
45	35.53	5.06	31.21	4.46	28.05	4.03	25.13	3.64	22.40	3.25	20.00	2.89
46	35.78	5.08	31.38	4.49	28.18	4.06	25.22	3.65	22.44	3.25	19.99	2.89
47	36.03	5.13	31.52	4.50	28.27	4.07	25.30	3.67	22.49	3.26	19.99	2.89
48	36.31	5.16	31.73	4.53	28.43	4.09	25.43	3.68	22.56	3.27	20.00	2.89
49	36.69	5.22	31.99	4.57	28.63	4.13	25.60	3.70	22.69	3.28	20.06	2.90
50	36.96	5.26	32.18	4.59	28.76	4.15	25.70	3.72	22.75	3.30	20.08	2.90
51	37.47	5.33	32.62	4.66	29.17	4.20	26.06	3.77	23.07	3.34	20.35	2.94
52	39.69	5.65	34.55	4.94	30.89	4.45	27.60	4.00	24.44	3.53	21.55	3.11
53	41.13	5.84	35.80	5.11	32.01	4.61	28.60	4.14	25.31	3.68	22.34	3.22
54	42.48	6.05	36.99	5.28	33.06	4.76	29.55	4.27	26.17	3.78	23.07	3.33
55	45.53	6.47	39.64	5.66	35.44	5.11	31.68	4.58	28.04	4.06	24.74	3.57
56	46.90	6.68	40.82	5.82	36.50	5.26	32.62	4.72	28.88	4.19	25.48	3.68
57	48.14	6.84	41.63	5.95	36.88	5.31	34.47	4.99	30.18	4.38	26.58	3.83
58	50.86	7.24	43.97	6.27	38.96	5.60	36.43	5.27	31.89	4.63	28.08	4.05
59	54.15	7.70	46.80	6.69	41.48	5.97	38.78	5.60	33.95	4.93	29.92	4.31
60	56.75	8.07	49.06	7.01	43.48	6.26	40.65	5.89	35.58	5.16	31.34	4.52
61	61.24	8.71	52.96	7.56	46.92	6.76	43.88	6.34	38.40	5.56	33.82	4.89
62	67.69	9.64	58.58	8.38	51.46	7.41	46.98	6.79	41.14	5.96	36.24	5.24
63	70.35	10.01	60.89	8.70	53.48	7.71	48.83	7.07	42.74	6.20	37.66	5.44
64	73.73	10.50	63.82	9.10	56.05	8.07	51.19	7.41	44.80	6.50	39.47	5.70
65	77.03	10.96	66.68	9.52	58.56	8.44	53.48	7.74	46.80	6.78	41.23	5.95
66	81.17	11.54	70.25	10.03	61.70	8.89	56.33	8.16	49.31	7.15	43.45	6.27
67	86.69	12.33	74.46	10.64	65.40	9.42	59.90	8.68	52.43	7.59	46.20	6.68
68	93.38	13.28	80.19	11.46	70.44	10.15	64.51	9.33	56.47	8.19	49.75	7.19
69	100.77	14.33	86.55	12.35	76.02	10.95	69.63	10.07	60.94	8.83	53.69	7.75
70	108.75	15.47	93.42	13.34	82.04	11.82	75.15	10.88	65.77	9.53	57.95	8.35
71	116.41	16.55	99.98	14.28	87.81	12.65	80.43	11.65	70.40	10.20	62.02	8.95
72	122.45	17.42	105.28	15.03	91.67	13.21	83.63	12.10	73.20	10.60	64.49	9.31
73	130.36	18.54	112.10	16.01	97.60	14.05	89.02	12.89	77.93	11.29	68.66	9.91
74	137.04	19.49	117.85	16.83	102.60	14.78	93.59	13.54	81.92	11.88	72.17	10.42
75	143.78	20.46	123.64	17.66	107.65	15.51	98.20	14.21	85.95	12.46	75.72	10.94
76	149.36	21.24	128.42	18.34	111.80	16.10	101.99	14.76	89.27	12.94	78.66	11.35
77	152.92	21.75	131.48	18.78	114.48	16.49	104.87	15.18	91.78	13.30	79.83	11.52
78	155.20	22.07	133.45	19.05	116.18	16.74	106.43	15.41	93.17	13.49	81.02	11.70
79	155.82	22.17	133.97	19.14	116.64	16.80	106.86	15.47	93.52	13.55	81.35	11.75
80	153.96	21.91	132.39	18.91	115.26	16.60	105.59	15.28	92.43	13.40	80.38	11.60
81	157.21	22.37	135.17	19.30	117.69	16.96	107.80	15.60	94.37	13.67	82.06	11.84
82	155.41	22.10	132.63	18.94	115.47	16.64	105.76	15.30	92.57	13.42	80.52	11.63
83	157.50	22.41	134.40	19.19	117.01	16.85	107.18	15.51	93.81	13.59	81.60	11.78
84	159.66	22.72	136.24	19.46	118.62	17.09	108.65	15.72	95.10	13.78	82.72	11.94

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	36.68	5.02	32.78	4.51	29.67	4.14	28.19	3.95	25.69	3.63	23.59	3.32
41	38.34	5.25	34.13	4.70	30.69	4.27	28.99	4.06	26.30	3.71	24.01	3.39
42	38.77	5.31	34.45	4.75	30.93	4.31	29.16	4.08	26.41	3.72	24.06	3.40
43	39.09	5.34	34.70	4.77	31.08	4.33	29.24	4.09	26.45	3.74	24.07	3.40
44	39.51	5.41	35.01	4.82	31.31	4.36	29.40	4.13	26.56	3.75	24.13	3.40
45	39.97	5.47	35.38	4.88	31.58	4.40	29.60	4.15	26.70	3.77	24.22	3.42
46	40.28	5.51	35.59	4.90	31.74	4.43	29.69	4.17	26.74	3.77	24.20	3.42
47	40.58	5.56	35.82	4.94	31.88	4.45	29.76	4.18	26.78	3.77	24.20	3.42
48	40.94	5.59	36.08	4.97	32.06	4.47	29.89	4.19	26.83	3.78	24.23	3.42
49	41.38	5.66	36.43	5.01	32.31	4.50	30.07	4.22	26.98	3.81	24.30	3.43
50	41.71	5.71	36.69	5.05	32.49	4.52	30.19	4.24	27.04	3.81	24.32	3.43
51	42.29	5.78	37.19	5.13	32.94	4.58	30.59	4.28	27.42	3.88	24.67	3.47
52	44.79	6.14	39.39	5.43	34.89	4.86	32.42	4.55	29.04	4.09	26.12	3.69
53	46.41	6.34	40.81	5.63	36.15	5.03	33.58	4.71	30.08	4.25	27.06	3.81
54	47.96	6.56	42.16	5.81	37.34	5.21	34.70	4.86	31.08	4.39	27.97	3.95
55	51.40	7.03	45.20	6.22	40.03	5.57	37.19	5.21	33.31	4.70	29.96	4.22
56	52.93	7.25	46.54	6.41	41.22	5.75	38.29	5.38	34.31	4.84	30.87	4.34
57	55.38	7.58	48.36	6.66	42.46	5.93	39.17	5.50	35.09	4.95	31.18	4.40
58	58.50	8.01	51.09	7.03	44.86	6.25	41.39	5.81	37.07	5.24	32.94	4.65
59	62.28	8.52	54.39	7.49	47.75	6.66	44.07	6.19	39.48	5.57	35.07	4.95
60	65.28	8.94	57.01	7.84	50.05	6.97	46.18	6.47	41.39	5.83	36.76	5.19
61	70.46	9.65	61.52	8.47	54.01	7.53	49.84	6.99	44.66	6.30	39.67	5.59
62	75.87	10.39	65.75	9.04	57.73	8.04	53.05	7.45	47.54	6.71	41.71	5.89
63	78.86	10.79	68.33	9.41	59.99	8.35	55.14	7.74	49.41	6.97	43.34	6.10
64	82.66	11.31	71.63	9.85	62.89	8.76	57.80	8.10	51.79	7.31	45.43	6.41
65	86.36	11.82	74.83	10.29	65.70	9.16	60.39	8.47	54.11	7.64	47.47	6.70
66	90.98	12.46	78.83	10.85	69.22	9.65	63.63	8.93	57.00	8.04	50.00	7.04
67	99.51	13.63	85.56	11.78	75.14	10.47	69.12	9.70	60.54	8.54	53.63	7.56
68	107.18	14.67	92.17	12.69	80.92	11.28	74.43	10.44	65.21	9.21	57.76	8.15
69	115.68	15.83	99.47	13.70	87.32	12.17	80.33	11.27	70.38	9.94	62.33	8.78
70	124.85	17.09	107.35	14.78	94.25	13.14	86.69	12.16	75.95	10.72	67.28	9.48
71	133.64	18.29	114.91	15.82	100.89	14.05	92.78	13.02	81.29	11.47	72.01	10.16
72	139.05	19.03	119.56	16.46	104.98	14.64	97.12	13.63	85.07	12.01	74.40	10.50
73	148.04	20.27	127.29	17.52	111.76	15.58	103.39	14.49	90.57	12.78	79.21	11.17
74	155.63	21.30	133.83	18.42	117.49	16.39	108.68	15.24	95.21	13.44	83.26	11.75
75	163.28	22.35	140.41	19.33	123.27	17.18	114.03	15.99	99.90	14.09	87.37	12.32
76	169.61	23.22	145.85	20.08	128.04	17.84	118.44	16.62	103.76	14.65	90.74	12.79
77	171.03	23.42	148.37	20.43	129.13	17.99	119.13	16.71	104.36	14.73	91.26	12.88
78	173.59	23.75	150.58	20.73	131.04	18.27	120.90	16.96	105.92	14.95	92.63	13.05
79	174.26	23.85	151.18	20.81	131.58	18.34	121.38	17.02	106.34	15.01	92.99	13.10
80	172.20	23.56	149.39	20.56	130.01	18.12	119.94	16.81	105.07	14.83	91.89	12.96
81	175.83	24.06	152.52	20.99	132.74	18.50	122.46	17.18	107.29	15.15	93.82	13.23
82	168.71	23.09	145.24	19.99	126.40	17.62	117.19	16.43	102.66	14.49	89.77	12.66
83	170.97	23.41	147.18	20.25	128.09	17.85	118.75	16.66	104.03	14.68	90.98	12.83
84	173.32	23.73	149.20	20.54	129.85	18.09	120.39	16.89	105.47	14.89	92.23	13.01

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R962 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	48.62	6.00	43.66	5.39	39.90	4.93	37.75	4.66	34.32	4.24	31.74	3.92
41	50.90	6.28	45.48	5.60	41.33	5.09	38.92	4.80	35.22	4.34	32.39	4.00
42	51.47	6.34	45.93	5.68	41.67	5.14	39.17	4.83	35.40	4.38	32.50	4.01
43	51.92	6.41	46.27	5.71	41.90	5.18	39.33	4.84	35.50	4.39	32.52	4.01
44	52.49	6.47	46.72	5.76	42.22	5.21	39.58	4.89	35.68	4.40	32.63	4.02
45	53.12	6.55	47.21	5.82	42.59	5.26	39.89	4.93	35.89	4.43	32.76	4.05
46	53.54	6.60	47.53	5.85	42.80	5.28	40.02	4.94	35.96	4.44	32.78	4.05
47	53.97	6.66	47.84	5.90	43.02	5.31	40.17	4.96	36.05	4.45	32.80	4.05
48	54.44	6.72	48.21	5.95	43.28	5.33	40.36	4.99	36.16	4.46	32.87	4.05
49	55.04	6.79	48.68	6.01	43.65	5.39	40.65	5.01	36.38	4.49	32.99	4.07
50	55.50	6.84	49.03	6.05	43.90	5.41	40.82	5.03	36.49	4.50	33.05	4.07
51	56.28	6.95	49.72	6.14	44.49	5.49	41.39	5.11	37.00	4.56	33.50	4.14
52	59.61	7.35	52.66	6.50	47.14	5.81	43.83	5.41	39.19	4.83	35.49	4.38
53	61.76	7.63	54.55	6.74	48.83	6.02	45.42	5.60	40.59	5.01	36.76	4.53
54	63.80	7.88	56.37	6.96	50.46	6.22	46.93	5.78	41.95	5.18	37.98	4.69
55	68.39	8.44	60.42	7.46	54.07	6.68	50.29	6.21	44.95	5.55	40.71	5.02
56	70.42	8.69	62.21	7.68	55.69	6.88	51.80	6.40	46.29	5.71	41.92	5.18
57	74.93	9.25	65.25	8.04	57.89	7.15	53.80	6.64	47.54	5.88	42.46	5.24
58	79.17	9.77	68.94	8.51	61.15	7.54	56.83	7.01	50.23	6.20	44.86	5.53
59	84.29	10.40	73.40	9.06	65.12	8.03	60.51	7.47	53.48	6.59	47.75	5.90
60	88.36	10.91	76.93	9.50	68.25	8.43	63.44	7.82	56.05	6.93	50.06	6.18
61	95.35	11.77	83.01	10.25	73.66	9.08	68.46	8.45	60.49	7.46	54.03	6.66
62	100.51	12.41	87.62	10.81	77.05	9.51	72.07	8.90	62.97	7.77	55.43	6.83
63	104.46	12.90	91.06	11.23	80.08	9.89	74.91	9.25	65.45	8.07	57.61	7.10
64	109.50	13.51	95.46	11.78	83.94	10.35	78.52	9.69	68.60	8.46	60.38	7.45
65	114.41	14.13	99.72	12.30	87.70	10.82	82.03	10.13	71.67	8.84	63.07	7.78
66	120.52	14.88	105.07	12.97	92.40	11.40	86.43	10.66	75.51	9.32	66.46	8.20
67	134.73	16.64	116.70	14.40	101.73	12.55	95.82	11.82	83.72	10.33	73.68	9.09
68	145.12	17.91	125.70	15.51	109.59	13.52	103.21	12.73	90.17	11.13	79.36	9.79
69	156.63	19.33	135.65	16.74	118.25	14.59	111.38	13.74	97.31	12.01	85.66	10.57
70	169.03	20.85	146.41	18.06	127.64	15.74	120.21	14.83	105.02	12.96	92.44	11.41
71	180.93	22.32	156.70	19.33	136.61	16.85	128.67	15.89	112.42	13.88	98.94	12.21
72	185.32	22.87	160.50	19.80	139.92	17.27	131.17	16.18	114.60	14.15	99.53	12.28
73	197.30	24.34	170.88	21.07	148.96	18.39	139.65	17.23	122.00	15.05	105.97	13.07
74	207.39	25.59	179.63	22.17	156.60	19.31	146.80	18.12	128.25	15.83	111.40	13.74
75	217.60	26.85	188.46	23.25	164.29	20.27	154.02	19.00	134.55	16.60	116.88	14.42
76	226.02	27.89	195.76	24.16	170.66	21.05	159.98	19.74	139.77	17.24	121.40	14.98
77	228.80	28.23	196.68	24.26	171.47	21.16	159.36	19.67	139.23	17.18	120.93	14.92
78	232.20	28.66	199.62	24.63	174.01	21.47	161.73	19.96	141.30	17.43	122.72	15.15
79	233.13	28.76	200.41	24.73	174.72	21.55	162.38	20.03	141.87	17.50	123.21	15.21
80	230.37	28.43	198.03	24.44	172.65	21.30	160.45	19.79	140.18	17.29	121.75	15.02
81	235.22	29.02	202.20	24.95	176.27	21.75	163.84	20.22	143.13	17.66	124.33	15.34
82	219.50	27.08	188.69	23.28	164.49	20.29	154.55	19.06	133.47	16.47	117.27	14.47
83	222.43	27.45	191.21	23.59	166.70	20.56	156.63	19.33	135.26	16.70	118.86	14.67
84	225.48	27.82	193.84	23.92	168.98	20.85	158.77	19.59	137.12	16.92	120.48	14.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R962-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.26	0.23	1.13	0.20	1.02	0.19	0.89	0.17	0.82	0.14	0.76	0.13
41	1.31	0.24	1.17	0.21	1.05	0.19	0.93	0.17	0.84	0.15	0.77	0.14
42	1.32	0.24	1.18	0.21	1.06	0.19	0.94	0.17	0.86	0.15	0.79	0.14
43	1.33	0.24	1.19	0.21	1.07	0.19	0.95	0.17	0.87	0.15	0.79	0.14
44	1.36	0.24	1.20	0.21	1.08	0.19	0.96	0.18	0.87	0.15	0.80	0.14
45	1.37	0.25	1.21	0.21	1.08	0.19	0.98	0.18	0.88	0.15	0.80	0.14
46	1.38	0.25	1.24	0.23	1.09	0.20	0.99	0.18	0.89	0.15	0.81	0.14
47	1.40	0.25	1.25	0.23	1.11	0.20	0.99	0.18	0.89	0.17	0.81	0.14
48	1.42	0.25	1.26	0.23	1.12	0.20	1.00	0.18	0.90	0.17	0.82	0.14
49	1.43	0.25	1.27	0.23	1.12	0.20	1.01	0.18	0.92	0.17	0.82	0.14
50	1.45	0.26	1.29	0.23	1.13	0.20	1.02	0.19	0.92	0.17	0.83	0.14
51	1.48	0.26	1.31	0.24	1.15	0.20	1.05	0.19	0.94	0.17	0.84	0.15
52	1.54	0.27	1.36	0.24	1.20	0.21	1.08	0.20	0.98	0.18	0.88	0.15
53	1.58	0.29	1.40	0.25	1.24	0.23	1.12	0.20	1.01	0.18	0.90	0.15
54	1.63	0.29	1.44	0.26	1.27	0.23	1.15	0.21	1.04	0.19	0.93	0.17
55	1.73	0.31	1.52	0.27	1.34	0.24	1.23	0.23	1.09	0.20	0.98	0.18
56	1.80	0.32	1.59	0.29	1.40	0.25	1.27	0.23	1.13	0.20	1.01	0.18
57	1.99	0.36	1.74	0.31	1.52	0.27	1.31	0.24	1.17	0.21	1.04	0.18
58	2.12	0.38	1.84	0.33	1.62	0.29	1.39	0.25	1.25	0.23	1.11	0.19
59	2.28	0.40	1.99	0.36	1.74	0.31	1.50	0.27	1.33	0.24	1.19	0.21
60	2.40	0.43	2.09	0.38	1.83	0.33	1.58	0.29	1.42	0.25	1.25	0.23
61	2.63	0.48	2.30	0.42	2.01	0.36	1.74	0.31	1.55	0.27	1.37	0.24
62	3.03	0.54	2.62	0.46	2.30	0.42	2.05	0.37	1.81	0.32	1.59	0.29
63	3.20	0.57	2.77	0.50	2.43	0.44	2.17	0.39	1.90	0.35	1.69	0.30
64	3.44	0.62	2.98	0.54	2.61	0.46	2.32	0.42	2.05	0.37	1.81	0.32
65	3.64	0.65	3.15	0.56	2.76	0.50	2.46	0.44	2.17	0.39	1.92	0.33
66	3.95	0.70	3.42	0.61	2.99	0.54	2.68	0.49	2.36	0.43	2.08	0.37
67	4.33	0.77	3.69	0.67	3.22	0.58	2.92	0.52	2.53	0.45	2.21	0.39
68	4.81	0.86	4.11	0.74	3.58	0.64	3.24	0.58	2.82	0.51	2.45	0.43
69	5.36	0.95	4.57	0.82	3.99	0.71	3.61	0.65	3.13	0.56	2.74	0.49
70	5.97	1.07	5.09	0.92	4.45	0.80	4.01	0.73	3.50	0.63	3.05	0.54
71	6.72	1.20	5.74	1.02	5.01	0.90	4.52	0.81	3.93	0.71	3.43	0.61
72	7.51	1.34	6.41	1.14	5.56	1.00	5.03	0.90	4.32	0.77	3.76	0.67
73	8.47	1.51	7.22	1.30	6.26	1.13	5.66	1.02	4.88	0.88	4.25	0.75
74	9.46	1.69	8.07	1.44	7.00	1.26	6.33	1.14	5.45	0.98	4.74	0.83
75	10.59	1.89	9.03	1.62	7.83	1.40	7.08	1.27	6.09	1.09	5.31	0.94
76	11.78	2.11	10.06	1.80	8.71	1.57	7.89	1.42	6.78	1.23	5.90	1.05
77	12.80	2.28	10.84	1.94	9.40	1.69	8.43	1.52	7.16	1.29	6.22	1.09
78	14.08	2.51	11.92	2.13	10.33	1.86	9.26	1.67	7.88	1.42	6.84	1.20
79	15.42	2.75	13.05	2.33	11.32	2.03	10.14	1.83	8.63	1.55	7.50	1.32
80	16.77	3.00	14.20	2.53	12.29	2.21	11.02	1.99	9.38	1.69	8.14	1.44
81	18.34	3.27	15.53	2.77	13.46	2.42	12.07	2.18	10.26	1.84	8.91	1.57
82	20.42	3.65	17.29	3.09	14.98	2.69	13.67	2.46	11.63	2.09	10.10	1.79
83	22.49	4.02	19.04	3.40	16.51	2.96	15.07	2.71	12.80	2.31	11.13	1.96
84	24.98	4.46	21.15	3.78	18.33	3.30	16.72	3.01	14.22	2.56	12.35	2.18

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.52	0.26	1.36	0.24	1.24	0.21	1.13	0.20	1.04	0.18	0.96	0.17
41	1.63	0.27	1.44	0.25	1.31	0.23	1.17	0.20	1.06	0.19	0.98	0.17
42	1.67	0.29	1.48	0.25	1.33	0.23	1.18	0.20	1.07	0.19	0.99	0.18
43	1.70	0.29	1.50	0.26	1.36	0.24	1.19	0.21	1.08	0.19	1.00	0.18
44	1.74	0.30	1.52	0.26	1.38	0.24	1.20	0.21	1.09	0.19	1.00	0.18
45	1.77	0.30	1.56	0.27	1.40	0.24	1.21	0.21	1.09	0.19	1.01	0.18
46	1.81	0.31	1.58	0.27	1.43	0.25	1.23	0.21	1.11	0.19	1.01	0.18
47	1.84	0.31	1.62	0.27	1.45	0.25	1.25	0.21	1.12	0.20	1.02	0.18
48	1.88	0.32	1.64	0.29	1.48	0.25	1.26	0.23	1.13	0.20	1.02	0.18
49	1.92	0.32	1.68	0.29	1.50	0.26	1.27	0.23	1.14	0.20	1.04	0.18
50	1.95	0.33	1.70	0.30	1.52	0.26	1.29	0.23	1.14	0.20	1.05	0.18
51	1.99	0.33	1.74	0.30	1.55	0.27	1.31	0.23	1.17	0.20	1.06	0.19
52	2.07	0.36	1.81	0.31	1.61	0.29	1.36	0.24	1.21	0.21	1.11	0.19
53	2.13	0.36	1.86	0.32	1.65	0.29	1.40	0.25	1.25	0.23	1.14	0.20
54	2.19	0.37	1.92	0.33	1.71	0.30	1.44	0.25	1.29	0.23	1.18	0.20
55	2.32	0.39	2.03	0.35	1.81	0.31	1.54	0.27	1.37	0.24	1.25	0.21
56	2.42	0.42	2.11	0.37	1.88	0.33	1.59	0.29	1.42	0.25	1.30	0.23
57	2.65	0.45	2.30	0.39	2.03	0.36	1.73	0.31	1.54	0.27	1.37	0.24
58	2.82	0.48	2.45	0.42	2.17	0.38	1.84	0.32	1.63	0.29	1.46	0.25
59	3.03	0.51	2.63	0.45	2.33	0.40	1.99	0.35	1.75	0.31	1.57	0.27
60	3.21	0.55	2.78	0.48	2.46	0.43	2.09	0.37	1.84	0.32	1.67	0.29
61	3.51	0.60	3.05	0.52	2.69	0.46	2.28	0.40	2.02	0.36	1.82	0.32
62	3.87	0.65	3.36	0.57	2.94	0.51	2.50	0.44	2.21	0.39	1.96	0.35
63	4.08	0.69	3.55	0.61	3.11	0.54	2.64	0.46	2.33	0.42	2.07	0.36
64	4.38	0.75	3.81	0.65	3.33	0.58	2.83	0.50	2.51	0.44	2.23	0.39
65	4.64	0.79	4.03	0.69	3.53	0.62	3.01	0.52	2.65	0.46	2.36	0.42
66	5.03	0.86	4.37	0.75	3.83	0.67	3.26	0.57	2.88	0.51	2.55	0.44
67	5.65	0.96	4.87	0.83	4.26	0.74	3.62	0.64	3.20	0.56	2.83	0.50
68	6.27	1.07	5.40	0.93	4.74	0.82	4.02	0.71	3.56	0.63	3.15	0.55
69	6.99	1.19	6.01	1.04	5.27	0.92	4.47	0.79	3.95	0.70	3.51	0.61
70	7.78	1.32	6.70	1.15	5.88	1.02	4.99	0.88	4.41	0.77	3.90	0.68
71	8.76	1.49	7.54	1.30	6.62	1.15	5.62	0.99	4.96	0.87	4.40	0.76
72	9.83	1.68	8.40	1.44	7.37	1.29	6.28	1.11	5.55	0.98	4.91	0.86
73	11.08	1.88	9.47	1.63	8.31	1.44	7.08	1.25	6.26	1.11	5.55	0.96
74	12.38	2.11	10.58	1.82	9.27	1.61	7.91	1.39	6.99	1.23	6.20	1.08
75	13.85	2.36	11.84	2.03	10.38	1.81	8.85	1.56	7.82	1.38	6.94	1.21
76	15.41	2.62	13.17	2.26	11.55	2.01	9.85	1.74	8.71	1.54	7.71	1.34
77	16.98	2.89	14.54	2.50	12.64	2.19	10.73	1.89	9.48	1.67	8.41	1.46
78	18.67	3.18	15.98	2.75	13.89	2.42	11.80	2.08	10.44	1.83	9.25	1.62
79	20.46	3.47	17.50	3.01	15.21	2.64	12.94	2.27	11.42	2.01	10.13	1.76
80	22.23	3.78	19.03	3.27	16.53	2.87	14.05	2.48	12.42	2.19	11.01	1.92
81	24.32	4.14	20.81	3.58	18.09	3.14	15.37	2.70	13.59	2.39	12.04	2.11
82	26.80	4.56	22.94	3.95	19.93	3.46	17.02	3.00	15.04	2.65	13.33	2.32
83	29.52	5.02	25.26	4.34	21.96	3.82	18.74	3.30	16.56	2.92	14.68	2.56
84	32.77	5.58	28.06	4.82	24.38	4.24	20.81	3.67	18.39	3.24	16.30	2.84

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.75	0.30	1.56	0.27	1.42	0.25	1.27	0.23	1.14	0.20	1.05	0.18
41	1.82	0.31	1.62	0.27	1.46	0.25	1.31	0.23	1.18	0.20	1.06	0.19
42	1.86	0.32	1.63	0.29	1.48	0.25	1.32	0.23	1.19	0.20	1.07	0.19
43	1.88	0.32	1.65	0.29	1.49	0.26	1.33	0.24	1.19	0.21	1.07	0.19
44	1.90	0.32	1.68	0.29	1.51	0.26	1.34	0.24	1.20	0.21	1.08	0.19
45	1.93	0.33	1.69	0.29	1.52	0.26	1.37	0.24	1.21	0.21	1.08	0.19
46	1.95	0.33	1.71	0.30	1.54	0.26	1.38	0.24	1.23	0.21	1.09	0.19
47	1.98	0.33	1.73	0.30	1.55	0.27	1.39	0.24	1.24	0.21	1.09	0.19
48	2.00	0.35	1.75	0.30	1.57	0.27	1.40	0.25	1.25	0.21	1.11	0.19
49	2.02	0.35	1.77	0.31	1.58	0.27	1.42	0.25	1.25	0.21	1.11	0.19
50	2.05	0.36	1.79	0.31	1.59	0.27	1.43	0.25	1.26	0.23	1.12	0.19
51	2.09	0.36	1.82	0.31	1.63	0.29	1.45	0.25	1.29	0.23	1.14	0.20
52	2.24	0.38	1.95	0.33	1.74	0.30	1.56	0.27	1.38	0.24	1.21	0.21
53	2.33	0.40	2.03	0.35	1.81	0.31	1.62	0.29	1.44	0.25	1.26	0.23
54	2.43	0.42	2.11	0.37	1.89	0.33	1.69	0.30	1.50	0.26	1.32	0.23
55	2.62	0.45	2.27	0.39	2.03	0.36	1.82	0.32	1.61	0.29	1.42	0.25
56	2.71	0.46	2.36	0.40	2.11	0.37	1.89	0.33	1.67	0.29	1.48	0.25
57	2.81	0.48	2.43	0.42	2.15	0.37	2.01	0.35	1.76	0.31	1.55	0.27
58	2.99	0.51	2.58	0.44	2.28	0.39	2.14	0.37	1.88	0.32	1.65	0.29
59	3.21	0.55	2.78	0.48	2.46	0.43	2.31	0.40	2.01	0.36	1.77	0.31
60	3.39	0.58	2.94	0.50	2.61	0.45	2.43	0.43	2.13	0.37	1.88	0.32
61	3.71	0.64	3.21	0.55	2.84	0.49	2.67	0.46	2.33	0.40	2.05	0.36
62	4.17	0.71	3.61	0.62	3.17	0.55	2.89	0.50	2.52	0.44	2.23	0.39
63	4.39	0.75	3.80	0.65	3.34	0.58	3.05	0.54	2.67	0.46	2.36	0.40
64	4.72	0.81	4.08	0.70	3.59	0.62	3.27	0.57	2.87	0.50	2.52	0.44
65	5.00	0.86	4.33	0.75	3.80	0.65	3.47	0.61	3.03	0.52	2.68	0.46
66	5.43	0.93	4.69	0.81	4.12	0.71	3.76	0.65	3.30	0.57	2.90	0.50
67	5.96	1.02	5.12	0.88	4.50	0.79	4.12	0.71	3.61	0.63	3.18	0.55
68	6.62	1.13	5.69	0.98	5.00	0.87	4.57	0.80	4.00	0.70	3.52	0.61
69	7.37	1.26	6.33	1.08	5.56	0.96	5.09	0.89	4.46	0.77	3.93	0.68
70	8.21	1.40	7.06	1.21	6.20	1.07	5.68	0.99	4.97	0.87	4.38	0.76
71	9.25	1.58	7.95	1.37	6.97	1.21	6.39	1.11	5.59	0.98	4.93	0.86
72	10.45	1.79	8.98	1.55	7.82	1.36	7.14	1.24	6.25	1.08	5.50	0.95
73	11.78	2.02	10.13	1.74	8.82	1.52	8.04	1.40	7.04	1.23	6.20	1.08
74	13.16	2.25	11.32	1.94	9.85	1.70	8.98	1.56	7.87	1.37	6.93	1.20
75	14.72	2.52	12.66	2.18	11.02	1.92	10.06	1.75	8.81	1.54	7.76	1.34
76	16.39	2.81	14.09	2.43	12.27	2.13	11.19	1.95	9.79	1.70	8.63	1.50
77	18.06	3.09	15.54	2.68	13.53	2.34	12.39	2.15	10.84	1.89	9.44	1.64
78	19.86	3.40	17.09	2.94	14.88	2.58	13.63	2.37	11.92	2.08	10.38	1.80
79	21.75	3.72	18.71	3.21	16.29	2.82	14.92	2.59	13.07	2.27	11.36	1.98
80	23.65	4.06	20.34	3.50	17.71	3.07	16.22	2.82	14.20	2.48	12.35	2.14
81	25.87	4.44	22.25	3.82	19.37	3.36	17.74	3.09	15.53	2.70	13.51	2.34
82	28.64	4.91	24.44	4.20	21.29	3.69	19.49	3.39	17.06	2.98	14.84	2.58
83	31.56	5.40	26.93	4.63	23.44	4.06	21.48	3.74	18.80	3.27	16.35	2.84
84	35.03	6.00	29.89	5.14	26.03	4.51	23.85	4.15	20.87	3.64	18.15	3.15

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.96	0.32	1.75	0.29	1.58	0.26	1.50	0.25	1.37	0.24	1.26	0.21
41	2.05	0.35	1.82	0.30	1.64	0.27	1.55	0.26	1.40	0.24	1.29	0.21
42	2.08	0.35	1.84	0.31	1.65	0.27	1.56	0.26	1.42	0.24	1.29	0.21
43	2.11	0.35	1.87	0.31	1.68	0.29	1.57	0.26	1.43	0.24	1.30	0.23
44	2.14	0.36	1.89	0.31	1.69	0.29	1.59	0.27	1.44	0.25	1.31	0.23
45	2.17	0.36	1.92	0.32	1.71	0.29	1.61	0.27	1.45	0.25	1.31	0.23
46	2.20	0.37	1.94	0.32	1.73	0.29	1.62	0.27	1.46	0.25	1.32	0.23
47	2.23	0.37	1.96	0.32	1.75	0.30	1.63	0.27	1.46	0.25	1.33	0.23
48	2.26	0.37	1.99	0.33	1.77	0.30	1.64	0.27	1.48	0.25	1.33	0.23
49	2.28	0.38	2.01	0.33	1.79	0.30	1.67	0.29	1.49	0.25	1.34	0.23
50	2.32	0.38	2.03	0.33	1.81	0.31	1.68	0.29	1.50	0.25	1.36	0.23
51	2.37	0.39	2.08	0.35	1.84	0.31	1.71	0.29	1.54	0.26	1.38	0.24
52	2.52	0.42	2.23	0.37	1.96	0.33	1.82	0.31	1.63	0.27	1.48	0.25
53	2.63	0.44	2.31	0.38	2.05	0.35	1.90	0.32	1.70	0.29	1.54	0.26
54	2.74	0.45	2.40	0.40	2.13	0.36	1.99	0.33	1.77	0.30	1.59	0.27
55	2.95	0.49	2.59	0.43	2.30	0.39	2.14	0.36	1.92	0.32	1.73	0.30
56	3.06	0.51	2.69	0.45	2.38	0.40	2.21	0.38	1.99	0.33	1.79	0.31
57	3.22	0.54	2.82	0.46	2.48	0.42	2.28	0.39	2.05	0.35	1.82	0.31
58	3.44	0.57	3.00	0.50	2.64	0.44	2.43	0.42	2.18	0.37	1.94	0.33
59	3.70	0.61	3.24	0.54	2.83	0.48	2.62	0.44	2.34	0.40	2.08	0.36
60	3.90	0.64	3.42	0.57	3.00	0.50	2.76	0.46	2.48	0.42	2.20	0.37
61	4.27	0.70	3.74	0.62	3.27	0.55	3.02	0.51	2.71	0.46	2.40	0.40
62	4.66	0.77	4.03	0.68	3.55	0.60	3.26	0.55	2.92	0.50	2.56	0.44
63	4.93	0.81	4.27	0.71	3.75	0.63	3.44	0.58	3.08	0.52	2.70	0.46
64	5.30	0.88	4.58	0.76	4.02	0.68	3.70	0.63	3.32	0.56	2.90	0.50
65	5.60	0.93	4.86	0.81	4.26	0.71	3.92	0.67	3.51	0.60	3.08	0.52
66	6.08	1.01	5.26	0.88	4.62	0.77	4.25	0.71	3.81	0.64	3.34	0.57
67	6.84	1.13	5.89	0.98	5.16	0.87	4.75	0.81	4.17	0.71	3.69	0.63
68	7.60	1.26	6.53	1.08	5.74	0.96	5.27	0.89	4.63	0.79	4.09	0.70
69	8.46	1.40	7.27	1.21	6.39	1.07	5.88	1.00	5.15	0.88	4.56	0.77
70	9.44	1.56	8.12	1.34	7.12	1.20	6.55	1.11	5.74	0.98	5.08	0.87
71	10.61	1.76	9.13	1.52	8.02	1.34	7.38	1.25	6.46	1.09	5.72	0.98
72	11.86	1.96	10.21	1.70	8.96	1.51	8.28	1.40	7.26	1.24	6.35	1.08
73	13.38	2.21	11.51	1.92	10.10	1.70	9.34	1.58	8.19	1.39	7.15	1.21
74	14.95	2.48	12.85	2.14	11.28	1.89	10.44	1.76	9.14	1.56	8.00	1.36
75	16.72	2.77	14.38	2.39	12.63	2.12	11.67	1.98	10.23	1.74	8.95	1.52
76	18.61	3.08	16.01	2.67	14.05	2.37	12.99	2.20	11.39	1.94	9.96	1.69
77	20.21	3.34	17.53	2.92	15.26	2.57	14.08	2.38	12.33	2.09	10.78	1.83
78	22.22	3.68	19.28	3.21	16.78	2.82	15.48	2.62	13.55	2.31	11.85	2.01
79	24.34	4.02	21.11	3.51	18.37	3.09	16.95	2.87	14.85	2.52	12.98	2.21
80	26.45	4.38	22.94	3.82	19.97	3.36	18.42	3.12	16.14	2.75	14.11	2.40
81	28.94	4.78	25.11	4.18	21.85	3.68	20.16	3.42	17.66	3.00	15.45	2.63
82	31.09	5.15	26.78	4.45	23.30	3.92	21.60	3.65	18.92	3.22	16.55	2.81
83	34.26	5.66	29.49	4.90	25.67	4.32	23.80	4.02	20.85	3.55	18.23	3.09
84	38.03	6.30	32.74	5.45	28.49	4.80	26.42	4.47	23.15	3.94	20.24	3.44

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R963 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	2.59	0.39	2.33	0.36	2.13	0.32	2.01	0.31	1.83	0.27	1.69	0.25
41	2.71	0.40	2.43	0.37	2.21	0.33	2.08	0.31	1.88	0.29	1.73	0.26
42	2.76	0.42	2.46	0.37	2.24	0.33	2.09	0.32	1.89	0.29	1.74	0.26
43	2.80	0.43	2.50	0.38	2.26	0.35	2.12	0.32	1.92	0.29	1.75	0.26
44	2.84	0.43	2.52	0.38	2.28	0.35	2.14	0.32	1.93	0.29	1.76	0.26
45	2.88	0.44	2.56	0.38	2.31	0.35	2.17	0.32	1.95	0.30	1.77	0.27
46	2.92	0.44	2.59	0.39	2.33	0.36	2.18	0.33	1.96	0.30	1.79	0.27
47	2.96	0.45	2.63	0.39	2.36	0.36	2.20	0.33	1.98	0.30	1.80	0.27
48	3.00	0.45	2.65	0.40	2.39	0.36	2.23	0.33	2.00	0.30	1.81	0.27
49	3.05	0.46	2.69	0.40	2.42	0.37	2.25	0.33	2.01	0.30	1.82	0.27
50	3.08	0.46	2.73	0.42	2.44	0.37	2.26	0.35	2.02	0.31	1.83	0.27
51	3.14	0.48	2.77	0.42	2.49	0.38	2.31	0.35	2.07	0.31	1.87	0.29
52	3.36	0.51	2.96	0.45	2.65	0.40	2.48	0.37	2.21	0.33	2.00	0.30
53	3.50	0.52	3.09	0.46	2.77	0.42	2.57	0.39	2.30	0.35	2.08	0.31
54	3.64	0.55	3.22	0.49	2.88	0.44	2.68	0.40	2.39	0.36	2.17	0.33
55	3.93	0.60	3.47	0.52	3.11	0.46	2.89	0.44	2.58	0.39	2.34	0.36
56	4.07	0.62	3.59	0.55	3.22	0.49	3.00	0.45	2.68	0.40	2.43	0.37
57	4.37	0.65	3.81	0.57	3.38	0.51	3.14	0.48	2.77	0.42	2.48	0.37
58	4.65	0.70	4.05	0.61	3.59	0.55	3.34	0.50	2.95	0.44	2.64	0.39
59	5.01	0.75	4.36	0.65	3.87	0.58	3.59	0.55	3.18	0.48	2.83	0.43
60	5.28	0.80	4.61	0.69	4.08	0.62	3.80	0.57	3.36	0.51	3.00	0.45
61	5.78	0.87	5.03	0.76	4.46	0.68	4.15	0.63	3.67	0.56	3.27	0.50
62	6.18	0.93	5.38	0.81	4.74	0.71	4.43	0.67	3.87	0.58	3.40	0.51
63	6.52	0.99	5.69	0.86	5.00	0.75	4.68	0.70	4.08	0.62	3.59	0.55
64	7.01	1.06	6.10	0.92	5.38	0.81	5.02	0.76	4.39	0.67	3.87	0.58
65	7.43	1.12	6.47	0.98	5.69	0.86	5.32	0.81	4.65	0.70	4.09	0.62
66	8.04	1.21	7.02	1.06	6.18	0.93	5.77	0.87	5.05	0.76	4.44	0.67
67	9.27	1.40	8.03	1.21	7.00	1.06	6.59	1.00	5.76	0.87	5.07	0.76
68	10.29	1.55	8.91	1.34	7.77	1.18	7.32	1.11	6.39	0.96	5.63	0.84
69	11.46	1.73	9.92	1.50	8.65	1.31	8.15	1.23	7.12	1.07	6.26	0.94
70	12.77	1.93	11.06	1.67	9.64	1.45	9.08	1.37	7.94	1.20	6.99	1.06
71	14.38	2.17	12.45	1.88	10.85	1.64	10.22	1.55	8.94	1.34	7.87	1.19
72	15.82	2.39	13.70	2.07	11.94	1.80	11.20	1.69	9.78	1.48	8.50	1.29
73	17.83	2.69	15.45	2.33	13.46	2.03	12.61	1.90	11.02	1.67	9.58	1.44
74	19.91	3.00	17.24	2.61	15.03	2.27	14.09	2.13	12.32	1.86	10.70	1.62
75	22.29	3.37	19.30	2.92	16.83	2.53	15.77	2.38	13.78	2.08	11.97	1.81
76	24.80	3.74	21.48	3.24	18.73	2.82	17.55	2.65	15.34	2.31	13.32	2.01
77	27.04	4.08	23.24	3.51	20.27	3.06	18.83	2.84	16.46	2.49	14.29	2.15
78	29.73	4.49	25.55	3.86	22.28	3.36	20.71	3.13	18.09	2.73	15.71	2.37
79	32.56	4.91	27.99	4.22	24.40	3.68	22.68	3.43	19.81	2.99	17.21	2.59
80	35.39	5.34	30.42	4.59	26.53	4.00	24.64	3.72	21.54	3.25	18.71	2.82
81	38.71	5.84	33.28	5.02	29.01	4.38	26.97	4.07	23.56	3.56	20.46	3.08
82	40.46	6.10	34.78	5.25	30.32	4.57	28.49	4.30	24.61	3.71	21.62	3.26
83	44.57	6.72	38.32	5.78	33.40	5.03	31.38	4.74	27.10	4.09	23.81	3.59
84	49.48	7.46	42.54	6.41	37.08	5.59	34.84	5.26	30.10	4.55	26.44	3.99

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R963-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	16.83	2.82	15.16	2.53	13.74	2.32	12.01	2.03	10.98	1.86	10.16	1.68
41	17.45	2.93	15.64	2.63	14.07	2.38	12.42	2.09	11.31	1.92	10.38	1.71
42	17.62	2.95	15.77	2.65	14.17	2.39	12.54	2.13	11.40	1.93	10.44	1.73
43	17.80	2.99	15.92	2.68	14.26	2.42	12.66	2.14	11.50	1.95	10.50	1.74
44	17.99	3.01	16.05	2.70	14.35	2.43	12.78	2.17	11.59	1.96	10.56	1.75
45	18.17	3.05	16.20	2.71	14.45	2.44	12.91	2.19	11.69	1.98	10.60	1.76
46	18.35	3.07	16.34	2.74	14.53	2.45	13.03	2.20	11.78	1.99	10.67	1.76
47	18.54	3.11	16.48	2.76	14.64	2.46	13.15	2.23	11.88	2.01	10.73	1.77
48	18.72	3.14	16.62	2.78	14.72	2.49	13.27	2.25	11.97	2.02	10.79	1.79
49	18.90	3.17	16.76	2.81	14.80	2.50	13.40	2.26	12.05	2.03	10.85	1.80
50	19.08	3.20	16.90	2.83	14.90	2.51	13.51	2.28	12.16	2.05	10.91	1.81
51	19.28	3.24	17.06	2.86	15.05	2.53	13.66	2.31	12.28	2.07	11.03	1.82
52	19.83	3.32	17.55	2.95	15.48	2.61	14.04	2.38	12.64	2.14	11.34	1.88
53	20.19	3.39	17.89	3.00	15.77	2.67	14.30	2.43	12.85	2.18	11.54	1.92
54	20.56	3.45	18.21	3.06	16.05	2.71	14.57	2.46	13.09	2.21	11.76	1.95
55	21.55	3.61	19.08	3.20	16.83	2.83	15.26	2.58	13.59	2.30	12.21	2.09
56	22.12	3.71	19.58	3.28	17.27	2.92	15.66	2.65	13.96	2.36	12.41	2.08
57	24.19	4.05	21.10	3.53	18.45	3.11	15.96	2.70	14.20	2.40	12.57	2.08
58	25.41	4.26	22.16	3.71	19.37	3.26	16.76	2.83	14.91	2.52	13.21	2.19
59	26.95	4.51	23.50	3.95	20.55	3.46	17.78	3.01	15.82	2.68	14.01	2.32
60	28.06	4.71	24.49	4.11	21.41	3.61	18.52	3.14	16.48	2.78	14.59	2.42
61	30.25	5.07	26.39	4.43	23.06	3.89	19.97	3.38	17.75	3.00	15.73	2.59
62	34.33	5.75	29.71	4.99	25.98	4.39	23.23	3.93	20.43	3.45	18.06	2.99
63	35.74	5.99	30.93	5.19	27.04	4.56	24.17	4.08	21.27	3.59	18.80	3.11
64	37.76	6.32	32.68	5.49	28.56	4.82	25.54	4.32	22.47	3.80	19.88	3.28
65	39.25	6.57	33.97	5.70	29.69	5.01	26.55	4.49	23.35	3.95	20.66	3.43
66	41.66	6.99	36.05	6.05	31.51	5.31	28.18	4.76	24.79	4.19	21.93	3.63
67	44.65	7.49	38.04	6.39	33.26	5.60	30.01	5.07	26.12	4.41	22.76	3.76
68	48.18	8.07	41.06	6.89	35.89	6.06	32.39	5.49	28.18	4.76	24.56	4.06
69	51.99	8.71	44.30	7.44	38.72	6.53	34.96	5.91	30.40	5.14	26.51	4.39
70	55.98	9.39	47.71	8.01	41.70	7.03	37.64	6.38	32.74	5.53	28.55	4.72
71	60.52	10.15	51.57	8.66	45.08	7.60	40.70	6.89	35.40	5.99	30.87	5.11
72	65.00	10.90	55.45	9.31	48.04	8.10	43.51	7.35	37.41	6.32	32.56	5.39
73	70.14	11.76	59.83	10.03	51.84	8.75	46.93	7.94	40.36	6.82	35.14	5.81
74	74.82	12.54	63.83	10.71	55.31	9.33	50.08	8.47	43.07	7.28	37.49	6.20
75	79.80	13.39	68.10	11.42	59.00	9.96	53.42	9.03	45.93	7.76	39.98	6.63
76	84.45	14.16	72.05	12.08	62.44	10.53	56.53	9.56	48.61	8.22	42.32	7.00
77	87.06	14.59	73.72	12.38	63.88	10.77	57.25	9.69	48.67	8.22	42.29	7.00
78	90.50	15.17	76.64	12.85	66.40	11.20	59.51	10.07	50.59	8.54	43.97	7.27
79	93.09	15.60	78.81	13.22	68.28	11.52	61.21	10.35	52.04	8.79	45.23	7.49
80	94.27	15.80	79.81	13.40	69.16	11.67	62.00	10.48	52.71	8.91	45.80	7.58
81	95.20	15.96	80.61	13.52	69.85	11.78	62.62	10.59	53.22	9.00	46.26	7.66
82	96.75	16.22	81.92	13.74	70.98	11.97	64.78	10.96	55.07	9.31	47.87	7.93
83	96.38	16.16	81.61	13.70	70.71	11.94	64.53	10.92	54.87	9.27	47.68	7.89
84	95.69	16.04	81.02	13.59	70.20	11.84	64.07	10.83	54.47	9.21	47.34	7.83

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	20.43	3.26	18.15	2.93	16.52	2.69	15.10	2.50	13.84	2.28	12.85	2.09
41	21.81	3.47	19.27	3.11	17.45	2.83	15.59	2.57	14.20	2.34	13.10	2.15
42	22.25	3.55	19.64	3.17	17.74	2.89	15.74	2.59	14.29	2.36	13.19	2.17
43	22.68	3.61	19.98	3.22	18.03	2.94	15.90	2.63	14.41	2.38	13.26	2.17
44	23.12	3.69	20.34	3.27	18.31	2.99	16.03	2.65	14.51	2.40	13.32	2.18
45	23.55	3.75	20.69	3.33	18.60	3.02	16.18	2.68	14.60	2.42	13.40	2.19
46	23.98	3.82	21.04	3.39	18.90	3.07	16.33	2.70	14.71	2.43	13.47	2.20
47	24.41	3.89	21.40	3.45	19.17	3.13	16.47	2.73	14.80	2.45	13.53	2.21
48	24.82	3.96	21.74	3.50	19.46	3.18	16.62	2.74	14.91	2.46	13.60	2.23
49	25.26	4.02	22.09	3.56	19.74	3.21	16.76	2.76	15.01	2.48	13.67	2.24
50	25.68	4.09	22.43	3.61	20.02	3.26	16.91	2.78	15.10	2.50	13.74	2.25
51	25.95	4.14	22.67	3.65	20.23	3.30	17.08	2.82	15.26	2.52	13.89	2.27
52	26.69	4.25	23.31	3.76	20.80	3.39	17.56	2.90	15.70	2.58	14.28	2.33
53	27.19	4.33	23.74	3.82	21.19	3.45	17.90	2.95	15.98	2.64	14.54	2.38
54	27.69	4.41	24.18	3.90	21.57	3.51	18.22	3.01	16.28	2.69	14.80	2.43
55	29.01	4.63	25.34	4.08	22.62	3.69	19.09	3.15	17.05	2.81	15.52	2.53
56	29.77	4.75	26.00	4.19	23.21	3.77	19.59	3.24	17.50	2.89	15.93	2.59
57	32.25	5.14	27.98	4.51	24.74	4.02	21.04	3.47	18.59	3.07	16.68	2.73
58	33.87	5.40	29.38	4.74	25.98	4.24	22.09	3.65	19.52	3.22	17.52	2.86
59	35.93	5.72	31.17	5.02	27.56	4.49	23.44	3.88	20.71	3.43	18.59	3.03
60	37.43	5.96	32.46	5.24	28.70	4.68	24.42	4.02	21.56	3.56	19.35	3.17
61	40.33	6.43	34.99	5.64	30.94	5.03	26.31	4.33	23.25	3.83	20.87	3.42
62	43.76	6.97	38.00	6.13	33.31	5.43	28.32	4.68	25.03	4.14	22.18	3.63
63	45.54	7.26	39.54	6.38	34.68	5.65	29.48	4.86	26.05	4.30	23.09	3.77
64	48.14	7.68	41.78	6.74	36.64	5.96	31.15	5.14	27.52	4.55	24.40	3.99
65	50.03	7.97	43.45	7.00	38.08	6.20	32.39	5.34	28.62	4.72	25.37	4.15
66	53.09	8.46	46.11	7.44	40.41	6.58	34.37	5.68	30.37	5.01	26.92	4.40
67	58.16	9.27	50.11	8.07	43.92	7.15	37.31	6.16	32.96	5.45	29.21	4.77
68	62.76	10.00	54.07	8.71	47.40	7.72	40.26	6.65	35.57	5.88	31.52	5.16
69	67.72	10.79	58.36	9.41	51.16	8.33	43.45	7.18	38.39	6.33	34.02	5.56
70	72.92	11.63	62.83	10.13	55.07	8.97	46.78	7.72	41.33	6.82	36.64	5.99
71	78.85	12.57	67.94	10.95	59.55	9.70	50.58	8.34	44.68	7.39	39.62	6.47
72	85.03	13.54	72.70	11.72	63.72	10.39	54.36	8.97	48.02	7.94	42.57	6.96
73	91.75	14.63	78.44	12.65	68.76	11.20	58.64	9.67	51.81	8.56	45.93	7.51
74	97.89	15.59	83.69	13.48	73.36	11.95	62.56	10.32	55.29	9.14	49.00	8.01
75	104.42	16.65	89.27	14.39	78.25	12.74	66.74	11.01	58.98	9.73	52.26	8.54
76	110.49	17.60	94.46	15.22	82.80	13.48	70.63	11.66	62.40	10.31	55.31	9.04
77	115.45	18.40	98.82	15.93	85.87	13.98	72.99	12.04	64.50	10.65	57.17	9.34
78	120.01	19.14	102.73	16.55	89.26	14.53	75.87	12.52	67.03	11.07	59.43	9.72
79	123.45	19.67	105.67	17.03	91.81	14.95	78.04	12.89	68.96	11.39	61.13	10.00
80	125.02	19.92	107.00	17.24	92.97	15.15	79.03	13.04	69.83	11.53	61.90	10.13
81	126.25	20.12	108.06	17.42	93.90	15.29	79.81	13.17	70.52	11.65	62.51	10.22
82	126.98	20.23	108.69	17.52	94.44	15.39	80.65	13.30	71.25	11.77	63.15	10.32
83	126.49	20.16	108.27	17.45	94.07	15.32	80.33	13.26	70.97	11.72	62.92	10.28
84	125.59	20.02	107.49	17.31	93.40	15.21	79.75	13.16	70.47	11.64	62.46	10.21

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	23.44	3.76	20.90	3.36	18.94	3.07	17.03	2.77	15.33	2.50	13.96	2.27
41	24.42	3.93	21.62	3.49	19.52	3.18	17.52	2.86	15.71	2.56	14.17	2.31
42	24.70	3.96	21.82	3.51	19.69	3.20	17.67	2.89	15.82	2.58	14.23	2.31
43	25.00	4.01	22.05	3.55	19.87	3.22	17.81	2.92	15.92	2.59	14.29	2.32
44	25.30	4.06	22.26	3.58	20.04	3.26	17.96	2.93	16.03	2.63	14.34	2.33
45	25.59	4.11	22.48	3.63	20.22	3.28	18.10	2.95	16.14	2.64	14.41	2.34
46	25.89	4.17	22.69	3.67	20.38	3.31	18.24	2.98	16.24	2.65	14.47	2.34
47	26.18	4.20	22.92	3.69	20.55	3.33	18.40	3.00	16.34	2.68	14.52	2.36
48	26.48	4.25	23.13	3.72	20.72	3.36	18.53	3.02	16.46	2.69	14.58	2.38
49	26.76	4.30	23.34	3.76	20.90	3.40	18.68	3.05	16.55	2.70	14.65	2.39
50	27.05	4.34	23.55	3.80	21.05	3.43	18.81	3.07	16.66	2.73	14.70	2.39
51	27.33	4.39	23.79	3.83	21.28	3.46	19.02	3.09	16.83	2.75	14.85	2.42
52	28.88	4.64	25.14	4.05	22.48	3.65	20.09	3.27	17.78	2.90	15.70	2.55
53	29.77	4.77	25.92	4.18	23.17	3.76	20.71	3.38	18.33	3.00	16.17	2.64
54	30.64	4.93	26.67	4.30	23.84	3.88	21.30	3.47	18.87	3.08	16.65	2.71
55	32.67	5.25	28.43	4.58	25.43	4.13	22.72	3.71	20.12	3.28	17.74	2.89
56	33.40	5.36	29.07	4.69	26.00	4.22	23.23	3.78	20.56	3.36	18.15	2.95
57	34.13	5.47	29.50	4.75	26.16	4.25	24.44	3.99	21.40	3.50	18.85	3.06
58	35.83	5.75	30.99	4.99	27.45	4.46	25.67	4.19	22.47	3.68	19.79	3.22
59	38.02	6.09	32.88	5.30	29.13	4.74	27.24	4.45	23.84	3.90	21.00	3.43
60	39.59	6.35	34.24	5.51	30.33	4.93	28.37	4.63	24.82	4.06	21.88	3.56
61	42.69	6.84	36.91	5.95	32.70	5.31	30.57	4.99	26.76	4.38	23.57	3.83
62	47.12	7.56	40.78	6.57	35.82	5.82	32.71	5.33	28.63	4.68	25.23	4.11
63	49.04	7.88	42.45	6.83	37.28	6.06	34.05	5.55	29.80	4.88	26.25	4.27
64	51.81	8.32	44.86	7.22	39.40	6.40	35.97	5.88	31.49	5.15	27.74	4.51
65	53.87	8.65	46.64	7.51	40.96	6.65	37.40	6.09	32.74	5.34	28.83	4.70
66	57.18	9.19	49.48	7.97	43.46	7.06	39.69	6.47	34.74	5.68	30.59	4.99
67	61.42	9.85	52.74	8.50	46.33	7.52	42.44	6.93	37.15	6.07	32.73	5.32
68	66.27	10.65	56.93	9.17	49.99	8.13	45.79	7.47	40.08	6.55	35.31	5.75
69	71.52	11.48	61.43	9.90	53.95	8.76	49.42	8.06	43.26	7.06	38.12	6.20
70	77.00	12.35	66.14	10.66	58.08	9.44	53.20	8.69	46.56	7.60	41.03	6.68
71	83.26	13.38	71.51	11.52	62.81	10.21	57.52	9.39	50.36	8.22	44.36	7.22
72	90.42	14.52	77.74	12.52	67.69	11.00	61.75	10.07	54.04	8.82	47.62	7.75
73	97.54	15.66	83.88	13.51	73.02	11.85	66.63	10.88	58.31	9.52	51.38	8.35
74	104.07	16.71	89.49	14.42	77.92	12.66	71.08	11.59	62.21	10.16	54.81	8.93
75	111.02	17.81	95.46	15.39	83.11	13.49	75.81	12.38	66.37	10.84	58.46	9.51
76	117.48	18.85	101.01	16.27	87.94	14.28	80.23	13.08	70.22	11.47	61.87	10.07
77	122.84	19.72	105.62	17.02	91.95	14.93	84.24	13.74	73.73	12.04	64.13	10.44
78	127.69	20.50	109.79	17.70	95.59	15.53	87.56	14.28	76.65	12.52	66.66	10.84
79	131.34	21.07	112.93	18.20	98.31	15.97	90.06	14.70	78.83	12.89	68.56	11.16
80	133.01	21.35	114.37	18.43	99.57	16.17	91.21	14.89	79.85	13.04	69.44	11.29
81	134.30	21.56	115.49	18.60	100.54	16.33	92.12	15.03	80.63	13.17	70.13	11.41
82	135.73	21.79	115.83	18.66	100.85	16.39	92.38	15.07	80.86	13.21	70.32	11.45
83	135.21	21.71	115.38	18.59	100.46	16.31	92.01	15.01	80.54	13.16	70.04	11.40
84	134.24	21.55	114.55	18.46	99.73	16.21	91.36	14.91	79.97	13.05	69.54	11.32

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.23	4.06	23.44	3.65	21.21	3.33	20.16	3.20	18.37	2.93	16.87	2.69
41	27.38	4.24	24.37	3.80	21.92	3.45	20.69	3.27	18.77	2.99	17.15	2.73
42	27.74	4.30	24.64	3.83	22.12	3.49	20.85	3.30	18.90	3.01	17.22	2.74
43	28.08	4.34	24.93	3.89	22.32	3.51	21.00	3.32	19.00	3.02	17.29	2.75
44	28.44	4.41	25.20	3.93	22.54	3.55	21.17	3.34	19.12	3.05	17.37	2.76
45	28.79	4.46	25.48	3.96	22.75	3.58	21.31	3.38	19.23	3.06	17.45	2.77
46	29.16	4.51	25.75	4.01	22.96	3.61	21.48	3.40	19.34	3.08	17.52	2.78
47	29.49	4.57	26.03	4.05	23.17	3.65	21.63	3.43	19.46	3.09	17.59	2.80
48	29.83	4.63	26.30	4.09	23.38	3.69	21.79	3.45	19.56	3.13	17.66	2.81
49	30.19	4.68	26.57	4.14	23.57	3.71	21.94	3.47	19.68	3.14	17.73	2.82
50	30.54	4.72	26.85	4.19	23.78	3.75	22.09	3.50	19.79	3.15	17.80	2.83
51	30.84	4.77	27.13	4.22	24.03	3.78	22.32	3.53	20.00	3.19	17.99	2.86
52	32.58	5.05	28.67	4.46	25.39	4.00	23.57	3.74	21.13	3.36	19.00	3.02
53	33.59	5.20	29.55	4.59	26.18	4.13	24.31	3.84	21.78	3.47	19.59	3.13
54	34.57	5.36	30.40	4.74	26.93	4.24	25.01	3.96	22.42	3.57	20.17	3.21
55	36.87	5.71	32.42	5.05	28.71	4.52	26.68	4.22	23.91	3.81	21.49	3.43
56	37.70	5.83	33.15	5.16	29.37	4.63	27.27	4.32	24.44	3.90	21.98	3.50
57	39.26	6.08	34.28	5.33	30.10	4.74	27.77	4.40	24.88	3.96	22.10	3.52
58	41.22	6.39	36.00	5.60	31.62	4.97	29.17	4.63	26.13	4.17	23.22	3.70
59	43.73	6.77	38.20	5.95	33.53	5.28	30.94	4.90	27.73	4.43	24.63	3.93
60	45.55	7.06	39.78	6.20	34.94	5.50	32.23	5.11	28.88	4.59	25.66	4.08
61	49.11	7.60	42.89	6.68	37.65	5.94	34.74	5.50	31.13	4.96	27.66	4.40
62	52.81	8.19	45.77	7.13	40.19	6.33	36.94	5.84	33.09	5.27	29.04	4.63
63	54.98	8.51	47.65	7.43	41.82	6.58	38.45	6.08	34.45	5.49	30.21	4.81
64	58.08	9.00	50.33	7.83	44.20	6.96	40.63	6.44	36.40	5.80	31.93	5.08
65	60.39	9.34	52.32	8.15	45.95	7.24	42.23	6.69	37.83	6.03	33.19	5.28
66	64.08	9.92	55.53	8.65	48.75	7.69	44.82	7.09	40.16	6.40	35.22	5.60
67	70.50	10.92	60.63	9.44	53.23	8.39	48.96	7.76	42.89	6.83	38.00	6.05
68	76.08	11.78	65.43	10.19	57.44	9.04	52.82	8.38	46.28	7.38	41.00	6.52
69	82.10	12.72	70.60	11.00	61.98	9.76	57.01	9.03	49.94	7.96	44.24	7.04
70	88.41	13.70	76.02	11.83	66.74	10.51	61.39	9.72	53.78	8.57	47.65	7.58
71	95.57	14.80	82.18	12.79	72.16	11.38	66.38	10.52	58.14	9.27	51.50	8.20
72	102.67	15.90	88.27	13.74	77.50	12.21	71.70	11.35	62.81	10.01	54.93	8.75
73	110.78	17.16	95.25	14.83	83.63	13.17	77.37	12.26	67.77	10.79	59.26	9.44
74	118.19	18.30	101.64	15.82	89.23	14.05	82.54	13.08	72.30	11.52	63.24	10.07
75	126.08	19.53	108.41	16.89	95.18	14.99	88.04	13.95	77.14	12.29	67.45	10.73
76	133.41	20.66	114.72	17.85	100.71	15.85	93.17	14.76	81.62	13.01	71.38	11.35
77	137.39	21.28	119.18	18.55	103.72	16.33	95.69	15.16	83.82	13.35	73.30	11.67
78	142.82	22.12	123.89	19.29	107.81	16.98	99.47	15.76	87.14	13.89	76.21	12.14
79	146.89	22.75	127.43	19.84	110.90	17.47	102.30	16.21	89.63	14.28	78.39	12.48
80	148.76	23.04	129.04	20.09	112.30	17.70	103.63	16.42	90.77	14.47	79.38	12.64
81	150.23	23.26	130.33	20.29	113.42	17.87	104.64	16.58	91.67	14.60	80.17	12.76
82	147.35	22.81	126.85	19.74	110.40	17.39	102.35	16.22	89.67	14.29	78.41	12.48
83	146.77	22.73	126.35	19.67	109.97	17.31	101.96	16.16	89.31	14.23	78.11	12.44
84	145.73	22.56	125.45	19.53	109.18	17.20	101.22	16.03	88.68	14.14	77.54	12.34

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

R981-STD-03012009

Physicians Mutual Insurance Company
Inflation Protection Benefit Rider R981 100% HCC - Proposed Rates
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	34.76	4.89	31.21	4.39	28.52	4.01	26.99	3.80	24.54	3.45	22.69	3.19
41	36.33	5.11	32.48	4.57	29.51	4.15	27.79	3.92	25.16	3.53	23.13	3.25
42	36.82	5.18	32.87	4.63	29.80	4.19	28.02	3.94	25.32	3.56	23.24	3.27
43	37.29	5.25	33.24	4.68	30.10	4.24	28.26	3.97	25.50	3.58	23.37	3.28
44	37.78	5.31	33.63	4.74	30.39	4.27	28.49	4.01	25.68	3.61	23.48	3.30
45	38.26	5.39	34.01	4.78	30.69	4.31	28.73	4.03	25.85	3.64	23.60	3.32
46	38.73	5.45	34.39	4.83	30.98	4.36	28.96	4.07	26.03	3.67	23.72	3.33
47	39.21	5.51	34.76	4.89	31.26	4.40	29.19	4.11	26.19	3.69	23.84	3.34
48	39.69	5.58	35.14	4.95	31.55	4.44	29.43	4.14	26.37	3.71	23.95	3.38
49	40.16	5.65	35.52	5.00	31.83	4.47	29.65	4.18	26.54	3.74	24.07	3.39
50	40.64	5.71	35.90	5.05	32.13	4.52	29.89	4.20	26.70	3.76	24.19	3.40
51	41.06	5.77	36.26	5.09	32.46	4.56	30.20	4.25	26.99	3.80	24.44	3.44
52	43.38	6.09	38.31	5.39	34.30	4.82	31.90	4.49	28.51	4.01	25.81	3.64
53	44.71	6.28	39.50	5.56	35.34	4.97	32.89	4.63	29.39	4.14	26.62	3.75
54	46.01	6.47	40.65	5.72	36.39	5.13	33.83	4.76	30.24	4.25	27.39	3.84
55	49.05	6.90	43.33	6.09	38.78	5.46	36.07	5.07	32.25	4.53	29.20	4.11
56	50.17	7.06	44.32	6.24	39.67	5.58	36.90	5.19	32.97	4.64	29.87	4.20
57	53.13	7.47	46.26	6.51	41.04	5.77	38.15	5.36	33.71	4.74	30.10	4.24
58	55.79	7.84	48.58	6.83	43.09	6.06	40.06	5.64	35.40	4.97	31.62	4.45
59	59.19	8.32	51.54	7.25	45.72	6.44	42.49	5.97	37.56	5.28	33.53	4.72
60	61.65	8.68	53.68	7.54	47.64	6.70	44.27	6.22	39.13	5.50	34.94	4.91
61	66.46	9.34	57.87	8.14	51.34	7.22	47.72	6.71	42.16	5.94	37.66	5.30
62	69.97	9.84	61.00	8.58	53.65	7.54	50.18	7.06	43.83	6.16	38.58	5.43
63	72.83	10.25	63.49	8.94	55.82	7.84	52.23	7.34	45.64	6.43	40.16	5.65
64	76.96	10.82	67.08	9.44	58.99	8.29	55.18	7.76	48.21	6.78	42.44	5.97
65	79.99	11.26	69.73	9.81	61.32	8.63	57.37	8.07	50.12	7.04	44.11	6.21
66	84.91	11.95	74.01	10.41	65.08	9.16	60.88	8.56	53.19	7.49	46.81	6.58
67	95.45	13.44	82.68	11.64	72.07	10.14	67.89	9.54	59.30	8.34	52.21	7.34
68	103.01	14.49	89.21	12.54	77.78	10.95	73.26	10.31	64.00	9.00	56.32	7.93
69	111.16	15.64	96.27	13.54	83.93	11.80	79.05	11.13	69.06	9.71	60.79	8.54
70	119.69	16.83	103.67	14.58	90.38	12.71	85.12	11.97	74.38	10.46	65.45	9.21
71	129.41	18.21	112.09	15.77	97.71	13.74	92.02	12.95	80.41	11.31	70.77	9.96
72	136.83	19.24	118.50	16.67	103.30	14.53	96.85	13.63	84.62	11.90	73.49	10.33
73	147.63	20.77	127.87	17.98	111.47	15.68	104.49	14.70	91.28	12.84	79.29	11.16
74	157.51	22.16	136.42	19.19	118.93	16.73	111.49	15.68	97.40	13.70	84.61	11.90
75	168.00	23.63	145.51	20.47	126.87	17.84	118.92	16.73	103.90	14.63	90.24	12.70
76	177.77	25.00	153.97	21.66	134.23	18.89	125.84	17.71	109.94	15.47	95.49	13.44
77	183.78	25.85	157.98	22.23	137.73	19.37	128.01	18.00	111.84	15.73	97.14	13.66
78	191.05	26.88	164.23	23.10	143.18	20.15	133.08	18.72	116.25	16.35	100.97	14.21
79	196.49	27.64	168.92	23.76	147.26	20.72	136.86	19.25	119.58	16.81	103.86	14.60
80	199.00	27.99	171.09	24.06	149.14	20.98	138.61	19.49	121.11	17.03	105.18	14.79
81	200.97	28.26	172.75	24.30	150.61	21.18	139.97	19.69	122.28	17.21	106.22	14.95
82	191.70	26.97	164.79	23.18	143.67	20.21	134.98	18.99	116.58	16.40	102.44	14.41
83	190.96	26.87	164.16	23.09	143.11	20.13	134.46	18.92	116.13	16.33	102.03	14.35
84	189.59	26.67	162.98	22.93	142.09	19.98	133.49	18.78	115.29	16.22	101.30	14.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC - Proposed Rates

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.62
41	0.64
42	0.65
43	0.67
44	0.67
45	0.68
46	0.69
47	0.69
48	0.70
49	0.71
50	0.73
51	0.74
52	0.79
53	0.82
54	0.86
55	0.92
56	0.95
57	0.99
58	1.05
59	1.13
60	1.20
61	1.31
62	1.46
63	1.55
64	1.67
65	1.76
66	1.90
67	2.09
68	2.33
69	2.59
70	2.89
71	3.26
72	3.68
73	4.15
74	4.63
75	5.19
76	5.77
77	6.37
78	7.00
79	7.66
80	8.33
81	9.12
82	10.09
83	11.11
84	12.34

Physicians Mutual Insurance Company
Exhibit 4
Long Term Care Policy Form P104 - Proposed Rates
Sample Rate Calculation Comparison

Issue Age	65
Monthly Benefit Amount	3000
Elimination Period	90
Benefit Period	Lifetime

Optional Riders Elected at Issue	
R977 (Inflation Protection Rider)	Yes
R978 (Optional Inflation Protection Rider)	No
R982 (Inflation Protection Rider)	No
R965 (Security Rider)	Yes
R967 (Surviving Spouse Waiver of Premium Rider)	Yes
R968 (Joint Spouse Waiver of Premium Rider)	Yes
75% Home Health Care Option	Yes
R969 (Spouse Discount)	Yes
10% Franchise Discount	Yes
10-Pay	No
Payment Mode	Monthly
Risk Class	Standard

Current Premium	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	85.22
5 Additional $300 Units @ 74.46 per unit	64.30
A Total Base Premium	149.52
R977 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	65.65
5 Additional $300 Units @ 8.1 per unit	40.50
B Total Rider Premium	106.15
R978 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.64 per unit	-
C Total Rider Premium	-
R982 Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 6.46 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.48 per Month	1.48
E Total Rider Premium	1.48
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	56.57
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	5.14
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(12.86)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	306.00
Spouse Discount (20%)	(61.20)
Total Monthly Premium	244.80
Franchise Discount (10%)	(24.48)
Discounted Monthly Premium	220.32
Multiply by 10-Pay Factor of 1	220.32
Multiply by Standard Risk Class Adjustment of 1	220.32
Multiply by Monthly Modal Factor of 1	220.32

Proposed New Premium with 19% Increase	
Monthly Premium Rate Calculation for Base Policy	
First $1500 Monthly Benefit	101.41
5 Additional $300 Units @ 88.61 per unit	76.50
A Total Base Premium	177.91
R977 Inflation Rider Monthly Premium	
First $1500 Monthly Benefit	78.12
5 Additional $300 Units @ 9.64 per unit	48.20
B Total Rider Premium	126.32
R978 Optional Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 0.76 per unit	-
C Total Rider Premium	-
R982 Inflation Protection Rider Monthly Premium	
First $1500 Monthly Benefit	-
5 Additional $300 Units @ 7.69 per unit	-
D Total Rider Premium	-
R965 Security Rider Monthly Premium @ 1.76 per Month	1.76
E Total Rider Premium	1.76
R967 Surviving Spouse Waiver of Premium Rider Factor	22.0%
F Total Rider Premium = (A+B+C+D+E) x Rider Factor	67.32
R968 Joint Spouse Waiver of Premium Rider Factor	2.0%
G Total Rider Premium = (A+B+C+D+E) x Rider Factor	6.12
75% Home Health Care Option Premium Factor	95%
H. Total Rider Premium = - (A+B+C+D+E) x (1-Rider Facto	(15.30)
Total Base + Rider Premium = (A+B+C+D+E+F+G+H)	364.13
Spouse Discount (20%)	(72.83)
Total Monthly Premium	291.30
Franchise Discount (10%)	(29.13)
Discounted Monthly Premium	262.17
Multiply by 10-Pay Factor of 1	262.17
Multiply by Standard Risk Class Adjustment of 1	262.17
Multiply by Monthly Modal Factor of 1	262.17

Because of alternate rounding conventions that may be used at the time these rate changes are implemented, the New Premium for any given policy could vary slightly from 1.19 times the Current Premium.

CURRENT RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	20.12	3.59	18.12	3.24	16.43	2.95	14.35	2.59	13.13	2.36	12.14	2.14
41	20.88	3.73	18.71	3.35	16.85	3.03	14.87	2.68	13.54	2.44	12.42	2.19
42	21.13	3.77	18.91	3.38	16.99	3.05	15.04	2.71	13.67	2.46	12.51	2.21
43	21.39	3.82	19.11	3.42	17.12	3.08	15.21	2.74	13.81	2.49	12.60	2.22
44	21.64	3.87	19.31	3.45	17.26	3.10	15.38	2.77	13.94	2.51	12.69	2.24
45	21.89	3.91	19.51	3.49	17.40	3.13	15.55	2.80	14.08	2.54	12.79	2.26
46	22.15	3.96	19.71	3.52	17.54	3.15	15.72	2.83	14.21	2.56	12.88	2.27
47	22.40	4.00	19.91	3.56	17.67	3.18	15.89	2.86	14.35	2.58	12.97	2.29
48	22.65	4.05	20.11	3.60	17.81	3.20	16.06	2.89	14.48	2.61	13.06	2.30
49	22.91	4.09	20.31	3.63	17.95	3.23	16.23	2.93	14.62	2.63	13.16	2.32
50	23.16	4.14	20.51	3.67	18.09	3.25	16.40	2.96	14.75	2.66	13.25	2.34
51	23.62	4.22	20.92	3.74	18.45	3.32	16.73	3.02	15.05	2.71	13.51	2.38
52	24.57	4.39	21.76	3.89	19.19	3.45	17.40	3.14	15.65	2.82	14.06	2.48
53	25.31	4.52	22.41	4.01	19.76	3.55	17.92	3.23	16.12	2.90	14.48	2.55
54	26.07	4.66	23.08	4.13	20.36	3.66	18.46	3.33	16.60	2.99	14.91	2.63
55	27.63	4.94	24.47	4.37	21.58	3.88	19.57	3.53	17.44	3.14	15.66	2.76
56	28.73	5.13	25.45	4.55	22.44	4.03	20.35	3.67	18.13	3.27	16.13	2.85
57	31.85	5.69	27.79	4.97	24.29	4.37	21.02	3.79	18.70	3.37	16.56	2.92
58	33.91	6.06	29.58	5.29	25.86	4.65	22.37	4.03	19.90	3.58	17.63	3.11
59	36.48	6.52	31.82	5.69	27.82	5.00	24.07	4.34	21.41	3.86	18.97	3.35
60	38.53	6.88	33.61	6.01	29.38	5.28	25.42	4.58	22.62	4.07	20.03	3.53
61	42.13	7.53	36.75	6.57	32.13	5.77	27.80	5.01	24.73	4.45	21.90	3.86
62	48.50	8.66	41.98	7.51	36.69	6.60	32.81	5.91	28.86	5.20	25.53	4.50
63	51.22	9.15	44.34	7.93	38.76	6.97	34.65	6.24	30.48	5.49	26.96	4.76
64	55.04	9.83	47.64	8.52	41.64	7.49	37.23	6.71	32.75	5.90	28.97	5.11
65	58.31	10.42	50.47	9.02	44.11	7.93	39.44	7.11	34.70	6.25	30.69	5.42
66	63.21	11.29	54.71	9.78	47.83	8.60	42.76	7.71	37.62	6.77	33.28	5.87
67	69.38	12.39	59.12	10.57	51.68	9.29	46.65	8.41	40.57	7.31	35.38	6.24
68	77.02	13.76	65.64	11.74	57.38	10.31	51.79	9.33	45.05	8.11	39.28	6.93
69	85.77	15.32	73.09	13.07	63.89	11.48	57.67	10.39	50.16	9.03	43.74	7.72
70	95.60	17.08	81.47	14.57	71.21	12.80	64.28	11.58	55.91	10.07	48.75	8.60
71	107.62	19.22	91.71	16.40	80.17	14.41	72.36	13.04	62.94	11.34	54.88	9.68
72	120.25	21.48	102.59	18.34	88.89	15.98	80.48	14.50	69.21	12.46	60.25	10.63
73	135.55	24.21	115.65	20.68	100.21	18.01	90.72	16.35	78.02	14.05	67.92	11.98
74	151.40	27.04	129.17	23.10	111.92	20.12	101.33	18.26	87.14	15.69	75.86	13.38
75	169.44	30.27	144.56	25.85	125.26	22.52	113.40	20.44	97.52	17.56	84.90	14.98
76	188.57	33.68	160.88	28.77	139.40	25.06	126.21	22.75	108.53	19.55	94.48	16.67
77	204.99	36.62	173.57	31.03	150.39	27.03	134.82	24.30	114.60	20.64	99.60	17.57
78	225.38	40.26	190.84	34.12	165.35	29.72	148.23	26.71	126.00	22.69	109.51	19.32
79	246.85	44.09	209.01	37.37	181.10	32.55	162.34	29.26	138.00	24.85	119.94	21.16
80	268.31	47.93	227.19	40.62	196.85	35.38	176.46	31.80	150.00	27.01	130.37	23.00
81	293.54	52.43	248.54	44.44	215.35	38.71	193.05	34.79	164.10	29.55	142.62	25.16
82	326.86	58.39	276.76	49.49	239.80	43.10	218.88	39.45	186.06	33.51	161.71	28.53
83	360.04	64.31	304.85	54.51	264.14	47.48	241.10	43.45	204.95	36.91	178.12	31.43
84	399.74	71.40	338.47	60.52	293.27	52.72	267.68	48.24	227.55	40.98	197.76	34.89
85	NA	79.26	NA	67.18	NA	58.51	NA	53.55	NA	45.49	NA	38.73
86	NA	87.19	NA	73.89	NA	64.37	NA	58.91	NA	50.04	NA	42.60
87	NA	95.03	NA	80.54	NA	70.16	NA	64.21	NA	54.54	NA	46.44
88	NA	102.63	NA	86.99	NA	75.77	NA	69.34	NA	58.90	NA	50.15
89	NA	109.82	NA	93.08	NA	81.08	NA	74.20	NA	63.03	NA	53.66
90	NA	116.41	NA	98.66	NA	85.94	NA	78.65	NA	66.81	NA	56.88
91	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
92	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
93	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
94	NA	141.49	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
95	NA	148.57	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
96	NA	156.00	NA	132.21	NA	115.17	NA	105.40	NA	89.53	NA	76.22
97	NA	163.80	NA	138.83	NA	120.93	NA	110.67	NA	94.01	NA	80.04
98	NA	171.99	NA	145.77	NA	126.97	NA	116.20	NA	98.71	NA	84.04
99	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.64	NA	88.24
100	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.43	4.16	21.68	3.73	19.75	3.43	18.06	3.18	16.55	2.91	15.37	2.68
41	26.12	4.44	23.07	3.97	20.89	3.63	18.67	3.29	17.00	2.99	15.70	2.74
42	26.68	4.54	23.53	4.05	21.27	3.70	18.88	3.32	17.15	3.02	15.81	2.76
43	27.24	4.63	24.00	4.13	21.65	3.76	19.08	3.36	17.29	3.05	15.92	2.78
44	27.80	4.73	24.46	4.21	22.03	3.83	19.29	3.39	17.44	3.07	16.03	2.80
45	28.37	4.83	24.92	4.29	22.41	3.89	19.49	3.43	17.59	3.10	16.14	2.81
46	28.93	4.92	25.39	4.37	22.79	3.96	19.70	3.47	17.74	3.12	16.25	2.83
47	29.49	5.02	25.85	4.45	23.17	4.02	19.91	3.50	17.89	3.15	16.35	2.85
48	30.06	5.11	26.31	4.52	23.55	4.09	20.11	3.54	18.04	3.18	16.46	2.87
49	30.62	5.21	26.77	4.60	23.92	4.16	20.32	3.57	18.19	3.20	16.57	2.89
50	31.18	5.31	27.24	4.68	24.30	4.22	20.52	3.61	18.34	3.23	16.68	2.91
51	31.81	5.41	27.78	4.78	24.79	4.31	20.93	3.68	18.70	3.29	17.02	2.97
52	33.08	5.63	28.89	4.97	25.78	4.48	21.77	3.83	19.45	3.43	17.70	3.09
53	34.07	5.80	29.76	5.12	26.55	4.61	22.42	3.95	20.03	3.53	18.23	3.18
54	35.09	5.97	30.65	5.27	27.35	4.75	23.09	4.06	20.63	3.63	18.77	3.27
55	37.20	6.33	32.49	5.59	28.99	5.04	24.48	4.31	21.87	3.85	19.90	3.47
56	38.69	6.58	33.79	5.81	30.15	5.24	25.46	4.48	22.75	4.01	20.70	3.61
57	42.47	7.22	36.84	6.34	32.58	5.66	27.70	4.87	24.48	4.31	21.97	3.83
58	45.21	7.69	39.21	6.74	34.68	6.02	29.49	5.19	26.06	4.59	23.39	4.08
59	48.63	8.27	42.18	7.25	37.31	6.48	31.72	5.58	28.03	4.94	25.16	4.39
60	51.37	8.74	44.56	7.66	39.41	6.85	33.51	5.90	29.61	5.21	26.58	4.64
61	56.16	9.56	48.72	8.38	43.09	7.49	36.64	6.45	32.37	5.70	29.06	5.07
62	61.82	10.52	53.68	9.23	47.06	8.17	40.02	7.04	35.36	6.23	31.34	5.47
63	65.29	11.11	56.70	9.75	49.70	8.63	42.26	7.44	37.34	6.58	33.10	5.77
64	70.16	11.94	60.92	10.48	53.40	9.28	45.41	7.99	40.12	7.07	35.57	6.20
65	74.33	12.65	64.54	11.10	56.57	9.83	48.11	8.47	42.51	7.49	37.68	6.57
66	80.58	13.71	69.97	12.03	61.33	10.65	52.16	9.18	46.08	8.12	40.85	7.12
67	90.38	15.38	77.87	13.39	68.26	11.86	57.97	10.20	51.22	9.02	45.40	7.92
68	100.34	17.07	86.45	14.87	75.78	13.17	64.36	11.33	56.87	10.02	50.41	8.79
69	111.72	19.01	96.26	16.56	84.38	14.66	71.67	12.61	63.32	11.15	56.13	9.79
70	124.53	21.19	107.30	18.45	94.06	16.34	79.88	14.06	70.58	12.43	62.56	10.91
71	140.19	23.85	120.79	20.77	105.88	18.39	89.92	15.82	79.46	13.99	70.43	12.28
72	157.31	26.76	134.50	23.13	117.90	20.48	100.55	17.69	88.85	15.65	78.75	13.74
73	177.34	30.17	151.62	26.08	132.90	23.09	113.35	19.95	100.15	17.64	88.77	15.48
74	198.07	33.70	169.35	29.13	148.45	25.79	126.60	22.28	111.87	19.70	99.15	17.30
75	221.67	37.71	189.52	32.59	166.13	28.86	141.69	24.93	125.19	22.05	110.97	19.36
76	246.70	41.97	210.92	36.27	184.89	32.12	157.68	27.75	139.33	24.54	123.50	21.54
77	271.86	46.25	232.70	40.02	202.19	35.12	171.86	30.24	151.85	26.74	134.60	23.48
78	298.90	50.85	255.85	44.00	222.30	38.62	188.96	33.25	166.96	29.40	147.99	25.81
79	327.37	55.70	280.21	48.19	243.47	42.30	206.95	36.42	182.86	32.20	162.08	28.27
80	355.83	60.54	304.58	52.38	264.64	45.97	224.95	39.58	198.76	35.00	176.18	30.73
81	389.28	66.23	333.21	57.31	289.52	50.30	246.10	43.30	217.45	38.29	192.74	33.62
82	428.99	72.99	367.20	63.15	319.05	55.43	272.41	47.93	240.70	42.39	213.35	37.21
83	472.53	80.39	404.47	69.56	351.43	61.05	300.06	52.80	265.13	46.69	235.00	40.99
84	524.64	89.26	449.07	77.23	390.19	67.78	333.15	58.62	294.37	51.84	260.92	45.51
85	NA	99.08	NA	85.73	NA	75.24	NA	65.07	NA	57.54	NA	50.52
86	NA	108.99	NA	94.30	NA	82.77	NA	71.58	NA	63.30	NA	55.57
87	NA	118.79	NA	102.79	NA	90.21	NA	78.02	NA	68.99	NA	60.57
88	NA	128.30	NA	111.01	NA	97.43	NA	84.26	NA	74.51	NA	65.42
89	NA	137.28	NA	118.78	NA	104.25	NA	90.16	NA	79.73	NA	70.00
90	NA	145.51	NA	125.91	NA	110.51	NA	95.57	NA	84.51	NA	74.20
91	NA	152.79	NA	132.20	NA	116.03	NA	100.35	NA	88.74	NA	77.91
92	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.80
93	NA	168.45	NA	145.75	NA	127.93	NA	110.63	NA	97.84	NA	85.89
94	NA	176.87	NA	153.04	NA	134.32	NA	116.17	NA	102.73	NA	90.19
95	NA	185.72	NA	160.69	NA	141.04	NA	121.97	NA	107.86	NA	94.70
96	NA	195.00	NA	168.73	NA	148.09	NA	128.07	NA	113.26	NA	99.43
97	NA	204.75	NA	177.17	NA	155.49	NA	134.48	NA	118.92	NA	104.40
98	NA	214.99	NA	186.02	NA	163.27	NA	141.20	NA	124.87	NA	109.62
99	NA	225.74	NA	195.33	NA	171.43	NA	148.26	NA	131.11	NA	115.10
100	NA	237.03	NA	205.09	NA	180.00	NA	155.67	NA	137.66	NA	120.86

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	28.02	4.80	24.97	4.29	22.64	3.92	20.35	3.54	18.33	3.19	16.68	2.90
41	29.23	5.01	25.87	4.45	23.37	4.05	20.98	3.65	18.81	3.28	16.97	2.95
42	29.63	5.08	26.18	4.50	23.62	4.09	21.18	3.69	18.96	3.30	17.07	2.96
43	30.03	5.15	26.48	4.55	23.86	4.14	21.39	3.72	19.12	3.33	17.16	2.98
44	30.43	5.21	26.78	4.60	24.10	4.18	21.60	3.76	19.28	3.36	17.26	3.00
45	30.83	5.28	27.08	4.66	24.35	4.22	21.81	3.80	19.44	3.39	17.36	3.01
46	31.24	5.35	27.38	4.71	24.59	4.26	22.02	3.83	19.59	3.41	17.45	3.03
47	31.64	5.42	27.69	4.76	24.83	4.30	22.22	3.87	19.75	3.44	17.55	3.05
48	32.04	5.49	27.99	4.81	25.08	4.35	22.43	3.90	19.91	3.47	17.65	3.06
49	32.44	5.56	28.29	4.86	25.32	4.39	22.64	3.94	20.07	3.50	17.75	3.08
50	32.85	5.63	28.59	4.92	25.56	4.43	22.85	3.98	20.22	3.52	17.84	3.10
51	33.50	5.74	29.16	5.01	26.08	4.52	23.30	4.06	20.63	3.59	18.20	3.16
52	35.79	6.13	31.15	5.36	27.85	4.83	24.89	4.33	22.04	3.84	19.44	3.38
53	37.31	6.39	32.48	5.58	29.04	5.03	25.95	4.52	22.97	4.00	20.27	3.52
54	38.83	6.65	33.80	5.81	30.22	5.24	27.01	4.70	23.91	4.17	21.10	3.66
55	41.88	7.18	36.45	6.27	32.59	5.65	29.13	5.07	25.79	4.49	22.75	3.95
56	43.40	7.44	37.78	6.50	33.78	5.85	30.19	5.25	26.72	4.66	23.58	4.09
57	44.94	7.70	38.86	6.68	34.43	5.97	32.19	5.60	28.18	4.91	24.82	4.31
58	47.84	8.20	41.36	7.11	36.66	6.35	34.27	5.96	30.00	5.23	26.43	4.59
59	51.47	8.82	44.50	7.65	39.43	6.83	36.86	6.42	32.27	5.62	28.43	4.94
60	54.37	9.32	47.00	8.08	41.65	7.22	38.94	6.78	34.09	5.94	30.03	5.21
61	59.44	10.19	51.39	8.84	45.54	7.89	42.58	7.41	37.27	6.49	32.83	5.70
62	66.57	11.41	57.62	9.91	50.61	8.77	46.21	8.04	40.45	7.05	35.64	6.19
63	70.31	12.05	60.85	10.46	53.45	9.26	48.81	8.49	42.72	7.44	37.64	6.53
64	75.54	12.94	65.39	11.24	57.43	9.95	52.44	9.13	45.90	8.00	40.44	7.02
65	80.03	13.71	69.27	11.91	60.84	10.54	55.56	9.67	48.63	8.47	42.84	7.44
66	86.76	14.87	75.10	12.91	65.96	11.43	60.23	10.48	52.72	9.19	46.45	8.06
67	95.44	16.35	81.97	14.09	72.00	12.48	65.94	11.48	57.72	10.06	50.85	8.83
68	105.96	18.16	91.01	15.65	79.93	13.85	73.21	12.74	64.08	11.17	56.46	9.80
69	117.98	20.22	101.33	17.42	89.01	15.43	81.52	14.19	71.35	12.43	62.86	10.91
70	131.51	22.53	112.95	19.42	99.21	17.19	90.86	15.81	79.53	13.86	70.07	12.16
71	148.04	25.37	127.15	21.86	111.68	19.36	102.29	17.80	89.53	15.60	78.88	13.69
72	167.26	28.66	143.82	24.73	125.21	21.70	114.23	19.88	99.99	17.42	88.09	15.29
73	188.55	32.31	162.12	27.87	141.15	24.46	128.77	22.41	112.71	19.64	99.30	17.24
74	210.59	36.09	181.08	31.13	157.66	27.32	143.82	25.03	125.89	21.93	110.91	19.25
75	235.68	40.38	202.65	34.84	176.44	30.58	160.96	28.01	140.89	24.55	124.12	21.55
76	262.29	44.94	225.53	38.78	196.36	34.03	179.13	31.17	156.80	27.32	138.14	23.98
77	289.22	49.56	248.69	42.76	216.52	37.52	198.34	34.52	173.61	30.25	150.99	26.21
78	317.99	54.49	273.43	47.01	238.05	41.26	218.07	37.95	190.88	33.26	166.01	28.82
79	348.27	59.68	299.47	51.49	260.73	45.19	238.84	41.57	209.06	36.43	181.82	31.57
80	378.56	64.87	325.51	55.97	283.40	49.12	259.61	45.18	227.24	39.59	197.63	34.31
81	414.14	70.96	356.10	61.23	310.04	53.73	284.02	49.43	248.60	43.31	216.21	37.54
82	458.56	78.57	391.31	67.28	340.69	59.04	312.05	54.31	273.14	47.59	237.55	41.24
83	505.10	86.55	431.03	74.11	375.27	65.04	343.73	59.82	300.87	52.42	261.67	45.43
84	560.80	96.09	478.56	82.28	416.65	72.21	381.63	66.42	334.04	58.20	290.52	50.44
85	NA	106.66	NA	91.33	NA	80.15	NA	73.72	NA	64.60	NA	55.98
86	NA	117.33	NA	100.46	NA	88.17	NA	81.09	NA	71.06	NA	61.58
87	NA	127.89	NA	109.51	NA	96.10	NA	88.39	NA	77.46	NA	67.13
88	NA	138.12	NA	118.27	NA	103.79	NA	95.46	NA	83.66	NA	72.50
89	NA	147.79	NA	126.54	NA	111.05	NA	102.15	NA	89.51	NA	77.57
90	NA	156.66	NA	134.14	NA	117.72	NA	108.27	NA	94.88	NA	82.22
91	NA	164.49	NA	140.84	NA	123.60	NA	113.69	NA	99.63	NA	86.34
92	NA	172.72	NA	147.89	NA	129.78	NA	119.37	NA	104.61	NA	90.65
93	NA	181.35	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.19
94	NA	190.42	NA	163.04	NA	143.09	NA	131.61	NA	115.33	NA	99.94
95	NA	199.94	NA	171.20	NA	150.24	NA	138.19	NA	121.10	NA	104.94
96	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.15	NA	110.19
97	NA	220.43	NA	188.74	NA	165.64	NA	152.35	NA	133.51	NA	115.70
98	NA	231.46	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.48
99	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.56
100	NA	255.18	NA	218.50	NA	191.75	NA	176.37	NA	154.55	NA	133.94

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	31.35	5.19	28.03	4.66	25.35	4.26	24.09	4.08	21.96	3.74	20.16	3.43
41	32.78	5.43	29.17	4.85	26.23	4.41	24.77	4.19	22.48	3.82	20.52	3.49
42	33.26	5.50	29.55	4.92	26.53	4.46	25.00	4.23	22.65	3.85	20.65	3.51
43	33.73	5.58	29.93	4.98	26.82	4.51	25.23	4.27	22.82	3.88	20.77	3.53
44	34.21	5.66	30.31	5.04	27.11	4.56	25.46	4.31	22.99	3.91	20.89	3.55
45	34.69	5.74	30.69	5.11	27.41	4.61	25.68	4.35	23.17	3.94	21.01	3.57
46	35.16	5.82	31.07	5.17	27.70	4.66	25.91	4.38	23.34	3.97	21.13	3.59
47	35.64	5.90	31.45	5.23	27.99	4.71	26.14	4.42	23.51	4.00	21.25	3.61
48	36.12	5.98	31.84	5.30	28.29	4.76	26.37	4.46	23.69	4.03	21.37	3.63
49	36.59	6.06	32.22	5.36	28.58	4.81	26.60	4.50	23.86	4.06	21.50	3.65
50	37.07	6.14	32.60	5.42	28.88	4.86	26.82	4.54	24.03	4.09	21.62	3.67
51	37.81	6.26	33.25	5.53	29.45	4.95	27.36	4.63	24.51	4.17	22.05	3.75
52	40.39	6.68	35.52	5.91	31.46	5.29	29.22	4.94	26.18	4.45	23.55	4.00
53	42.11	6.97	37.03	6.16	32.80	5.52	30.47	5.15	27.30	4.64	24.55	4.17
54	43.83	7.25	38.54	6.41	34.14	5.74	31.71	5.36	28.41	4.83	25.56	4.34
55	47.27	7.82	41.56	6.91	36.82	6.19	34.20	5.79	30.64	5.21	27.56	4.69
56	48.98	8.11	43.07	7.17	38.15	6.42	35.44	6.00	31.75	5.40	28.56	4.86
57	51.70	8.56	45.15	7.51	39.64	6.67	36.58	6.19	32.77	5.58	29.11	4.95
58	55.04	9.11	48.06	8.00	42.20	7.10	38.94	6.59	34.88	5.94	30.99	5.27
59	59.21	9.80	51.71	8.60	45.40	7.64	41.89	7.09	37.53	6.38	33.34	5.67
60	62.54	10.35	54.62	9.09	47.95	8.07	44.25	7.49	39.64	6.74	35.22	5.99
61	68.38	11.32	59.72	9.93	52.43	8.82	48.38	8.18	43.34	7.37	38.50	6.55
62	74.62	12.35	64.66	10.76	56.77	9.55	52.18	8.83	46.75	7.95	41.02	6.97
63	78.81	13.04	68.29	11.36	59.96	10.09	55.11	9.32	49.38	8.40	43.32	7.36
64	84.68	14.02	73.38	12.21	64.43	10.84	59.22	10.02	53.06	9.03	46.55	7.91
65	89.71	14.85	77.74	12.93	68.25	11.48	62.74	10.61	56.21	9.56	49.31	8.38
66	97.26	16.10	84.28	14.02	73.99	12.45	68.01	11.51	60.94	10.37	53.46	9.09
67	109.56	18.13	94.21	15.67	82.71	13.91	76.08	12.87	66.65	11.34	59.04	10.04
68	121.63	20.13	104.59	17.40	91.83	15.45	84.47	14.29	74.00	12.59	65.55	11.14
69	135.44	22.42	116.46	19.37	102.25	17.20	94.05	15.91	82.39	14.02	72.99	12.41
70	150.96	24.99	129.81	21.60	113.97	19.17	104.83	17.73	91.84	15.62	81.36	13.83
71	169.94	28.13	146.13	24.31	128.30	21.58	118.01	19.96	103.38	17.59	91.58	15.57
72	189.94	31.44	163.33	27.17	143.40	24.12	132.65	22.44	116.21	19.77	101.62	17.28
73	214.12	35.44	184.11	30.63	161.65	27.19	149.53	25.30	131.00	22.29	114.56	19.47
74	239.16	39.58	205.64	34.21	180.55	30.37	167.02	28.25	146.32	24.89	127.95	21.75
75	267.65	44.30	230.14	38.29	202.06	33.99	186.92	31.62	163.75	27.86	143.20	24.34
76	297.86	49.30	256.13	42.61	224.87	37.83	208.02	35.19	182.23	31.00	159.37	27.09
77	323.49	53.54	280.62	46.68	244.22	41.08	225.31	38.12	197.38	33.58	172.61	29.34
78	355.67	58.86	308.53	51.33	268.51	45.17	247.72	41.91	217.02	36.92	189.78	32.26
79	389.54	64.47	337.92	56.22	294.08	49.47	271.32	45.90	237.68	40.44	207.86	35.33
80	423.41	70.08	367.30	61.10	319.66	53.77	294.91	49.89	258.35	43.95	225.93	38.41
81	463.21	76.66	401.83	66.85	349.70	58.83	322.63	54.58	282.64	48.09	247.17	42.02
82	497.78	82.39	428.52	71.29	372.93	62.73	345.77	58.49	302.91	51.53	264.90	45.03
83	548.30	90.75	472.01	78.52	410.78	69.10	380.86	64.43	333.65	56.77	291.78	49.60
84	608.77	100.75	524.06	87.18	456.08	76.72	422.86	71.54	370.45	63.03	323.96	55.07
85	NA	111.84	NA	96.77	NA	85.16	NA	79.41	NA	69.96	NA	61.13
86	NA	123.02	NA	106.45	NA	93.68	NA	87.35	NA	76.95	NA	67.24
87	NA	134.09	NA	116.03	NA	102.11	NA	95.21	NA	83.88	NA	73.29
88	NA	144.82	NA	125.31	NA	110.28	NA	102.82	NA	90.59	NA	79.15
89	NA	154.96	NA	134.09	NA	118.00	NA	110.02	NA	96.93	NA	84.70
90	NA	164.26	NA	142.13	NA	125.08	NA	116.62	NA	102.75	NA	89.78
91	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.88	NA	94.27
92	NA	181.09	NA	156.70	NA	137.90	NA	128.58	NA	113.28	NA	98.98
93	NA	190.15	NA	164.53	NA	144.79	NA	135.01	NA	118.94	NA	103.93
94	NA	199.65	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.12
95	NA	209.64	NA	181.40	NA	159.63	NA	148.84	NA	131.13	NA	114.58
96	NA	220.12	NA	190.47	NA	167.61	NA	156.29	NA	137.69	NA	120.31
97	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.58	NA	126.33
98	NA	242.68	NA	209.99	NA	184.79	NA	172.30	NA	151.80	NA	132.64
99	NA	254.82	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
100	NA	267.56	NA	231.52	NA	203.73	NA	189.97	NA	167.36	NA	146.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	41.56	6.27	37.31	5.63	34.10	5.15	32.26	4.87	29.34	4.43	27.13	4.09
41	43.50	6.56	38.88	5.87	35.33	5.33	33.27	5.02	30.11	4.54	27.69	4.18
42	44.15	6.66	39.40	5.94	35.74	5.39	33.60	5.07	30.37	4.58	27.87	4.21
43	44.79	6.76	39.92	6.02	36.15	5.45	33.94	5.12	30.62	4.62	28.06	4.23
44	45.44	6.86	40.44	6.10	36.55	5.52	34.27	5.17	30.88	4.66	28.25	4.26
45	46.09	6.95	40.97	6.18	36.96	5.58	34.61	5.22	31.14	4.70	28.43	4.29
46	46.74	7.05	41.49	6.26	37.37	5.64	34.94	5.27	31.40	4.74	28.62	4.32
47	47.39	7.15	42.01	6.34	37.78	5.70	35.28	5.32	31.65	4.78	28.81	4.35
48	48.03	7.25	42.53	6.42	38.19	5.76	35.61	5.37	31.91	4.81	28.99	4.37
49	48.68	7.34	43.05	6.50	38.60	5.82	35.95	5.42	32.17	4.85	29.18	4.40
50	49.33	7.44	43.58	6.57	39.01	5.89	36.28	5.47	32.43	4.89	29.37	4.43
51	50.31	7.59	44.45	6.71	39.79	6.00	37.01	5.58	33.07	4.99	29.95	4.52
52	53.75	8.11	47.48	7.16	42.50	6.41	39.53	5.96	35.33	5.33	32.00	4.83
53	56.03	8.45	49.50	7.47	44.31	6.68	41.21	6.22	36.83	5.56	33.36	5.03
54	58.32	8.80	51.52	7.77	46.12	6.96	42.89	6.47	38.34	5.78	34.72	5.24
55	62.89	9.49	55.56	8.38	49.73	7.50	46.26	6.98	41.34	6.24	37.44	5.65
56	65.18	9.83	57.58	8.69	51.54	7.78	47.94	7.23	42.85	6.46	38.80	5.85
57	69.97	10.56	60.92	9.19	54.05	8.15	50.23	7.58	44.39	6.70	39.64	5.98
58	74.48	11.24	64.85	9.78	57.54	8.68	53.48	8.07	47.26	7.13	42.20	6.37
59	80.13	12.09	69.77	10.53	61.90	9.34	57.53	8.68	50.84	7.67	45.40	6.85
60	84.64	12.77	73.70	11.12	65.38	9.86	60.77	9.17	53.70	8.10	47.96	7.24
61	92.54	13.96	80.58	12.16	71.49	10.79	66.44	10.02	58.71	8.86	52.43	7.91
62	98.86	14.92	86.17	13.00	75.78	11.43	70.89	10.70	61.93	9.34	54.51	8.22
63	104.41	15.75	91.01	13.73	80.04	12.08	74.87	11.30	65.41	9.87	57.57	8.69
64	112.19	16.93	97.79	14.75	86.00	12.98	80.44	12.14	70.28	10.60	61.86	9.33
65	118.85	17.93	103.60	15.63	91.11	13.75	85.22	12.86	74.46	11.23	65.53	9.89
66	128.85	19.44	112.32	16.95	98.77	14.90	92.39	13.94	80.72	12.18	71.04	10.72
67	148.33	22.38	128.48	19.38	112.00	16.90	105.49	15.92	92.16	13.91	81.12	12.24
68	164.69	24.85	142.64	21.52	124.35	18.76	117.12	17.67	102.32	15.44	90.06	13.59
69	183.37	27.67	158.82	23.96	138.46	20.89	130.41	19.68	113.94	17.19	100.28	15.13
70	204.40	30.84	177.03	26.71	154.33	23.29	145.36	21.93	127.00	19.16	111.78	16.86
71	230.09	34.72	199.29	30.07	173.73	26.21	163.64	24.69	142.96	21.57	125.83	18.98
72	253.13	38.19	219.24	33.08	191.13	28.84	179.17	27.03	156.53	23.62	135.96	20.51
73	285.34	43.05	247.14	37.29	215.45	32.51	201.97	30.47	176.46	26.62	153.26	23.12
74	318.71	48.09	276.04	41.65	240.65	36.31	225.59	34.04	197.09	29.74	171.19	25.83
75	356.68	53.81	308.93	46.61	269.32	40.63	252.47	38.09	220.57	33.28	191.58	28.90
76	396.95	59.89	343.81	51.87	299.72	45.22	280.97	42.39	245.47	37.04	213.21	32.17
77	432.74	65.29	372.01	56.13	324.30	48.93	301.41	45.48	263.33	39.73	228.72	34.51
78	475.78	71.78	409.01	61.71	356.56	53.80	331.39	50.00	289.52	43.68	251.47	37.94
79	521.09	78.62	447.96	67.59	390.52	58.92	362.95	54.76	317.09	47.84	275.42	41.55
80	566.41	85.46	486.92	73.46	424.48	64.04	394.51	59.52	344.67	52.00	299.37	45.17
81	619.65	93.49	532.69	80.37	464.38	70.06	431.59	65.12	377.07	56.89	327.51	49.41
82	647.62	97.71	556.73	84.00	485.34	73.23	456.02	68.80	393.82	59.42	346.04	52.21
83	713.35	107.63	613.24	92.52	534.60	80.66	502.30	75.79	433.80	65.45	381.16	57.51
84	792.01	119.50	680.86	102.73	593.55	89.55	557.69	84.14	481.63	72.67	423.19	63.85
85	NA	132.64	NA	114.03	NA	99.40	NA	93.40	NA	80.66	NA	70.87
86	NA	145.90	NA	125.43	NA	109.34	NA	102.74	NA	88.73	NA	77.96
87	NA	159.04	NA	136.72	NA	119.19	NA	111.98	NA	96.71	NA	84.98
88	NA	171.76	NA	147.65	NA	128.72	NA	120.94	NA	104.45	NA	91.78
89	NA	183.78	NA	157.99	NA	137.73	NA	129.41	NA	111.76	NA	98.20
90	NA	194.81	NA	167.47	NA	145.99	NA	137.17	NA	118.47	NA	104.09
91	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.30
92	NA	214.78	NA	184.64	NA	160.96	NA	151.23	NA	130.61	NA	114.76
93	NA	225.52	NA	193.87	NA	169.01	NA	158.80	NA	137.14	NA	120.50
94	NA	236.79	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.52
95	NA	248.63	NA	213.74	NA	186.33	NA	175.07	NA	151.20	NA	132.85
96	NA	261.06	NA	224.43	NA	195.65	NA	183.83	NA	158.76	NA	139.49
97	NA	274.12	NA	235.65	NA	205.43	NA	193.02	NA	166.69	NA	146.47
98	NA	287.82	NA	247.43	NA	215.70	NA	202.67	NA	175.03	NA	153.79
99	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
100	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.56

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.84	2.81	16.96	2.53	15.39	2.31	13.44	2.02	12.29	1.85	11.37	1.67
41	19.55	2.91	17.52	2.61	15.78	2.37	13.92	2.09	12.67	1.91	11.63	1.71
42	19.72	2.94	17.65	2.63	15.85	2.38	14.03	2.11	12.76	1.92	11.67	1.72
43	19.84	2.96	17.73	2.64	15.89	2.38	14.11	2.12	12.81	1.93	11.69	1.72
44	20.00	2.98	17.85	2.66	15.96	2.39	14.22	2.14	12.89	1.94	11.73	1.72
45	20.19	3.01	18.00	2.68	16.05	2.41	14.34	2.16	12.98	1.95	11.79	1.73
46	20.30	3.02	18.07	2.70	16.08	2.41	14.41	2.17	13.03	1.96	11.81	1.74
47	20.42	3.04	18.15	2.71	16.11	2.42	14.48	2.18	13.08	1.97	11.82	1.74
48	20.55	3.06	18.24	2.72	16.16	2.42	14.57	2.19	13.14	1.97	11.85	1.74
49	20.73	3.09	18.38	2.74	16.24	2.44	14.69	2.21	13.23	1.99	11.91	1.75
50	20.86	3.11	18.47	2.75	16.29	2.44	14.77	2.22	13.29	2.00	11.93	1.75
51	21.15	3.15	18.73	2.79	16.52	2.48	14.98	2.25	13.47	2.02	12.10	1.78
52	21.81	3.25	19.31	2.88	17.03	2.55	15.44	2.32	13.89	2.09	12.47	1.79
53	22.32	3.33	19.77	2.95	17.43	2.62	15.81	2.38	14.22	2.14	12.77	1.83
54	22.82	3.40	20.21	3.01	17.82	2.67	16.16	2.43	14.54	2.19	13.06	1.89
55	24.04	3.58	21.29	3.17	18.78	2.82	17.03	2.56	15.17	2.28	13.54	1.94
56	24.85	3.70	22.00	3.28	19.41	2.91	17.60	2.65	15.68	2.36	13.82	2.00
57	27.30	4.07	23.82	3.55	20.82	3.12	18.01	2.71	16.03	2.41	14.20	2.09
58	28.85	4.30	25.16	3.75	22.00	3.30	19.03	2.86	16.93	2.54	15.00	2.20
59	30.71	4.58	26.79	4.00	23.42	3.51	20.26	3.05	18.03	2.71	15.97	2.35
60	32.19	4.80	28.08	4.19	24.55	3.68	21.24	3.20	18.90	2.84	16.74	2.46
61	34.74	5.18	30.31	4.52	26.49	3.97	22.92	3.45	20.39	3.07	18.06	2.65
62	39.47	5.88	34.16	5.09	29.86	4.48	26.70	4.02	23.49	3.53	20.78	3.05
63	41.02	6.11	35.50	5.29	31.03	4.65	27.75	4.17	24.41	3.67	21.59	3.17
64	43.00	6.41	37.21	5.55	32.53	4.88	29.08	4.38	25.59	3.85	22.63	3.33
65	44.92	6.69	38.88	5.80	33.98	5.10	30.38	4.57	26.73	4.02	23.64	3.47
66	47.32	7.05	40.96	6.11	35.80	5.37	32.01	4.82	28.16	4.23	24.91	3.66
67	50.43	7.51	42.98	6.41	37.57	5.64	33.91	5.10	29.50	4.43	25.72	3.78
68	54.32	8.09	46.29	6.90	40.47	6.07	36.52	5.49	31.77	4.78	27.70	4.07
69	58.62	8.73	49.96	7.45	43.67	6.55	39.42	5.93	34.29	5.15	29.90	4.39
70	63.27	9.43	53.92	8.04	47.13	7.07	42.54	6.40	37.00	5.56	32.27	4.74
71	67.72	10.09	57.71	8.61	50.45	7.57	45.53	6.85	39.61	5.95	34.54	5.07
72	70.45	10.49	60.11	8.96	52.08	7.81	47.15	7.09	40.55	6.10	35.30	5.19
73	75.01	11.17	63.99	9.54	55.45	8.32	50.20	7.55	43.17	6.49	37.58	5.52
74	78.85	11.75	67.27	10.03	58.29	8.74	52.77	7.94	45.38	6.82	39.51	5.81
75	82.73	12.32	70.58	10.53	61.16	9.17	55.37	8.33	47.61	7.16	41.45	6.09
76	85.93	12.80	73.31	10.93	63.52	9.53	57.51	8.65	49.46	7.43	43.06	6.33
77	86.74	12.92	73.45	10.95	63.64	9.55	57.05	8.58	48.49	7.29	42.15	6.19
78	88.04	13.11	74.54	11.12	64.59	9.69	57.90	8.71	49.22	7.40	42.77	6.28
79	88.38	13.17	74.84	11.16	64.84	9.73	58.13	8.74	49.41	7.43	42.94	6.31
80	87.34	13.01	73.95	11.03	64.07	9.61	57.44	8.64	48.83	7.34	42.43	6.24
81	89.18	13.28	75.51	11.26	65.42	9.81	58.65	8.82	49.85	7.49	43.33	6.37
82	88.66	13.21	75.07	11.20	65.05	9.76	59.37	8.93	50.47	7.59	43.86	6.45
83	89.85	13.38	76.08	11.34	65.92	9.89	60.17	9.05	51.14	7.69	44.45	6.53
84	91.08	13.57	77.12	11.50	66.82	10.02	60.99	9.18	51.85	7.79	45.06	6.62

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	22.87	3.23	20.30	2.90	18.50	2.67	16.91	2.48	15.50	2.27	14.39	2.09
41	24.45	3.45	21.60	3.09	19.56	2.83	17.49	2.56	15.92	2.33	14.70	2.13
42	24.89	3.51	21.96	3.14	19.85	2.87	17.62	2.58	16.00	2.35	14.75	2.14
43	25.27	3.57	22.26	3.18	20.08	2.90	17.70	2.59	16.04	2.35	14.77	2.14
44	25.70	3.63	22.61	3.23	20.36	2.94	17.83	2.61	16.12	2.36	14.82	2.15
45	26.16	3.69	22.98	3.28	20.67	2.99	17.98	2.63	16.22	2.38	14.88	2.16
46	26.52	3.74	23.27	3.32	20.89	3.02	18.06	2.65	16.27	2.39	14.89	2.16
47	26.88	3.79	23.56	3.36	21.11	3.05	18.14	2.66	16.30	2.39	14.91	2.16
48	27.26	3.85	23.86	3.41	21.36	3.08	18.24	2.67	16.36	2.40	14.93	2.17
49	27.71	3.91	24.23	3.46	21.65	3.13	18.38	2.69	16.46	2.41	15.00	2.18
50	28.08	3.96	24.53	3.50	21.89	3.16	18.48	2.71	16.51	2.42	15.02	2.18
51	28.47	4.02	24.87	3.55	22.19	3.21	18.74	2.75	16.74	2.45	15.23	2.21
52	29.36	4.14	25.64	3.66	22.88	3.31	19.32	2.83	17.26	2.53	15.71	2.28
53	30.05	4.24	26.25	3.75	23.42	3.38	19.78	2.90	17.67	2.59	16.08	2.33
54	30.73	4.34	26.84	3.83	23.95	3.46	20.22	2.96	18.07	2.65	16.44	2.39
55	32.37	4.57	28.27	4.04	25.23	3.64	21.30	3.12	19.03	2.79	17.32	2.51
56	33.45	4.72	29.22	4.17	26.07	3.77	22.02	3.23	19.67	2.88	17.90	2.60
57	36.40	5.14	31.57	4.51	27.92	4.03	23.75	3.48	20.98	3.08	18.83	2.73
58	38.45	5.43	33.36	4.76	29.50	4.26	25.09	3.68	22.17	3.25	19.90	2.89
59	40.94	5.78	35.52	5.07	31.41	4.54	26.71	3.91	23.60	3.46	21.18	3.07
60	42.92	6.06	37.23	5.32	32.92	4.76	28.00	4.10	24.74	3.63	22.20	3.22
61	46.31	6.54	40.17	5.74	35.53	5.13	30.21	4.43	26.70	3.91	23.96	3.48
62	50.31	7.10	43.68	6.24	38.29	5.53	32.56	4.77	28.77	4.22	25.50	3.70
63	52.28	7.38	45.40	6.48	39.80	5.75	33.84	4.96	29.90	4.38	26.50	3.85
64	54.81	7.74	47.59	6.80	41.72	6.03	35.48	5.20	31.35	4.60	27.78	4.03
65	57.26	8.08	49.72	7.10	43.58	6.30	37.06	5.43	32.75	4.80	29.03	4.21
66	60.32	8.51	52.38	7.48	45.92	6.63	39.05	5.72	34.50	5.06	30.58	4.44
67	65.70	9.27	56.61	8.09	49.62	7.17	42.14	6.17	37.24	5.46	33.01	4.79
68	70.76	9.99	60.97	8.71	53.45	7.72	45.39	6.65	40.11	5.88	35.55	5.16
69	76.37	10.78	65.80	9.40	57.68	8.33	48.99	7.18	43.28	6.35	38.37	5.57
70	82.42	11.63	71.02	10.14	62.25	8.99	52.87	7.75	46.71	6.85	41.41	6.01
71	88.22	12.45	76.01	10.86	66.63	9.62	56.59	8.29	50.00	7.33	44.32	6.43
72	92.17	13.01	78.80	11.26	69.08	9.98	58.91	8.63	52.06	7.63	46.14	6.69
73	98.13	13.85	83.90	11.98	73.54	10.62	62.72	9.19	55.42	8.13	49.12	7.13
74	103.16	14.56	88.20	12.60	77.31	11.17	65.94	9.66	58.26	8.54	51.64	7.49
75	108.23	15.28	92.53	13.22	81.11	11.72	69.18	10.14	61.13	8.96	54.18	7.86
76	112.42	15.87	96.12	13.73	84.25	12.17	71.86	10.53	63.49	9.31	56.28	8.17
77	115.04	16.24	98.47	14.07	85.56	12.36	72.72	10.65	64.26	9.42	56.96	8.26
78	116.75	16.48	99.93	14.27	86.83	12.54	73.81	10.81	65.21	9.56	57.80	8.39
79	117.21	16.54	100.33	14.33	87.17	12.59	74.10	10.86	65.47	9.60	58.03	8.42
80	115.82	16.35	99.14	14.16	86.14	12.44	73.22	10.73	64.70	9.49	57.35	8.32
81	118.26	16.69	101.23	14.46	87.96	12.70	74.76	10.95	66.06	9.69	58.55	8.50
82	116.36	16.42	99.60	14.23	86.54	12.50	73.89	10.83	65.29	9.57	57.87	8.40
83	117.92	16.64	100.94	14.42	87.70	12.67	74.88	10.97	66.16	9.70	58.65	8.51
84	119.54	16.87	102.32	14.62	88.90	12.84	75.91	11.12	67.07	9.84	59.45	8.63

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.24	3.73	23.38	3.34	21.20	3.05	19.06	2.76	17.17	2.49	15.62	2.25
41	27.37	3.89	24.23	3.46	21.89	3.15	19.64	2.84	17.61	2.55	15.89	2.29
42	27.65	3.93	24.43	3.49	22.04	3.17	19.77	2.86	17.69	2.56	15.92	2.30
43	27.86	3.96	24.56	3.51	22.13	3.19	19.84	2.87	17.74	2.57	15.92	2.30
44	28.13	4.00	24.76	3.54	22.28	3.21	19.97	2.89	17.82	2.58	15.96	2.30
45	28.44	4.05	24.98	3.57	22.45	3.23	20.11	2.91	17.92	2.60	16.01	2.31
46	28.64	4.07	25.11	3.59	22.55	3.25	20.18	2.92	17.96	2.60	16.00	2.31
47	28.84	4.10	25.23	3.60	22.63	3.26	20.25	2.93	18.00	2.61	16.00	2.31
48	29.06	4.13	25.39	3.63	22.75	3.28	20.35	2.94	18.06	2.62	16.01	2.31
49	29.36	4.18	25.60	3.66	22.91	3.30	20.49	2.96	18.16	2.63	16.06	2.32
50	29.58	4.21	25.75	3.68	23.02	3.32	20.57	2.98	18.21	2.64	16.07	2.32
51	29.99	4.27	26.10	3.73	23.34	3.36	20.86	3.02	18.47	2.68	16.29	2.35
52	31.76	4.52	27.65	3.95	24.72	3.56	22.09	3.20	19.56	2.83	17.25	2.49
53	32.91	4.68	28.65	4.09	25.62	3.69	22.89	3.31	20.26	2.94	17.88	2.58
54	34.00	4.84	29.60	4.23	26.46	3.81	23.65	3.42	20.94	3.03	18.47	2.67
55	36.44	5.18	31.72	4.53	28.36	4.09	25.35	3.67	22.44	3.25	19.80	2.86
56	37.53	5.34	32.67	4.66	29.21	4.21	26.10	3.78	23.11	3.35	20.39	2.94
57	38.52	5.48	33.31	4.76	29.51	4.25	27.59	3.99	24.15	3.50	21.28	3.07
58	40.70	5.79	35.19	5.02	31.18	4.49	29.15	4.22	25.52	3.70	22.48	3.24
59	43.33	6.16	37.46	5.35	33.20	4.78	31.04	4.49	27.17	3.94	23.94	3.45
60	45.42	6.46	39.27	5.61	34.80	5.01	32.53	4.71	28.48	4.13	25.09	3.62
61	49.01	6.97	42.38	6.05	37.55	5.41	35.11	5.08	30.73	4.45	27.07	3.91
62	54.17	7.71	46.89	6.70	41.18	5.93	37.60	5.44	32.92	4.77	29.00	4.19
63	56.30	8.01	48.73	6.96	42.80	6.17	39.08	5.66	34.21	4.96	30.14	4.35
64	59.01	8.40	51.08	7.29	44.86	6.46	40.97	5.93	35.86	5.20	31.59	4.56
65	61.65	8.77	53.36	7.62	46.87	6.75	42.80	6.19	37.46	5.43	33.00	4.76
66	64.96	9.24	56.22	8.03	49.38	7.11	45.09	6.53	39.47	5.72	34.77	5.02
67	69.38	9.87	59.59	8.51	52.34	7.54	47.94	6.94	41.96	6.08	36.97	5.34
68	74.73	10.63	64.18	9.17	56.37	8.12	51.63	7.47	45.19	6.55	39.82	5.75
69	80.65	11.47	69.27	9.89	60.84	8.76	55.72	8.06	48.77	7.07	42.97	6.20
70	87.04	12.38	74.76	10.68	65.66	9.46	60.14	8.70	52.64	7.63	46.38	6.69
71	93.16	13.25	80.02	11.43	70.28	10.12	64.37	9.32	56.34	8.16	49.64	7.16
72	98.00	13.94	84.26	12.03	73.36	10.57	66.93	9.69	58.58	8.49	51.61	7.45
73	104.33	14.84	89.71	12.81	78.11	11.25	71.25	10.31	62.37	9.04	54.95	7.93
74	109.68	15.60	94.31	13.47	82.11	11.83	74.90	10.84	65.56	9.50	57.76	8.34
75	115.07	16.37	98.95	14.13	86.15	12.41	78.59	11.37	68.79	9.97	60.60	8.75
76	119.53	17.00	102.78	14.68	89.48	12.89	81.63	11.81	71.45	10.35	62.95	9.09
77	122.38	17.41	105.23	15.03	91.62	13.20	83.93	12.15	73.46	10.65	63.89	9.22
78	124.21	17.67	106.80	15.25	92.98	13.40	85.18	12.33	74.56	10.80	64.84	9.36
79	124.70	17.74	107.22	15.31	93.35	13.45	85.52	12.38	74.85	10.85	65.10	9.40
80	123.22	17.53	105.95	15.13	92.25	13.29	84.50	12.23	73.97	10.72	64.33	9.29
81	125.82	17.90	108.18	15.45	94.19	13.57	86.28	12.49	75.52	10.94	65.68	9.48
82	124.38	17.69	106.14	15.16	92.41	13.31	84.64	12.25	74.09	10.74	64.44	9.30
83	126.05	17.93	107.56	15.36	93.65	13.49	85.78	12.41	75.08	10.88	65.30	9.43
84	127.78	18.18	109.04	15.57	94.93	13.68	86.95	12.58	76.11	11.03	66.20	9.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.35	4.02	26.24	3.61	23.74	3.31	22.56	3.16	20.56	2.90	18.88	2.66
41	30.69	4.20	27.31	3.76	24.56	3.42	23.20	3.25	21.05	2.97	19.22	2.71
42	31.03	4.25	27.57	3.80	24.75	3.45	23.33	3.27	21.13	2.98	19.26	2.72
43	31.29	4.28	27.77	3.82	24.88	3.47	23.40	3.28	21.17	2.99	19.27	2.72
44	31.62	4.33	28.02	3.86	25.06	3.49	23.53	3.30	21.26	3.00	19.31	2.72
45	31.99	4.38	28.31	3.90	25.28	3.52	23.69	3.32	21.37	3.02	19.38	2.73
46	32.24	4.41	28.49	3.92	25.40	3.54	23.76	3.33	21.40	3.02	19.37	2.73
47	32.48	4.45	28.67	3.95	25.51	3.56	23.82	3.34	21.43	3.02	19.37	2.73
48	32.76	4.48	28.88	3.98	25.66	3.58	23.92	3.35	21.48	3.03	19.39	2.73
49	33.11	4.53	29.15	4.01	25.86	3.60	24.07	3.38	21.59	3.05	19.45	2.74
50	33.38	4.57	29.36	4.04	26.00	3.62	24.16	3.39	21.64	3.05	19.47	2.74
51	33.85	4.63	29.76	4.10	26.36	3.67	24.49	3.43	21.94	3.10	19.74	2.78
52	35.85	4.91	31.52	4.34	27.92	3.89	25.94	3.64	23.24	3.28	20.90	2.95
53	37.14	5.08	32.66	4.50	28.93	4.03	26.88	3.77	24.08	3.40	21.66	3.05
54	38.38	5.25	33.74	4.65	29.89	4.17	27.77	3.89	24.88	3.51	22.38	3.16
55	41.13	5.63	36.17	4.98	32.04	4.46	29.76	4.17	26.66	3.76	23.98	3.38
56	42.36	5.80	37.25	5.13	32.99	4.60	30.65	4.30	27.46	3.88	24.70	3.48
57	44.32	6.07	38.70	5.33	33.98	4.74	31.35	4.40	28.09	3.96	24.95	3.52
58	46.82	6.41	40.89	5.63	35.90	5.00	33.12	4.65	29.67	4.19	26.36	3.72
59	49.85	6.82	43.53	5.99	38.22	5.33	35.27	4.95	31.60	4.46	28.07	3.96
60	52.25	7.15	45.63	6.28	40.06	5.58	36.96	5.18	33.12	4.67	29.42	4.15
61	56.39	7.72	49.24	6.78	43.23	6.03	39.89	5.59	35.74	5.04	31.75	4.48
62	60.72	8.31	52.62	7.24	46.20	6.44	42.46	5.96	38.05	5.37	33.38	4.71
63	63.11	8.64	54.69	7.53	48.01	6.69	44.13	6.19	39.54	5.58	34.69	4.89
64	66.15	9.05	57.32	7.89	50.33	7.01	46.26	6.49	41.45	5.85	36.36	5.13
65	69.11	9.46	59.89	8.24	52.58	7.33	48.33	6.78	43.30	6.11	37.99	5.36
66	72.81	9.97	63.09	8.69	55.40	7.72	50.92	7.14	45.62	6.44	40.02	5.64
67	79.64	10.90	68.48	9.43	60.13	8.38	55.31	7.76	48.45	6.84	42.92	6.05
68	85.78	11.74	73.76	10.15	64.76	9.03	59.57	8.35	52.19	7.37	46.23	6.52
69	92.58	12.67	79.61	10.96	69.89	9.74	64.29	9.02	56.32	7.95	49.89	7.03
70	99.92	13.68	85.91	11.83	75.43	10.51	69.38	9.73	60.78	8.58	53.85	7.59
71	106.95	14.64	91.96	12.66	80.74	11.25	74.26	10.42	65.06	9.18	57.63	8.13
72	111.29	15.23	95.69	13.17	84.02	11.71	77.72	10.90	68.09	9.61	59.54	8.40
73	118.48	16.22	101.88	14.02	89.45	12.47	82.74	11.60	72.49	10.23	63.39	8.94
74	124.55	17.05	107.10	14.74	94.03	13.11	86.98	12.20	76.20	10.75	66.64	9.40
75	130.68	17.89	112.37	15.47	98.66	13.75	91.26	12.80	79.95	11.28	69.92	9.86
76	135.74	18.58	116.72	16.07	102.48	14.28	94.79	13.30	83.04	11.72	72.62	10.24
77	136.88	18.74	118.74	16.35	103.34	14.40	95.34	13.37	83.52	11.79	73.04	10.30
78	138.92	19.01	120.51	16.59	104.88	14.62	96.76	13.57	84.77	11.96	74.13	10.45
79	139.47	19.09	120.99	16.66	105.30	14.68	97.14	13.62	85.10	12.01	74.42	10.49
80	137.82	18.86	119.56	16.46	104.05	14.50	95.99	13.46	84.09	11.87	73.54	10.37
81	140.72	19.26	122.07	16.80	106.24	14.81	98.01	13.75	85.87	12.12	75.09	10.59
82	135.02	18.48	116.24	16.00	101.16	14.10	93.79	13.15	82.16	11.60	71.85	10.13
83	136.83	18.73	117.79	16.21	102.51	14.29	95.04	13.33	83.26	11.75	72.81	10.27
84	138.71	18.99	119.41	16.44	103.92	14.48	96.35	13.51	84.41	11.91	73.81	10.41

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	38.91	4.80	34.94	4.31	31.93	3.94	30.21	3.73	27.47	3.39	25.40	3.13
41	40.73	5.03	36.40	4.49	33.08	4.08	31.15	3.84	28.19	3.48	25.92	3.20
42	41.19	5.08	36.76	4.54	33.35	4.11	31.35	3.87	28.33	3.50	26.01	3.21
43	41.55	5.13	37.03	4.57	33.53	4.14	31.48	3.88	28.41	3.51	26.03	3.21
44	42.01	5.18	37.39	4.61	33.79	4.17	31.68	3.91	28.55	3.52	26.11	3.22
45	42.51	5.24	37.78	4.66	34.09	4.21	31.92	3.94	28.72	3.54	26.22	3.24
46	42.85	5.29	38.04	4.69	34.26	4.23	32.03	3.95	28.78	3.55	26.24	3.24
47	43.19	5.33	38.29	4.72	34.43	4.25	32.15	3.97	28.85	3.56	26.25	3.24
48	43.57	5.38	38.58	4.76	34.64	4.27	32.30	3.99	28.94	3.57	26.30	3.24
49	44.05	5.44	38.96	4.81	34.93	4.31	32.53	4.01	29.11	3.59	26.40	3.26
50	44.42	5.48	39.24	4.84	35.13	4.33	32.67	4.03	29.20	3.60	26.45	3.26
51	45.04	5.56	39.79	4.91	35.61	4.39	33.12	4.09	29.61	3.65	26.81	3.31
52	47.70	5.89	42.14	5.20	37.72	4.65	35.08	4.33	31.36	3.87	28.40	3.50
53	49.43	6.10	43.66	5.39	39.08	4.82	36.35	4.49	32.49	4.01	29.42	3.63
54	51.06	6.30	45.11	5.57	40.38	4.98	37.56	4.63	33.57	4.14	30.40	3.75
55	54.73	6.75	48.35	5.97	43.28	5.34	40.25	4.97	35.97	4.44	32.58	4.02
56	56.36	6.95	49.79	6.14	44.57	5.50	41.46	5.12	37.05	4.57	33.55	4.14
57	59.97	7.40	52.22	6.44	46.33	5.72	43.06	5.31	38.05	4.70	33.98	4.19
58	63.36	7.82	55.17	6.81	48.94	6.04	45.49	5.61	40.20	4.96	35.90	4.43
59	67.46	8.32	58.74	7.25	52.11	6.43	48.43	5.98	42.80	5.28	38.22	4.72
60	70.71	8.73	61.57	7.60	54.62	6.74	50.77	6.26	44.86	5.54	40.07	4.94
61	76.31	9.42	66.44	8.20	58.95	7.27	54.79	6.76	48.41	5.97	43.24	5.33
62	80.44	9.93	70.12	8.65	61.67	7.61	57.68	7.12	50.40	6.22	44.36	5.47
63	83.60	10.32	72.88	8.99	64.09	7.91	59.95	7.40	52.38	6.46	46.10	5.69
64	87.64	10.81	76.40	9.43	67.18	8.29	62.84	7.75	54.90	6.77	48.32	5.96
65	91.56	11.30	79.81	9.85	70.19	8.66	65.65	8.10	57.36	7.08	50.48	6.23
66	96.46	11.90	84.09	10.38	73.95	9.12	69.17	8.53	60.43	7.46	53.19	6.56
67	107.83	13.31	93.40	11.52	81.42	10.05	76.69	9.46	67.00	8.27	58.97	7.28
68	116.14	14.33	100.60	12.41	87.70	10.82	82.60	10.19	72.16	8.90	63.51	7.84
69	125.35	15.47	108.56	13.40	94.64	11.68	89.14	11.00	77.88	9.61	68.55	8.46
70	135.28	16.69	117.17	14.46	102.15	12.60	96.21	11.87	84.05	10.37	73.98	9.13
71	144.80	17.87	125.41	15.47	109.33	13.49	102.98	12.71	89.97	11.10	79.18	9.77
72	148.31	18.30	128.45	15.85	111.98	13.82	104.98	12.95	91.71	11.32	79.66	9.83
73	157.90	19.48	136.76	16.87	119.22	14.71	111.76	13.79	97.64	12.05	84.81	10.46
74	165.98	20.48	143.76	17.74	125.33	15.46	117.49	14.50	102.64	12.67	89.15	11.00
75	174.15	21.49	150.83	18.61	131.49	16.22	123.27	15.21	107.69	13.29	93.54	11.54
76	180.89	22.32	156.67	19.33	136.58	16.85	128.04	15.80	111.86	13.80	97.16	11.99
77	183.11	22.59	157.41	19.42	137.23	16.93	127.54	15.74	111.43	13.75	96.78	11.94
78	185.84	22.93	159.76	19.71	139.27	17.18	129.44	15.97	113.09	13.95	98.22	12.12
79	186.58	23.02	160.39	19.79	139.83	17.25	129.95	16.03	113.54	14.01	98.61	12.17
80	184.37	22.75	158.49	19.56	138.17	17.05	128.41	15.84	112.19	13.84	97.44	12.02
81	188.25	23.23	161.83	19.97	141.08	17.41	131.12	16.18	114.55	14.13	99.50	12.28
82	175.67	21.68	151.01	18.63	131.65	16.24	123.69	15.26	106.82	13.18	93.86	11.58
83	178.02	21.97	153.03	18.88	133.41	16.46	125.35	15.47	108.25	13.36	95.12	11.74
84	180.46	22.27	155.13	19.14	135.24	16.69	127.07	15.68	109.74	13.54	96.42	11.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.01	0.18	0.91	0.16	0.82	0.15	0.72	0.13	0.66	0.12	0.61	0.11
41	1.04	0.19	0.94	0.17	0.84	0.15	0.74	0.13	0.68	0.12	0.62	0.11
42	1.06	0.19	0.95	0.17	0.85	0.15	0.75	0.14	0.68	0.12	0.63	0.11
43	1.07	0.19	0.96	0.17	0.86	0.15	0.76	0.14	0.69	0.12	0.63	0.11
44	1.08	0.19	0.97	0.17	0.86	0.16	0.77	0.14	0.70	0.13	0.63	0.11
45	1.09	0.20	0.98	0.17	0.87	0.16	0.78	0.14	0.70	0.13	0.64	0.11
46	1.11	0.20	0.99	0.18	0.88	0.16	0.79	0.14	0.71	0.13	0.64	0.11
47	1.12	0.20	1.00	0.18	0.88	0.16	0.79	0.14	0.72	0.13	0.65	0.11
48	1.13	0.20	1.01	0.18	0.89	0.16	0.80	0.14	0.72	0.13	0.65	0.12
49	1.15	0.20	1.02	0.18	0.90	0.16	0.81	0.15	0.73	0.13	0.66	0.12
50	1.16	0.21	1.03	0.18	0.90	0.16	0.82	0.15	0.74	0.13	0.66	0.12
51	1.18	0.21	1.05	0.19	0.92	0.17	0.84	0.15	0.75	0.14	0.68	0.12
52	1.23	0.22	1.09	0.19	0.96	0.17	0.87	0.16	0.78	0.14	0.70	0.12
53	1.27	0.23	1.12	0.20	0.99	0.18	0.90	0.16	0.81	0.15	0.72	0.13
54	1.30	0.23	1.15	0.21	1.02	0.18	0.92	0.17	0.83	0.15	0.75	0.13
55	1.38	0.25	1.22	0.22	1.08	0.19	0.98	0.18	0.87	0.16	0.78	0.14
56	1.44	0.26	1.27	0.23	1.12	0.20	1.02	0.18	0.91	0.16	0.81	0.14
57	1.59	0.28	1.39	0.25	1.21	0.22	1.05	0.19	0.94	0.17	0.83	0.15
58	1.70	0.30	1.48	0.26	1.29	0.23	1.12	0.20	1.00	0.18	0.88	0.16
59	1.82	0.33	1.59	0.28	1.39	0.25	1.20	0.22	1.07	0.19	0.95	0.17
60	1.93	0.34	1.68	0.30	1.47	0.26	1.27	0.23	1.13	0.20	1.00	0.18
61	2.11	0.38	1.84	0.33	1.61	0.29	1.39	0.25	1.24	0.22	1.10	0.19
62	2.43	0.43	2.10	0.38	1.83	0.33	1.64	0.30	1.44	0.26	1.28	0.23
63	2.56	0.46	2.22	0.40	1.94	0.35	1.73	0.31	1.52	0.27	1.35	0.24
64	2.75	0.49	2.38	0.43	2.08	0.37	1.86	0.34	1.64	0.30	1.45	0.26
65	2.92	0.52	2.52	0.45	2.21	0.40	1.97	0.36	1.74	0.31	1.53	0.27
66	3.16	0.56	2.74	0.49	2.39	0.43	2.14	0.39	1.88	0.34	1.66	0.29
67	3.47	0.62	2.96	0.53	2.58	0.46	2.33	0.42	2.03	0.37	1.77	0.31
68	3.85	0.69	3.28	0.59	2.87	0.52	2.59	0.47	2.25	0.41	1.96	0.35
69	4.29	0.77	3.65	0.65	3.19	0.57	2.88	0.52	2.51	0.45	2.19	0.39
70	4.78	0.85	4.07	0.73	3.56	0.64	3.21	0.58	2.80	0.50	2.44	0.43
71	5.38	0.96	4.59	0.82	4.01	0.72	3.62	0.65	3.15	0.57	2.74	0.48
72	6.01	1.07	5.13	0.92	4.44	0.80	4.02	0.73	3.46	0.62	3.01	0.53
73	6.78	1.21	5.78	1.03	5.01	0.90	4.54	0.82	3.90	0.70	3.40	0.60
74	7.57	1.35	6.46	1.16	5.60	1.01	5.07	0.91	4.36	0.78	3.79	0.67
75	8.47	1.51	7.23	1.29	6.26	1.13	5.67	1.02	4.88	0.88	4.25	0.75
76	9.43	1.68	8.04	1.44	6.97	1.25	6.31	1.14	5.43	0.98	4.72	0.83
77	10.25	1.83	8.68	1.55	7.52	1.35	6.74	1.22	5.73	1.03	4.98	0.88
78	11.27	2.01	9.54	1.71	8.27	1.49	7.41	1.34	6.30	1.13	5.48	0.97
79	12.34	2.20	10.45	1.87	9.06	1.63	8.12	1.46	6.90	1.24	6.00	1.06
80	13.42	2.40	11.36	2.03	9.84	1.77	8.82	1.59	7.50	1.35	6.52	1.15
81	14.68	2.62	12.43	2.22	10.77	1.94	9.65	1.74	8.21	1.48	7.13	1.26
82	16.34	2.92	13.84	2.47	11.99	2.16	10.94	1.97	9.30	1.68	8.09	1.43
83	18.00	3.22	15.24	2.73	13.21	2.37	12.06	2.17	10.25	1.85	8.91	1.57
84	19.99	3.57	16.92	3.03	14.66	2.64	13.38	2.41	11.38	2.05	9.89	1.74

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.22	0.21	1.08	0.19	0.99	0.17	0.90	0.16	0.83	0.15	0.77	0.13
41	1.31	0.22	1.15	0.20	1.04	0.18	0.93	0.16	0.85	0.15	0.79	0.14
42	1.33	0.23	1.18	0.20	1.06	0.19	0.94	0.17	0.86	0.15	0.79	0.14
43	1.36	0.23	1.20	0.21	1.08	0.19	0.95	0.17	0.86	0.15	0.80	0.14
44	1.39	0.24	1.22	0.21	1.10	0.19	0.96	0.17	0.87	0.15	0.80	0.14
45	1.42	0.24	1.25	0.21	1.12	0.19	0.97	0.17	0.88	0.16	0.81	0.14
46	1.45	0.25	1.27	0.22	1.14	0.20	0.99	0.17	0.89	0.16	0.81	0.14
47	1.47	0.25	1.29	0.22	1.16	0.20	1.00	0.18	0.89	0.16	0.82	0.14
48	1.50	0.26	1.32	0.23	1.18	0.20	1.01	0.18	0.90	0.16	0.82	0.14
49	1.53	0.26	1.34	0.23	1.20	0.21	1.02	0.18	0.91	0.16	0.83	0.14
50	1.56	0.27	1.36	0.23	1.22	0.21	1.03	0.18	0.92	0.16	0.83	0.15
51	1.59	0.27	1.39	0.24	1.24	0.22	1.05	0.18	0.94	0.16	0.85	0.15
52	1.65	0.28	1.44	0.25	1.29	0.22	1.09	0.19	0.97	0.17	0.89	0.15
53	1.70	0.29	1.49	0.26	1.33	0.23	1.12	0.20	1.00	0.18	0.91	0.16
54	1.75	0.30	1.53	0.26	1.37	0.24	1.15	0.20	1.03	0.18	0.94	0.16
55	1.86	0.32	1.62	0.28	1.45	0.25	1.22	0.22	1.09	0.19	1.00	0.17
56	1.93	0.33	1.69	0.29	1.51	0.26	1.27	0.22	1.14	0.20	1.04	0.18
57	2.12	0.36	1.84	0.32	1.63	0.28	1.39	0.24	1.22	0.22	1.10	0.19
58	2.26	0.38	1.96	0.34	1.73	0.30	1.47	0.26	1.30	0.23	1.17	0.20
59	2.43	0.41	2.11	0.36	1.87	0.32	1.59	0.28	1.40	0.25	1.26	0.22
60	2.57	0.44	2.23	0.38	1.97	0.34	1.68	0.30	1.48	0.26	1.33	0.23
61	2.81	0.48	2.44	0.42	2.15	0.37	1.83	0.32	1.62	0.29	1.45	0.25
62	3.09	0.53	2.68	0.46	2.35	0.41	2.00	0.35	1.77	0.31	1.57	0.27
63	3.26	0.56	2.84	0.49	2.49	0.43	2.11	0.37	1.87	0.33	1.66	0.29
64	3.51	0.60	3.05	0.52	2.67	0.46	2.27	0.40	2.01	0.35	1.78	0.31
65	3.72	0.63	3.23	0.56	2.83	0.49	2.41	0.42	2.13	0.37	1.88	0.33
66	4.03	0.69	3.50	0.60	3.07	0.53	2.61	0.46	2.30	0.41	2.04	0.36
67	4.52	0.77	3.89	0.67	3.41	0.59	2.90	0.51	2.56	0.45	2.27	0.40
68	5.02	0.85	4.32	0.74	3.79	0.66	3.22	0.57	2.84	0.50	2.52	0.44
69	5.59	0.95	4.81	0.83	4.22	0.73	3.58	0.63	3.17	0.56	2.81	0.49
70	6.23	1.06	5.37	0.92	4.70	0.82	3.99	0.70	3.53	0.62	3.13	0.55
71	7.01	1.19	6.04	1.04	5.29	0.92	4.50	0.79	3.97	0.70	3.52	0.61
72	7.87	1.34	6.73	1.16	5.90	1.02	5.03	0.88	4.44	0.78	3.94	0.69
73	8.87	1.51	7.58	1.30	6.65	1.15	5.67	1.00	5.01	0.88	4.44	0.77
74	9.90	1.69	8.47	1.46	7.42	1.29	6.33	1.11	5.59	0.99	4.96	0.87
75	11.08	1.89	9.48	1.63	8.31	1.44	7.08	1.25	6.26	1.10	5.55	0.97
76	12.34	2.10	10.55	1.81	9.24	1.61	7.88	1.39	6.97	1.23	6.18	1.08
77	13.59	2.31	11.64	2.00	10.11	1.76	8.59	1.51	7.59	1.34	6.73	1.17
78	14.95	2.54	12.79	2.20	11.12	1.93	9.45	1.66	8.35	1.47	7.40	1.29
79	16.37	2.79	14.01	2.41	12.17	2.12	10.35	1.82	9.14	1.61	8.10	1.41
80	17.79	3.03	15.23	2.62	13.23	2.30	11.25	1.98	9.94	1.75	8.81	1.54
81	19.46	3.31	16.66	2.87	14.48	2.52	12.31	2.17	10.87	1.91	9.64	1.68
82	21.45	3.65	18.36	3.16	15.95	2.77	13.62	2.40	12.04	2.12	10.67	1.86
83	23.63	4.02	20.22	3.48	17.57	3.05	15.00	2.64	13.26	2.33	11.75	2.05
84	26.23	4.46	22.45	3.86	19.51	3.39	16.66	2.93	14.72	2.59	13.05	2.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.40	0.24	1.25	0.21	1.13	0.20	1.02	0.18	0.92	0.16	0.83	0.15
41	1.46	0.25	1.29	0.22	1.17	0.20	1.05	0.18	0.94	0.16	0.85	0.15
42	1.48	0.25	1.31	0.23	1.18	0.20	1.06	0.18	0.95	0.17	0.85	0.15
43	1.50	0.26	1.32	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.86	0.15
44	1.52	0.26	1.34	0.23	1.21	0.21	1.08	0.19	0.96	0.17	0.86	0.15
45	1.54	0.26	1.35	0.23	1.22	0.21	1.09	0.19	0.97	0.17	0.87	0.15
46	1.56	0.27	1.37	0.24	1.23	0.21	1.10	0.19	0.98	0.17	0.87	0.15
47	1.58	0.27	1.38	0.24	1.24	0.22	1.11	0.19	0.99	0.17	0.88	0.15
48	1.60	0.27	1.40	0.24	1.25	0.22	1.12	0.20	1.00	0.17	0.88	0.15
49	1.62	0.28	1.41	0.24	1.27	0.22	1.13	0.20	1.00	0.18	0.89	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.14	0.20	1.01	0.18	0.89	0.16
51	1.68	0.29	1.46	0.25	1.30	0.23	1.17	0.20	1.03	0.18	0.91	0.16
52	1.79	0.31	1.56	0.27	1.39	0.24	1.24	0.22	1.10	0.19	0.97	0.17
53	1.87	0.32	1.62	0.28	1.45	0.25	1.30	0.23	1.15	0.20	1.01	0.18
54	1.94	0.33	1.69	0.29	1.51	0.26	1.35	0.24	1.20	0.21	1.06	0.18
55	2.09	0.36	1.82	0.31	1.63	0.28	1.46	0.25	1.29	0.22	1.14	0.20
56	2.17	0.37	1.89	0.33	1.69	0.29	1.51	0.26	1.34	0.23	1.18	0.20
57	2.25	0.39	1.94	0.33	1.72	0.30	1.61	0.28	1.41	0.25	1.24	0.22
58	2.39	0.41	2.07	0.36	1.83	0.32	1.71	0.30	1.50	0.26	1.32	0.23
59	2.57	0.44	2.23	0.38	1.97	0.34	1.84	0.32	1.61	0.28	1.42	0.25
60	2.72	0.47	2.35	0.40	2.08	0.36	1.95	0.34	1.70	0.30	1.50	0.26
61	2.97	0.51	2.57	0.44	2.28	0.39	2.13	0.37	1.86	0.32	1.64	0.29
62	3.33	0.57	2.88	0.50	2.53	0.44	2.31	0.40	2.02	0.35	1.78	0.31
63	3.52	0.60	3.04	0.52	2.67	0.46	2.44	0.42	2.14	0.37	1.88	0.33
64	3.78	0.65	3.27	0.56	2.87	0.50	2.62	0.46	2.30	0.40	2.02	0.35
65	4.00	0.69	3.46	0.60	3.04	0.53	2.78	0.48	2.43	0.42	2.14	0.37
66	4.34	0.74	3.76	0.65	3.30	0.57	3.01	0.52	2.64	0.46	2.32	0.40
67	4.77	0.82	4.10	0.70	3.60	0.62	3.30	0.57	2.89	0.50	2.54	0.44
68	5.30	0.91	4.55	0.78	4.00	0.69	3.66	0.64	3.20	0.56	2.82	0.49
69	5.90	1.01	5.07	0.87	4.45	0.77	4.08	0.71	3.57	0.62	3.14	0.55
70	6.58	1.13	5.65	0.97	4.96	0.86	4.54	0.79	3.98	0.69	3.50	0.61
71	7.40	1.27	6.36	1.09	5.58	0.97	5.11	0.89	4.48	0.78	3.94	0.68
72	8.36	1.43	7.19	1.24	6.26	1.09	5.71	0.99	5.00	0.87	4.40	0.76
73	9.43	1.62	8.11	1.39	7.06	1.22	6.44	1.12	5.64	0.98	4.97	0.86
74	10.53	1.80	9.05	1.56	7.88	1.37	7.19	1.25	6.29	1.10	5.55	0.96
75	11.78	2.02	10.13	1.74	8.82	1.53	8.05	1.40	7.04	1.23	6.21	1.08
76	13.11	2.25	11.28	1.94	9.82	1.70	8.96	1.56	7.84	1.37	6.91	1.20
77	14.46	2.48	12.43	2.14	10.83	1.88	9.92	1.73	8.68	1.51	7.55	1.31
78	15.90	2.72	13.67	2.35	11.90	2.06	10.90	1.90	9.54	1.66	8.30	1.44
79	17.41	2.98	14.97	2.57	13.04	2.26	11.94	2.08	10.45	1.82	9.09	1.58
80	18.93	3.24	16.28	2.80	14.17	2.46	12.98	2.26	11.36	1.98	9.88	1.72
81	20.71	3.55	17.81	3.06	15.50	2.69	14.20	2.47	12.43	2.17	10.81	1.88
82	22.93	3.93	19.57	3.36	17.03	2.95	15.60	2.72	13.66	2.38	11.88	2.06
83	25.26	4.33	21.55	3.71	18.76	3.25	17.19	2.99	15.04	2.62	13.08	2.27
84	28.04	4.80	23.93	4.11	20.83	3.61	19.08	3.32	16.70	2.91	14.53	2.52

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.57	0.26	1.40	0.23	1.27	0.21	1.20	0.20	1.10	0.19	1.01	0.17
41	1.64	0.27	1.46	0.24	1.31	0.22	1.24	0.21	1.12	0.19	1.03	0.17
42	1.66	0.28	1.48	0.25	1.33	0.22	1.25	0.21	1.13	0.19	1.03	0.18
43	1.69	0.28	1.50	0.25	1.34	0.23	1.26	0.21	1.14	0.19	1.04	0.18
44	1.71	0.28	1.52	0.25	1.36	0.23	1.27	0.22	1.15	0.20	1.04	0.18
45	1.73	0.29	1.53	0.26	1.37	0.23	1.28	0.22	1.16	0.20	1.05	0.18
46	1.76	0.29	1.55	0.26	1.39	0.23	1.30	0.22	1.17	0.20	1.06	0.18
47	1.78	0.30	1.57	0.26	1.40	0.24	1.31	0.22	1.18	0.20	1.06	0.18
48	1.81	0.30	1.59	0.27	1.41	0.24	1.32	0.22	1.18	0.20	1.07	0.18
49	1.83	0.30	1.61	0.27	1.43	0.24	1.33	0.23	1.19	0.20	1.08	0.18
50	1.85	0.31	1.63	0.27	1.44	0.24	1.34	0.23	1.20	0.20	1.08	0.18
51	1.89	0.31	1.66	0.28	1.47	0.25	1.37	0.23	1.23	0.21	1.10	0.19
52	2.02	0.33	1.78	0.30	1.57	0.26	1.46	0.25	1.31	0.22	1.18	0.20
53	2.11	0.35	1.85	0.31	1.64	0.28	1.52	0.26	1.37	0.23	1.23	0.21
54	2.19	0.36	1.93	0.32	1.71	0.29	1.59	0.27	1.42	0.24	1.28	0.22
55	2.36	0.39	2.08	0.35	1.84	0.31	1.71	0.29	1.53	0.26	1.38	0.23
56	2.45	0.41	2.15	0.36	1.91	0.32	1.77	0.30	1.59	0.27	1.43	0.24
57	2.59	0.43	2.26	0.38	1.98	0.33	1.83	0.31	1.64	0.28	1.46	0.25
58	2.75	0.46	2.40	0.40	2.11	0.36	1.95	0.33	1.74	0.30	1.55	0.26
59	2.96	0.49	2.59	0.43	2.27	0.38	2.09	0.35	1.88	0.32	1.67	0.28
60	3.13	0.52	2.73	0.45	2.40	0.40	2.21	0.37	1.98	0.34	1.76	0.30
61	3.42	0.57	2.99	0.50	2.62	0.44	2.42	0.41	2.17	0.37	1.93	0.33
62	3.73	0.62	3.23	0.54	2.84	0.48	2.61	0.44	2.34	0.40	2.05	0.35
63	3.94	0.65	3.41	0.57	3.00	0.50	2.76	0.47	2.47	0.42	2.17	0.37
64	4.23	0.70	3.67	0.61	3.22	0.54	2.96	0.50	2.65	0.45	2.33	0.40
65	4.49	0.74	3.89	0.65	3.41	0.57	3.14	0.53	2.81	0.48	2.47	0.42
66	4.86	0.81	4.21	0.70	3.70	0.62	3.40	0.58	3.05	0.52	2.67	0.45
67	5.48	0.91	4.71	0.78	4.14	0.70	3.80	0.64	3.33	0.57	2.95	0.50
68	6.08	1.01	5.23	0.87	4.59	0.77	4.22	0.71	3.70	0.63	3.28	0.56
69	6.77	1.12	5.82	0.97	5.11	0.86	4.70	0.80	4.12	0.70	3.65	0.62
70	7.55	1.25	6.49	1.08	5.70	0.96	5.24	0.89	4.59	0.78	4.07	0.69
71	8.50	1.41	7.31	1.22	6.42	1.08	5.90	1.00	5.17	0.88	4.58	0.78
72	9.50	1.57	8.17	1.36	7.17	1.21	6.63	1.12	5.81	0.99	5.08	0.86
73	10.71	1.77	9.21	1.53	8.08	1.36	7.48	1.27	6.55	1.11	5.73	0.97
74	11.96	1.98	10.28	1.71	9.03	1.52	8.35	1.41	7.32	1.24	6.40	1.09
75	13.38	2.22	11.51	1.91	10.10	1.70	9.35	1.58	8.19	1.39	7.16	1.22
76	14.89	2.47	12.81	2.13	11.24	1.89	10.40	1.76	9.11	1.55	7.97	1.35
77	16.17	2.68	14.03	2.33	12.21	2.05	11.27	1.91	9.87	1.68	8.63	1.47
78	17.78	2.94	15.43	2.57	13.43	2.26	12.39	2.10	10.85	1.85	9.49	1.61
79	19.48	3.22	16.90	2.81	14.70	2.47	13.57	2.30	11.88	2.02	10.39	1.77
80	21.17	3.50	18.37	3.06	15.98	2.69	14.75	2.49	12.92	2.20	11.30	1.92
81	23.16	3.83	20.09	3.34	17.49	2.94	16.13	2.73	14.13	2.40	12.36	2.10
82	24.89	4.12	21.43	3.56	18.65	3.14	17.29	2.92	15.15	2.58	13.25	2.25
83	27.42	4.54	23.60	3.93	20.54	3.46	19.04	3.22	16.68	2.84	14.59	2.48
84	30.44	5.04	26.20	4.36	22.80	3.84	21.14	3.58	18.52	3.15	16.20	2.75

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.08	0.31	1.87	0.28	1.71	0.26	1.61	0.24	1.47	0.22	1.36	0.20
41	2.18	0.33	1.94	0.29	1.77	0.27	1.66	0.25	1.51	0.23	1.38	0.21
42	2.21	0.33	1.97	0.30	1.79	0.27	1.68	0.25	1.52	0.23	1.39	0.21
43	2.24	0.34	2.00	0.30	1.81	0.27	1.70	0.26	1.53	0.23	1.40	0.21
44	2.27	0.34	2.02	0.31	1.83	0.28	1.71	0.26	1.54	0.23	1.41	0.21
45	2.30	0.35	2.05	0.31	1.85	0.28	1.73	0.26	1.56	0.24	1.42	0.21
46	2.34	0.35	2.07	0.31	1.87	0.28	1.75	0.26	1.57	0.24	1.43	0.22
47	2.37	0.36	2.10	0.32	1.89	0.29	1.76	0.27	1.58	0.24	1.44	0.22
48	2.40	0.36	2.13	0.32	1.91	0.29	1.78	0.27	1.60	0.24	1.45	0.22
49	2.43	0.37	2.15	0.33	1.93	0.29	1.80	0.27	1.61	0.24	1.46	0.22
50	2.47	0.37	2.18	0.33	1.95	0.29	1.81	0.27	1.62	0.24	1.47	0.22
51	2.52	0.38	2.22	0.34	1.99	0.30	1.85	0.28	1.65	0.25	1.50	0.23
52	2.69	0.41	2.37	0.36	2.13	0.32	1.98	0.30	1.77	0.27	1.60	0.24
53	2.80	0.42	2.48	0.37	2.22	0.33	2.06	0.31	1.84	0.28	1.67	0.25
54	2.92	0.44	2.58	0.39	2.31	0.35	2.14	0.32	1.92	0.29	1.74	0.26
55	3.14	0.47	2.78	0.42	2.49	0.38	2.31	0.35	2.07	0.31	1.87	0.28
56	3.26	0.49	2.88	0.43	2.58	0.39	2.40	0.36	2.14	0.32	1.94	0.29
57	3.50	0.53	3.05	0.46	2.70	0.41	2.51	0.38	2.22	0.34	1.98	0.30
58	3.72	0.56	3.24	0.49	2.88	0.43	2.67	0.40	2.36	0.36	2.11	0.32
59	4.01	0.60	3.49	0.53	3.10	0.47	2.88	0.43	2.54	0.38	2.27	0.34
60	4.23	0.64	3.69	0.56	3.27	0.49	3.04	0.46	2.69	0.41	2.40	0.36
61	4.63	0.70	4.03	0.61	3.57	0.54	3.32	0.50	2.94	0.44	2.62	0.40
62	4.94	0.75	4.31	0.65	3.79	0.57	3.54	0.54	3.10	0.47	2.73	0.41
63	5.22	0.79	4.55	0.69	4.00	0.60	3.74	0.57	3.27	0.49	2.88	0.43
64	5.61	0.85	4.89	0.74	4.30	0.65	4.02	0.61	3.51	0.53	3.09	0.47
65	5.94	0.90	5.18	0.78	4.56	0.69	4.26	0.64	3.72	0.56	3.28	0.49
66	6.44	0.97	5.62	0.85	4.94	0.75	4.62	0.70	4.04	0.61	3.55	0.54
67	7.42	1.12	6.42	0.97	5.60	0.85	5.27	0.80	4.61	0.70	4.06	0.61
68	8.23	1.24	7.13	1.08	6.22	0.94	5.86	0.88	5.12	0.77	4.50	0.68
69	9.17	1.38	7.94	1.20	6.92	1.04	6.52	0.98	5.70	0.86	5.01	0.76
70	10.22	1.54	8.85	1.34	7.72	1.16	7.27	1.10	6.35	0.96	5.59	0.84
71	11.50	1.74	9.96	1.50	8.69	1.31	8.18	1.23	7.15	1.08	6.29	0.95
72	12.66	1.91	10.96	1.65	9.56	1.44	8.96	1.35	7.83	1.18	6.80	1.03
73	14.27	2.15	12.36	1.86	10.77	1.63	10.10	1.52	8.82	1.33	7.66	1.16
74	15.94	2.40	13.80	2.08	12.03	1.82	11.28	1.70	9.85	1.49	8.56	1.29
75	17.83	2.69	15.45	2.33	13.47	2.03	12.62	1.90	11.03	1.66	9.58	1.45
76	19.85	2.99	17.19	2.59	14.99	2.26	14.05	2.12	12.27	1.85	10.66	1.61
77	21.64	3.26	18.60	2.81	16.22	2.45	15.07	2.27	13.17	1.99	11.44	1.73
78	23.79	3.59	20.45	3.09	17.83	2.69	16.57	2.50	14.48	2.18	12.57	1.90
79	26.05	3.93	22.40	3.38	19.53	2.95	18.15	2.74	15.85	2.39	13.77	2.08
80	28.32	4.27	24.35	3.67	21.22	3.20	19.73	2.98	17.23	2.60	14.97	2.26
81	30.98	4.67	26.63	4.02	23.22	3.50	21.58	3.26	18.85	2.84	16.38	2.47
82	32.38	4.89	27.84	4.20	24.27	3.66	22.80	3.44	19.69	2.97	17.30	2.61
83	35.67	5.38	30.66	4.63	26.73	4.03	25.12	3.79	21.69	3.27	19.06	2.88
84	39.60	5.98	34.04	5.14	29.68	4.48	27.88	4.21	24.08	3.63	21.16	3.19

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	13.47	2.26	12.13	2.03	11.00	1.86	9.61	1.63	8.79	1.49	8.13	1.34
41	13.96	2.34	12.51	2.10	11.26	1.90	9.94	1.68	9.05	1.53	8.30	1.37
42	14.10	2.36	12.62	2.12	11.34	1.91	10.04	1.70	9.12	1.54	8.35	1.38
43	14.25	2.39	12.74	2.14	11.41	1.93	10.13	1.71	9.20	1.56	8.40	1.39
44	14.40	2.41	12.85	2.16	11.49	1.94	10.23	1.73	9.28	1.57	8.45	1.40
45	14.54	2.44	12.96	2.17	11.56	1.95	10.33	1.75	9.35	1.58	8.49	1.41
46	14.69	2.46	13.08	2.19	11.63	1.96	10.43	1.76	9.43	1.59	8.54	1.41
47	14.84	2.49	13.19	2.21	11.71	1.97	10.52	1.78	9.50	1.61	8.59	1.42
48	14.98	2.51	13.30	2.23	11.78	1.99	10.62	1.80	9.58	1.62	8.64	1.43
49	15.12	2.53	13.41	2.25	11.85	2.00	10.72	1.81	9.65	1.63	8.69	1.44
50	15.27	2.56	13.52	2.27	11.92	2.01	10.81	1.83	9.73	1.64	8.73	1.45
51	15.43	2.59	13.66	2.29	12.05	2.03	10.93	1.85	9.83	1.66	8.83	1.46
52	15.87	2.66	14.05	2.36	12.39	2.09	11.24	1.90	10.11	1.71	9.08	1.50
53	16.16	2.71	14.31	2.40	12.62	2.13	11.45	1.94	10.29	1.74	9.24	1.53
54	16.46	2.76	14.57	2.45	12.85	2.17	11.66	1.97	10.48	1.77	9.41	1.56
55	17.25	2.89	15.27	2.56	13.47	2.27	12.21	2.07	10.88	1.84	9.77	1.68
56	17.70	2.97	15.67	2.63	13.82	2.33	12.53	2.12	11.17	1.89	9.93	1.67
57	19.36	3.24	16.89	2.83	14.76	2.49	12.77	2.16	11.36	1.92	10.06	1.67
58	20.33	3.41	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.57	1.75
59	21.57	3.61	18.81	3.16	16.45	2.77	14.23	2.41	12.66	2.14	11.21	1.86
60	22.46	3.77	19.60	3.29	17.13	2.89	14.82	2.51	13.19	2.23	11.68	1.93
61	24.21	4.06	21.12	3.54	18.46	3.11	15.98	2.70	14.21	2.40	12.59	2.08
62	27.48	4.60	23.78	3.99	20.79	3.51	18.59	3.14	16.35	2.76	14.46	2.39
63	28.60	4.79	24.75	4.15	21.64	3.65	19.34	3.27	17.02	2.88	15.05	2.49
64	30.22	5.06	26.15	4.39	22.86	3.86	20.44	3.46	17.98	3.04	15.91	2.63
65	31.41	5.26	27.19	4.56	23.76	4.01	21.25	3.59	18.69	3.16	16.53	2.74
66	33.34	5.59	28.85	4.84	25.22	4.25	22.55	3.81	19.84	3.35	17.55	2.90
67	35.73	5.99	30.45	5.11	26.62	4.49	24.02	4.06	20.90	3.53	18.22	3.01
68	38.56	6.46	32.86	5.51	28.72	4.85	25.92	4.39	22.55	3.81	19.66	3.25
69	41.61	6.97	35.46	5.95	30.99	5.23	27.98	4.73	24.33	4.11	21.22	3.51
70	44.80	7.51	38.18	6.41	33.37	5.63	30.12	5.10	26.20	4.43	22.85	3.78
71	48.44	8.12	41.28	6.93	36.08	6.09	32.57	5.51	28.33	4.79	24.70	4.09
72	52.02	8.72	44.38	7.45	38.45	6.49	34.82	5.89	29.94	5.06	26.06	4.31
73	56.13	9.41	47.89	8.03	41.49	7.00	37.56	6.35	32.30	5.46	28.12	4.65
74	59.88	10.04	51.09	8.57	44.27	7.47	40.08	6.78	34.47	5.83	30.00	4.96
75	63.87	10.71	54.50	9.14	47.22	7.97	42.75	7.23	36.76	6.21	32.00	5.30
76	67.59	11.33	57.67	9.67	49.97	8.43	45.24	7.65	38.90	6.58	33.87	5.60
77	69.68	11.68	59.00	9.90	51.12	8.62	45.82	7.75	38.95	6.58	33.85	5.60
78	72.43	12.14	61.33	10.29	53.14	8.96	47.63	8.06	40.49	6.84	35.19	5.82
79	74.50	12.49	63.08	10.58	54.65	9.22	48.99	8.29	41.65	7.04	36.20	5.99
80	75.45	12.65	63.88	10.72	55.35	9.34	49.62	8.39	42.18	7.13	36.66	6.07
81	76.19	12.77	64.51	10.82	55.90	9.43	50.11	8.48	42.59	7.20	37.02	6.13
82	77.43	12.98	65.56	11.00	56.81	9.58	51.85	8.77	44.08	7.45	38.31	6.34
83	77.13	12.93	65.31	10.96	56.59	9.55	51.65	8.74	43.91	7.42	38.16	6.31
84	76.58	12.84	64.84	10.88	56.18	9.48	51.28	8.67	43.59	7.37	37.89	6.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	16.35	2.61	14.52	2.34	13.22	2.15	12.09	2.00	11.08	1.83	10.29	1.68
41	17.46	2.78	15.42	2.49	13.96	2.27	12.48	2.06	11.36	1.88	10.49	1.72
42	17.81	2.84	15.71	2.53	14.20	2.31	12.60	2.08	11.44	1.89	10.55	1.73
43	18.15	2.89	15.99	2.58	14.43	2.35	12.72	2.10	11.53	1.90	10.61	1.73
44	18.50	2.95	16.28	2.62	14.66	2.39	12.83	2.12	11.61	1.92	10.66	1.74
45	18.85	3.00	16.56	2.67	14.89	2.42	12.95	2.14	11.69	1.93	10.72	1.75
46	19.19	3.06	16.84	2.71	15.12	2.46	13.07	2.16	11.77	1.94	10.78	1.76
47	19.53	3.11	17.12	2.76	15.34	2.50	13.18	2.18	11.85	1.96	10.83	1.77
48	19.87	3.17	17.40	2.80	15.57	2.54	13.30	2.19	11.93	1.97	10.89	1.78
49	20.22	3.22	17.68	2.85	15.80	2.57	13.41	2.21	12.01	1.98	10.94	1.79
50	20.55	3.28	17.95	2.89	16.02	2.61	13.53	2.23	12.09	2.00	11.00	1.80
51	20.77	3.31	18.14	2.92	16.19	2.64	13.67	2.26	12.21	2.02	11.11	1.82
52	21.36	3.40	18.66	3.01	16.65	2.71	14.06	2.32	12.56	2.07	11.43	1.87
53	21.76	3.47	19.00	3.06	16.96	2.76	14.32	2.36	12.79	2.11	11.64	1.90
54	22.16	3.53	19.35	3.12	17.27	2.81	14.58	2.41	13.03	2.15	11.85	1.94
55	23.22	3.70	20.28	3.27	18.10	2.95	15.28	2.52	13.65	2.25	12.42	2.03
56	23.83	3.80	20.81	3.35	18.57	3.02	15.68	2.59	14.01	2.31	12.75	2.08
57	25.81	4.11	22.39	3.61	19.80	3.22	16.84	2.78	14.88	2.46	13.35	2.18
58	27.10	4.32	23.51	3.79	20.79	3.39	17.68	2.92	15.62	2.58	14.02	2.29
59	28.75	4.58	24.94	4.02	22.06	3.59	18.76	3.10	16.57	2.74	14.88	2.43
60	29.95	4.77	25.98	4.19	22.97	3.74	19.54	3.22	17.26	2.85	15.49	2.53
61	32.28	5.14	28.00	4.51	24.76	4.03	21.06	3.47	18.61	3.07	16.70	2.73
62	35.02	5.58	30.41	4.90	26.66	4.34	22.67	3.74	20.03	3.31	17.75	2.90
63	36.45	5.81	31.65	5.10	27.75	4.52	23.59	3.89	20.85	3.44	18.48	3.02
64	38.52	6.14	33.44	5.39	29.32	4.77	24.93	4.11	22.03	3.64	19.52	3.19
65	40.04	6.38	34.77	5.60	30.48	4.96	25.92	4.28	22.90	3.78	20.30	3.32
66	42.49	6.77	36.90	5.95	32.34	5.27	27.50	4.54	24.30	4.01	21.54	3.52
67	46.54	7.42	40.10	6.46	35.15	5.72	29.86	4.93	26.38	4.36	23.38	3.82
68	50.23	8.00	43.28	6.97	37.93	6.18	32.22	5.32	28.47	4.70	25.23	4.13
69	54.20	8.64	46.70	7.53	40.94	6.67	34.77	5.74	30.72	5.07	27.23	4.45
70	58.36	9.30	50.29	8.10	44.08	7.18	37.44	6.18	33.08	5.46	29.32	4.79
71	63.10	10.06	54.37	8.76	47.66	7.76	40.48	6.68	35.76	5.91	31.70	5.18
72	68.05	10.84	58.18	9.38	51.00	8.31	43.50	7.18	38.43	6.35	34.07	5.57
73	73.43	11.70	62.78	10.12	55.03	8.96	46.93	7.74	41.47	6.85	36.76	6.01
74	78.34	12.48	66.98	10.79	58.71	9.56	50.07	8.26	44.25	7.31	39.22	6.41
75	83.57	13.32	71.45	11.51	62.63	10.20	53.41	8.81	47.20	7.79	41.83	6.84
76	88.43	14.09	75.60	12.18	66.27	10.79	56.52	9.33	49.94	8.25	44.27	7.24
77	92.40	14.72	79.09	12.75	68.72	11.19	58.42	9.64	51.62	8.52	45.75	7.48
78	96.05	15.31	82.22	13.25	71.44	11.63	60.72	10.02	53.65	8.86	47.56	7.78
79	98.80	15.74	84.57	13.63	73.48	11.96	62.46	10.31	55.19	9.11	48.92	8.00
80	100.06	15.94	85.64	13.80	74.41	12.12	63.25	10.44	55.89	9.23	49.54	8.10
81	101.04	16.10	86.49	13.94	75.15	12.24	63.88	10.54	56.44	9.32	50.03	8.18
82	101.63	16.19	86.99	14.02	75.58	12.31	64.54	10.65	57.02	9.42	50.54	8.26
83	101.23	16.13	86.65	13.96	75.29	12.26	64.29	10.61	56.80	9.38	50.35	8.23
84	100.51	16.02	86.03	13.86	74.75	12.17	63.83	10.53	56.40	9.31	49.99	8.17

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.76	3.01	16.72	2.69	15.16	2.46	13.63	2.22	12.27	2.00	11.17	1.82
41	19.54	3.14	17.30	2.79	15.62	2.54	14.02	2.29	12.57	2.05	11.34	1.85
42	19.77	3.17	17.47	2.81	15.76	2.56	14.14	2.31	12.66	2.07	11.39	1.85
43	20.01	3.21	17.65	2.84	15.90	2.58	14.26	2.33	12.74	2.08	11.44	1.86
44	20.25	3.25	17.82	2.87	16.04	2.61	14.37	2.34	12.83	2.10	11.48	1.87
45	20.48	3.29	17.99	2.90	16.18	2.63	14.49	2.36	12.91	2.11	11.53	1.88
46	20.72	3.33	18.16	2.93	16.31	2.65	14.60	2.38	13.00	2.12	11.58	1.88
47	20.95	3.36	18.34	2.95	16.45	2.67	14.72	2.40	13.08	2.14	11.62	1.89
48	21.19	3.40	18.51	2.98	16.58	2.69	14.83	2.42	13.17	2.15	11.67	1.90
49	21.42	3.44	18.68	3.01	16.72	2.72	14.95	2.44	13.25	2.16	11.72	1.91
50	21.65	3.48	18.85	3.04	16.85	2.74	15.06	2.46	13.33	2.18	11.76	1.91
51	21.88	3.51	19.04	3.07	17.03	2.77	15.22	2.48	13.47	2.20	11.89	1.93
52	23.11	3.71	20.12	3.24	17.99	2.92	16.08	2.62	14.23	2.32	12.56	2.04
53	23.83	3.82	20.74	3.34	18.54	3.01	16.57	2.70	14.67	2.40	12.94	2.11
54	24.52	3.94	21.34	3.44	19.08	3.10	17.05	2.78	15.10	2.47	13.32	2.17
55	26.14	4.20	22.75	3.67	20.35	3.30	18.18	2.97	16.10	2.63	14.20	2.31
56	26.73	4.29	23.27	3.75	20.81	3.38	18.59	3.03	16.46	2.69	14.52	2.36
57	27.31	4.38	23.61	3.80	20.93	3.40	19.56	3.19	17.12	2.80	15.09	2.45
58	28.68	4.60	24.80	3.99	21.97	3.57	20.54	3.35	17.98	2.94	15.84	2.58
59	30.43	4.88	26.31	4.24	23.31	3.79	21.80	3.56	19.08	3.12	16.81	2.74
60	31.69	5.09	27.40	4.41	24.28	3.94	22.70	3.70	19.87	3.25	17.51	2.85
61	34.16	5.48	29.54	4.76	26.17	4.25	24.47	3.99	21.42	3.50	18.87	3.07
62	37.71	6.05	32.64	5.26	28.67	4.66	26.18	4.27	22.91	3.74	20.19	3.29
63	39.25	6.30	33.97	5.47	29.84	4.85	27.25	4.44	23.85	3.90	21.01	3.42
64	41.47	6.66	35.90	5.78	31.53	5.12	28.79	4.70	25.20	4.12	22.20	3.61
65	43.11	6.92	37.32	6.01	32.78	5.32	29.93	4.88	26.20	4.28	23.08	3.76
66	45.76	7.35	39.60	6.38	34.78	5.65	31.76	5.18	27.80	4.54	24.49	3.99
67	49.15	7.89	42.21	6.80	37.08	6.02	33.96	5.54	29.73	4.86	26.19	4.26
68	53.04	8.52	45.56	7.34	40.01	6.50	36.65	5.98	32.08	5.24	28.26	4.60
69	57.24	9.19	49.16	7.92	43.18	7.01	39.55	6.45	34.62	5.65	30.50	4.96
70	61.63	9.89	52.93	8.53	46.49	7.55	42.58	6.95	37.27	6.09	32.84	5.34
71	66.64	10.70	57.23	9.22	50.27	8.17	46.04	7.51	40.30	6.58	35.50	5.78
72	72.36	11.62	62.22	10.02	54.17	8.80	49.42	8.06	43.25	7.06	38.11	6.20
73	78.07	12.53	67.13	10.81	58.44	9.49	53.32	8.70	46.67	7.62	41.12	6.69
74	83.29	13.37	71.62	11.54	62.36	10.13	56.89	9.28	49.79	8.13	43.87	7.14
75	88.85	14.26	76.40	12.31	66.51	10.80	60.68	9.90	53.11	8.68	46.79	7.61
76	94.02	15.09	80.84	13.02	70.38	11.43	64.21	10.47	56.20	9.18	49.51	8.06
77	98.31	15.78	84.53	13.62	73.59	11.95	67.42	11.00	59.01	9.64	51.32	8.35
78	102.19	16.41	87.87	14.16	76.50	12.43	70.08	11.43	61.34	10.02	53.35	8.68
79	105.11	16.87	90.38	14.56	78.68	12.78	72.08	11.76	63.09	10.31	54.87	8.93
80	106.45	17.09	91.53	14.75	79.69	12.94	73.00	11.91	63.90	10.44	55.57	9.04
81	107.49	17.26	92.43	14.89	80.47	13.07	73.72	12.03	64.53	10.54	56.12	9.13
82	108.63	17.44	92.70	14.93	80.71	13.11	73.93	12.06	64.71	10.57	56.28	9.16
83	108.21	17.37	92.34	14.88	80.40	13.06	73.64	12.01	64.46	10.53	56.06	9.12
84	107.44	17.25	91.68	14.77	79.82	12.97	73.11	11.93	64.00	10.45	55.66	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.99	3.25	18.76	2.92	16.97	2.67	16.13	2.56	14.70	2.34	13.50	2.15
41	21.91	3.39	19.50	3.04	17.54	2.76	16.56	2.62	15.02	2.39	13.72	2.18
42	22.20	3.44	19.72	3.07	17.70	2.79	16.69	2.64	15.12	2.41	13.78	2.19
43	22.48	3.48	19.95	3.11	17.87	2.81	16.81	2.66	15.21	2.42	13.84	2.20
44	22.76	3.53	20.17	3.14	18.04	2.84	16.94	2.68	15.30	2.44	13.90	2.21
45	23.04	3.57	20.39	3.17	18.21	2.87	17.06	2.70	15.39	2.45	13.96	2.22
46	23.33	3.61	20.61	3.21	18.37	2.89	17.19	2.72	15.48	2.47	14.02	2.23
47	23.60	3.66	20.83	3.24	18.54	2.92	17.31	2.74	15.57	2.48	14.08	2.24
48	23.88	3.70	21.05	3.28	18.71	2.95	17.44	2.76	15.66	2.50	14.13	2.25
49	24.16	3.74	21.27	3.31	18.87	2.97	17.56	2.78	15.75	2.51	14.19	2.26
50	24.44	3.78	21.49	3.35	19.03	3.00	17.68	2.80	15.84	2.52	14.25	2.27
51	24.69	3.82	21.71	3.38	19.23	3.03	17.87	2.83	16.01	2.55	14.40	2.29
52	26.08	4.04	22.94	3.57	20.32	3.20	18.87	2.99	16.91	2.69	15.21	2.42
53	26.89	4.16	23.65	3.68	20.95	3.30	19.46	3.08	17.43	2.78	15.68	2.50
54	27.67	4.29	24.33	3.79	21.55	3.39	20.02	3.17	17.94	2.86	16.14	2.57
55	29.50	4.57	25.94	4.04	22.98	3.62	21.35	3.38	19.13	3.05	17.20	2.74
56	30.17	4.67	26.53	4.13	23.50	3.70	21.83	3.46	19.56	3.12	17.59	2.80
57	31.42	4.87	27.44	4.27	24.09	3.79	22.23	3.52	19.91	3.17	17.69	2.82
58	32.99	5.11	28.81	4.49	25.30	3.98	23.34	3.70	20.91	3.33	18.58	2.96
59	35.00	5.42	30.57	4.76	26.84	4.23	24.76	3.92	22.19	3.54	19.71	3.14
60	36.46	5.65	31.84	4.96	27.96	4.40	25.79	4.09	23.11	3.68	20.53	3.27
61	39.30	6.09	34.32	5.34	30.13	4.75	27.80	4.40	24.91	3.97	22.13	3.52
62	42.27	6.55	36.63	5.70	32.16	5.07	29.56	4.68	26.49	4.22	23.24	3.70
63	44.00	6.81	38.13	5.94	33.47	5.27	30.77	4.87	27.57	4.39	24.18	3.85
64	46.49	7.20	40.28	6.27	35.37	5.57	32.51	5.15	29.13	4.64	25.55	4.07
65	48.33	7.48	41.88	6.52	36.77	5.79	33.80	5.35	30.28	4.83	26.56	4.23
66	51.29	7.94	44.44	6.92	39.02	6.15	35.87	5.68	32.14	5.12	28.19	4.49
67	56.42	8.74	48.52	7.55	42.60	6.71	39.18	6.21	34.32	5.47	30.41	4.84
68	60.89	9.43	52.36	8.15	45.97	7.24	42.28	6.70	37.04	5.90	32.81	5.22
69	65.70	10.18	56.50	8.80	49.60	7.81	45.63	7.23	39.97	6.37	35.41	5.64
70	70.75	10.96	60.84	9.47	53.41	8.41	49.13	7.78	43.04	6.86	38.13	6.07
71	76.49	11.85	65.77	10.24	57.75	9.10	53.12	8.42	46.53	7.42	41.22	6.56
72	82.17	12.72	70.65	11.00	62.03	9.77	57.38	9.09	50.27	8.01	43.96	7.00
73	88.66	13.73	76.23	11.87	66.93	10.54	61.92	9.81	54.24	8.64	47.43	7.55
74	94.59	14.65	81.34	12.66	71.41	11.25	66.06	10.47	57.87	9.22	50.61	8.06
75	100.90	15.63	86.76	13.51	76.17	12.00	70.46	11.16	61.73	9.84	53.98	8.59
76	106.77	16.53	91.81	14.29	80.60	12.69	74.56	11.81	65.32	10.41	57.12	9.09
77	109.95	17.03	95.38	14.85	83.01	13.07	76.58	12.13	67.09	10.69	58.67	9.34
78	114.30	17.70	99.15	15.44	86.29	13.59	79.61	12.61	69.74	11.11	60.99	9.71
79	117.56	18.21	101.98	15.88	88.75	13.98	81.88	12.97	71.73	11.43	62.73	9.99
80	119.06	18.44	103.28	16.08	89.88	14.16	82.93	13.14	72.65	11.58	63.53	10.11
81	120.23	18.62	104.30	16.24	90.77	14.30	83.74	13.27	73.36	11.69	64.16	10.21
82	117.92	18.26	101.52	15.80	88.35	13.91	81.91	12.98	71.76	11.44	62.75	9.99
83	117.47	18.19	101.12	15.74	88.01	13.86	81.60	12.93	71.48	11.39	62.51	9.95
84	116.63	18.06	100.40	15.63	87.38	13.76	81.01	12.83	70.97	11.31	62.06	9.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.82	3.91	24.98	3.51	22.83	3.21	21.60	3.04	19.64	2.76	18.16	2.55
41	29.08	4.09	25.99	3.66	23.62	3.32	22.24	3.13	20.13	2.83	18.51	2.60
42	29.47	4.14	26.30	3.70	23.85	3.35	22.43	3.15	20.27	2.85	18.60	2.62
43	29.85	4.20	26.60	3.74	24.09	3.39	22.62	3.18	20.41	2.87	18.70	2.63
44	30.24	4.25	26.91	3.79	24.32	3.42	22.80	3.21	20.55	2.89	18.79	2.64
45	30.62	4.31	27.22	3.83	24.56	3.45	22.99	3.23	20.69	2.91	18.89	2.66
46	31.00	4.36	27.52	3.87	24.79	3.49	23.18	3.26	20.83	2.93	18.98	2.67
47	31.38	4.41	27.82	3.91	25.02	3.52	23.36	3.29	20.96	2.95	19.08	2.68
48	31.76	4.47	28.12	3.96	25.25	3.55	23.55	3.31	21.10	2.97	19.17	2.70
49	32.14	4.52	28.43	4.00	25.48	3.58	23.73	3.34	21.24	2.99	19.27	2.71
50	32.52	4.57	28.73	4.04	25.71	3.62	23.92	3.36	21.37	3.01	19.36	2.72
51	32.86	4.62	29.02	4.08	25.98	3.65	24.17	3.40	21.60	3.04	19.56	2.75
52	34.71	4.88	30.66	4.31	27.45	3.86	25.53	3.59	22.82	3.21	20.66	2.91
53	35.78	5.03	31.61	4.45	28.29	3.98	26.32	3.70	23.52	3.31	21.30	3.00
54	36.82	5.18	32.53	4.58	29.12	4.10	27.08	3.81	24.20	3.40	21.92	3.08
55	39.26	5.52	34.68	4.88	31.04	4.37	28.87	4.06	25.81	3.63	23.37	3.29
56	40.15	5.65	35.47	4.99	31.75	4.47	29.53	4.15	26.39	3.71	23.90	3.36
57	42.52	5.98	37.02	5.21	32.85	4.62	30.53	4.29	26.98	3.79	24.09	3.39
58	44.65	6.28	38.88	5.47	34.49	4.85	32.06	4.51	28.33	3.98	25.30	3.56
59	47.37	6.66	41.25	5.80	36.59	5.15	34.01	4.78	30.06	4.23	26.84	3.78
60	49.34	6.94	42.96	6.04	38.12	5.36	35.43	4.98	31.31	4.40	27.96	3.93
61	53.19	7.48	46.31	6.51	41.09	5.78	38.19	5.37	33.74	4.75	30.14	4.24
62	56.00	7.88	48.82	6.87	42.93	6.04	40.16	5.65	35.08	4.93	30.88	4.34
63	58.29	8.20	50.81	7.15	44.68	6.28	41.80	5.88	36.52	5.14	32.14	4.52
64	61.59	8.66	53.69	7.55	47.21	6.64	44.16	6.21	38.58	5.43	33.96	4.78
65	64.02	9.01	55.81	7.85	49.08	6.90	45.91	6.46	40.11	5.64	35.30	4.97
66	67.95	9.56	59.23	8.33	52.09	7.33	48.72	6.85	42.57	5.99	37.47	5.27
67	76.39	10.75	66.17	9.31	57.68	8.11	54.33	7.64	47.46	6.68	41.78	5.88
68	82.44	11.60	71.40	10.04	62.25	8.76	58.63	8.25	51.22	7.20	45.08	6.34
69	88.96	12.51	77.05	10.84	67.17	9.45	63.27	8.90	55.27	7.77	48.65	6.84
70	95.79	13.47	82.97	11.67	72.33	10.17	68.12	9.58	59.52	8.37	52.38	7.37
71	103.57	14.57	89.70	12.62	78.20	11.00	73.65	10.36	64.35	9.05	56.64	7.97
72	109.50	15.40	94.84	13.34	82.68	11.63	77.51	10.90	67.72	9.52	58.82	8.27
73	118.15	16.62	102.33	14.39	89.21	12.55	83.63	11.76	73.06	10.28	63.46	8.93
74	126.06	17.73	109.18	15.36	95.18	13.39	89.23	12.55	77.95	10.96	67.71	9.52
75	134.46	18.91	116.46	16.38	101.53	14.28	95.17	13.39	83.15	11.70	72.22	10.16
76	142.28	20.01	123.23	17.33	107.43	15.11	100.71	14.17	87.99	12.38	76.42	10.75
77	147.09	20.69	126.44	17.79	110.23	15.50	102.45	14.41	89.50	12.59	77.74	10.93
78	152.90	21.51	131.44	18.49	114.59	16.12	106.50	14.98	93.04	13.09	80.81	11.37
79	157.26	22.12	135.19	19.02	117.86	16.58	109.53	15.41	95.70	13.46	83.12	11.69
80	159.27	22.40	136.92	19.26	119.36	16.79	110.93	15.60	96.92	13.63	84.18	11.84
81	160.84	22.62	138.26	19.45	120.53	16.95	112.02	15.76	97.87	13.77	85.01	11.96
82	153.42	21.58	131.89	18.55	114.98	16.17	108.03	15.20	93.30	13.12	81.98	11.53
83	152.83	21.50	131.38	18.48	114.53	16.11	107.61	15.14	92.94	13.07	81.66	11.49
84	151.73	21.34	130.44	18.35	113.71	15.99	106.84	15.03	92.27	12.98	81.08	11.40

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12

PROPOSED RATE SCHEDULES

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $7,200 per $300 Monthly Benefit
Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	20.12	3.59	18.12	3.24	16.43	2.95	14.35	2.59	13.13	2.36	12.14	2.14
41	20.88	3.73	18.71	3.35	16.85	3.03	14.87	2.68	13.54	2.44	12.42	2.19
42	21.13	3.77	18.91	3.38	16.99	3.05	15.04	2.71	13.67	2.46	12.51	2.21
43	21.39	3.82	19.11	3.42	17.12	3.08	15.21	2.74	13.81	2.49	12.60	2.22
44	21.64	3.87	19.31	3.45	17.26	3.10	15.38	2.77	13.94	2.51	12.69	2.24
45	21.89	3.91	19.51	3.49	17.40	3.13	15.55	2.80	14.08	2.54	12.79	2.26
46	22.15	3.96	19.71	3.52	17.54	3.15	15.72	2.83	14.21	2.56	12.88	2.27
47	22.40	4.00	19.91	3.56	17.67	3.18	15.89	2.86	14.35	2.58	12.97	2.29
48	22.65	4.05	20.11	3.60	17.81	3.20	16.06	2.89	14.48	2.61	13.06	2.30
49	22.91	4.09	20.31	3.63	17.95	3.23	16.23	2.93	14.62	2.63	13.16	2.32
50	23.16	4.14	20.51	3.67	18.09	3.25	16.40	2.96	14.75	2.66	13.25	2.34
51	23.62	4.22	20.92	3.74	18.45	3.32	16.73	3.02	15.05	2.71	13.51	2.38
52	24.57	4.39	21.76	3.89	19.19	3.45	17.40	3.14	15.65	2.82	14.06	2.48
53	25.31	4.52	22.41	4.01	19.76	3.55	17.92	3.23	16.12	2.90	14.48	2.55
54	26.07	4.66	23.08	4.13	20.36	3.66	18.46	3.33	16.60	2.99	14.91	2.63
55	27.63	4.94	24.47	4.37	21.58	3.88	19.57	3.53	17.44	3.14	15.66	2.76
56	28.73	5.13	25.45	4.55	22.44	4.03	20.35	3.67	18.13	3.27	16.13	2.85
57	31.85	5.69	27.79	4.97	24.29	4.37	21.02	3.79	18.70	3.37	16.56	2.92
58	33.91	6.06	29.58	5.29	25.86	4.65	22.37	4.03	19.90	3.58	17.63	3.11
59	36.48	6.52	31.82	5.69	27.82	5.00	24.07	4.34	21.41	3.86	18.97	3.35
60	38.53	6.88	33.61	6.01	29.38	5.28	25.42	4.58	22.62	4.07	20.03	3.53
61	42.13	7.53	36.75	6.57	32.13	5.77	27.80	5.01	24.73	4.45	21.90	3.86
62	48.50	8.66	41.98	7.51	36.69	6.60	32.81	5.91	28.86	5.20	25.53	4.50
63	51.22	9.15	44.34	7.93	38.76	6.97	34.65	6.24	30.48	5.49	26.96	4.76
64	55.04	9.83	47.64	8.52	41.64	7.49	37.23	6.71	32.75	5.90	28.97	5.11
65	58.31	10.42	50.47	9.02	44.11	7.93	39.44	7.11	34.70	6.25	30.69	5.42
66	63.21	11.29	54.71	9.78	47.83	8.60	42.76	7.71	37.62	6.77	33.28	5.87
67	69.38	12.39	59.12	10.57	51.68	9.29	46.65	8.41	40.57	7.31	35.38	6.24
68	77.02	13.76	65.64	11.74	57.38	10.31	51.79	9.33	45.05	8.11	39.28	6.93
69	85.77	15.32	73.09	13.07	63.89	11.48	57.67	10.39	50.16	9.03	43.74	7.72
70	95.60	17.08	81.47	14.57	71.21	12.80	64.28	11.58	55.91	10.07	48.75	8.60
71	107.62	19.22	91.71	16.40	80.17	14.41	72.36	13.04	62.94	11.34	54.88	9.68
72	120.25	21.48	102.59	18.34	88.89	15.98	80.48	14.50	69.21	12.46	60.25	10.63
73	135.55	24.21	115.65	20.68	100.21	18.01	90.72	16.35	78.02	14.05	67.92	11.98
74	151.40	27.04	129.17	23.10	111.92	20.12	101.33	18.26	87.14	15.69	75.86	13.38
75	169.44	30.27	144.56	25.85	125.26	22.52	113.40	20.44	97.52	17.56	84.90	14.98
76	188.57	33.68	160.88	28.77	139.40	25.06	126.21	22.75	108.53	19.55	94.48	16.67
77	204.99	36.62	173.57	31.03	150.39	27.03	134.82	24.30	114.60	20.64	99.60	17.57
78	225.38	40.26	190.84	34.12	165.35	29.72	148.23	26.71	126.00	22.69	109.51	19.32
79	246.85	44.09	209.01	37.37	181.10	32.55	162.34	29.26	138.00	24.85	119.94	21.16
80	268.31	47.93	227.19	40.62	196.85	35.38	176.46	31.80	150.00	27.01	130.37	23.00
81	293.54	52.43	248.54	44.44	215.35	38.71	193.05	34.79	164.10	29.55	142.62	25.16
82	326.86	58.39	276.76	49.49	239.80	43.10	218.88	39.45	186.06	33.51	161.71	28.53
83	360.04	64.31	304.85	54.51	264.14	47.48	241.10	43.45	204.95	36.91	178.12	31.43
84	399.74	71.40	338.47	60.52	293.27	52.72	267.68	48.24	227.55	40.98	197.76	34.89
85	NA	79.26	NA	67.18	NA	58.51	NA	53.55	NA	45.49	NA	38.73
86	NA	87.19	NA	73.89	NA	64.37	NA	58.91	NA	50.04	NA	42.60
87	NA	95.03	NA	80.54	NA	70.16	NA	64.21	NA	54.54	NA	46.44
88	NA	102.63	NA	86.99	NA	75.77	NA	69.34	NA	58.90	NA	50.15
89	NA	109.82	NA	93.08	NA	81.08	NA	74.20	NA	63.03	NA	53.66
90	NA	116.41	NA	98.66	NA	85.94	NA	78.65	NA	66.81	NA	56.88
91	NA	122.23	NA	103.59	NA	90.24	NA	82.58	NA	70.15	NA	59.72
92	NA	128.34	NA	108.77	NA	94.75	NA	86.71	NA	73.66	NA	62.71
93	NA	134.76	NA	114.21	NA	99.49	NA	91.05	NA	77.34	NA	65.85
94	NA	141.49	NA	119.92	NA	104.46	NA	95.60	NA	81.21	NA	69.14
95	NA	148.57	NA	125.92	NA	109.68	NA	100.38	NA	85.27	NA	72.60
96	NA	156.00	NA	132.21	NA	115.17	NA	105.40	NA	89.53	NA	76.22
97	NA	163.80	NA	138.83	NA	120.93	NA	110.67	NA	94.01	NA	80.04
98	NA	171.99	NA	145.77	NA	126.97	NA	116.20	NA	98.71	NA	84.04
99	NA	180.59	NA	153.06	NA	133.32	NA	122.01	NA	103.64	NA	88.24
100	NA	189.62	NA	160.71	NA	139.99	NA	128.11	NA	108.82	NA	92.65

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $10,800 per $300 Monthly Benefit
Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	24.43	4.16	21.68	3.73	19.75	3.43	18.06	3.18	16.55	2.91	15.37	2.68
41	26.12	4.44	23.07	3.97	20.89	3.63	18.67	3.29	17.00	2.99	15.70	2.74
42	26.68	4.54	23.53	4.05	21.27	3.70	18.88	3.32	17.15	3.02	15.81	2.76
43	27.24	4.63	24.00	4.13	21.65	3.76	19.08	3.36	17.29	3.05	15.92	2.78
44	27.80	4.73	24.46	4.21	22.03	3.83	19.29	3.39	17.44	3.07	16.03	2.80
45	28.37	4.83	24.92	4.29	22.41	3.89	19.49	3.43	17.59	3.10	16.14	2.81
46	28.93	4.92	25.39	4.37	22.79	3.96	19.70	3.47	17.74	3.12	16.25	2.83
47	29.49	5.02	25.85	4.45	23.17	4.02	19.91	3.50	17.89	3.15	16.35	2.85
48	30.06	5.11	26.31	4.52	23.55	4.09	20.11	3.54	18.04	3.18	16.46	2.87
49	30.62	5.21	26.77	4.60	23.92	4.16	20.32	3.57	18.19	3.20	16.57	2.89
50	31.18	5.31	27.24	4.68	24.30	4.22	20.52	3.61	18.34	3.23	16.68	2.91
51	31.81	5.41	27.78	4.78	24.79	4.31	20.93	3.68	18.70	3.29	17.02	2.97
52	33.08	5.63	28.89	4.97	25.78	4.48	21.77	3.83	19.45	3.43	17.70	3.09
53	34.07	5.80	29.76	5.12	26.55	4.61	22.42	3.95	20.03	3.53	18.23	3.18
54	35.09	5.97	30.65	5.27	27.35	4.75	23.09	4.06	20.63	3.63	18.77	3.27
55	37.20	6.33	32.49	5.59	28.99	5.04	24.48	4.31	21.87	3.85	19.90	3.47
56	38.69	6.58	33.79	5.81	30.15	5.24	25.46	4.48	22.75	4.01	20.70	3.61
57	42.47	7.22	36.84	6.34	32.58	5.66	27.70	4.87	24.48	4.31	21.97	3.83
58	45.21	7.69	39.21	6.74	34.68	6.02	29.49	5.19	26.06	4.59	23.39	4.08
59	48.63	8.27	42.18	7.25	37.31	6.48	31.72	5.58	28.03	4.94	25.16	4.39
60	51.37	8.74	44.56	7.66	39.41	6.85	33.51	5.90	29.61	5.21	26.58	4.64
61	56.16	9.56	48.72	8.38	43.09	7.49	36.64	6.45	32.37	5.70	29.06	5.07
62	61.82	10.52	53.68	9.23	47.06	8.17	40.02	7.04	35.36	6.23	31.34	5.47
63	65.29	11.11	56.70	9.75	49.70	8.63	42.26	7.44	37.34	6.58	33.10	5.77
64	70.16	11.94	60.92	10.48	53.40	9.28	45.41	7.99	40.12	7.07	35.57	6.20
65	74.33	12.65	64.54	11.10	56.57	9.83	48.11	8.47	42.51	7.49	37.68	6.57
66	80.58	13.71	69.97	12.03	61.33	10.65	52.16	9.18	46.08	8.12	40.85	7.12
67	90.38	15.38	77.87	13.39	68.26	11.86	57.97	10.20	51.22	9.02	45.40	7.92
68	100.34	17.07	86.45	14.87	75.78	13.17	64.36	11.33	56.87	10.02	50.41	8.79
69	111.72	19.01	96.26	16.56	84.38	14.66	71.67	12.61	63.32	11.15	56.13	9.79
70	124.53	21.19	107.30	18.45	94.06	16.34	79.88	14.06	70.58	12.43	62.56	10.91
71	140.19	23.85	120.79	20.77	105.88	18.39	89.92	15.82	79.46	13.99	70.43	12.28
72	157.31	26.76	134.50	23.13	117.90	20.48	100.55	17.69	88.85	15.65	78.75	13.74
73	177.34	30.17	151.62	26.08	132.90	23.09	113.35	19.95	100.15	17.64	88.77	15.48
74	198.07	33.70	169.35	29.13	148.45	25.79	126.60	22.28	111.87	19.70	99.15	17.30
75	221.67	37.71	189.52	32.59	166.13	28.86	141.69	24.93	125.19	22.05	110.97	19.36
76	246.70	41.97	210.92	36.27	184.89	32.12	157.68	27.75	139.33	24.54	123.50	21.54
77	271.86	46.25	232.70	40.02	202.19	35.12	171.86	30.24	151.85	26.74	134.60	23.48
78	298.90	50.85	255.85	44.00	222.30	38.62	188.96	33.25	166.96	29.40	147.99	25.81
79	327.37	55.70	280.21	48.19	243.47	42.30	206.95	36.42	182.86	32.20	162.08	28.27
80	355.83	60.54	304.58	52.38	264.64	45.97	224.95	39.58	198.76	35.00	176.18	30.73
81	389.28	66.23	333.21	57.31	289.52	50.30	246.10	43.30	217.45	38.29	192.74	33.62
82	428.99	72.99	367.20	63.15	319.05	55.43	272.41	47.93	240.70	42.39	213.35	37.21
83	472.53	80.39	404.47	69.56	351.43	61.05	300.06	52.80	265.13	46.69	235.00	40.99
84	524.64	89.26	449.07	77.23	390.19	67.78	333.15	58.62	294.37	51.84	260.92	45.51
85	NA	99.08	NA	85.73	NA	75.24	NA	65.07	NA	57.54	NA	50.52
86	NA	108.99	NA	94.30	NA	82.77	NA	71.58	NA	63.30	NA	55.57
87	NA	118.79	NA	102.79	NA	90.21	NA	78.02	NA	68.99	NA	60.57
88	NA	128.30	NA	111.01	NA	97.43	NA	84.26	NA	74.51	NA	65.42
89	NA	137.28	NA	118.78	NA	104.25	NA	90.16	NA	79.73	NA	70.00
90	NA	145.51	NA	125.91	NA	110.51	NA	95.57	NA	84.51	NA	74.20
91	NA	152.79	NA	132.20	NA	116.03	NA	100.35	NA	88.74	NA	77.91
92	NA	160.43	NA	138.81	NA	121.83	NA	105.37	NA	93.18	NA	81.80
93	NA	168.45	NA	145.75	NA	127.93	NA	110.63	NA	97.84	NA	85.89
94	NA	176.87	NA	153.04	NA	134.32	NA	116.17	NA	102.73	NA	90.19
95	NA	185.72	NA	160.69	NA	141.04	NA	121.97	NA	107.86	NA	94.70
96	NA	195.00	NA	168.73	NA	148.09	NA	128.07	NA	113.26	NA	99.43
97	NA	204.75	NA	177.17	NA	155.49	NA	134.48	NA	118.92	NA	104.40
98	NA	214.99	NA	186.02	NA	163.27	NA	141.20	NA	124.87	NA	109.62
99	NA	225.74	NA	195.33	NA	171.43	NA	148.26	NA	131.11	NA	115.10
100	NA	237.03	NA	205.09	NA	180.00	NA	155.67	NA	137.66	NA	120.86

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $14,400 per $300 Monthly Benefit
Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	28.02	4.80	24.97	4.29	22.64	3.92	20.35	3.54	18.33	3.19	16.68	2.90
41	29.23	5.01	25.87	4.45	23.37	4.05	20.98	3.65	18.81	3.28	16.97	2.95
42	29.63	5.08	26.18	4.50	23.62	4.09	21.18	3.69	18.96	3.30	17.07	2.96
43	30.03	5.15	26.48	4.55	23.86	4.14	21.39	3.72	19.12	3.33	17.16	2.98
44	30.43	5.21	26.78	4.60	24.10	4.18	21.60	3.76	19.28	3.36	17.26	3.00
45	30.83	5.28	27.08	4.66	24.35	4.22	21.81	3.80	19.44	3.39	17.36	3.01
46	31.24	5.35	27.38	4.71	24.59	4.26	22.02	3.83	19.59	3.41	17.45	3.03
47	31.64	5.42	27.69	4.76	24.83	4.30	22.22	3.87	19.75	3.44	17.55	3.05
48	32.04	5.49	27.99	4.81	25.08	4.35	22.43	3.90	19.91	3.47	17.65	3.06
49	32.44	5.56	28.29	4.86	25.32	4.39	22.64	3.94	20.07	3.50	17.75	3.08
50	32.85	5.63	28.59	4.92	25.56	4.43	22.85	3.98	20.22	3.52	17.84	3.10
51	33.50	5.74	29.16	5.01	26.08	4.52	23.30	4.06	20.63	3.59	18.20	3.16
52	35.79	6.13	31.15	5.36	27.85	4.83	24.89	4.33	22.04	3.84	19.44	3.38
53	37.31	6.39	32.48	5.58	29.04	5.03	25.95	4.52	22.97	4.00	20.27	3.52
54	38.83	6.65	33.80	5.81	30.22	5.24	27.01	4.70	23.91	4.17	21.10	3.66
55	41.88	7.18	36.45	6.27	32.59	5.65	29.13	5.07	25.79	4.49	22.75	3.95
56	43.40	7.44	37.78	6.50	33.78	5.85	30.19	5.25	26.72	4.66	23.58	4.09
57	44.94	7.70	38.86	6.68	34.43	5.97	32.19	5.60	28.18	4.91	24.82	4.31
58	47.84	8.20	41.36	7.11	36.66	6.35	34.27	5.96	30.00	5.23	26.43	4.59
59	51.47	8.82	44.50	7.65	39.43	6.83	36.86	6.42	32.27	5.62	28.43	4.94
60	54.37	9.32	47.00	8.08	41.65	7.22	38.94	6.78	34.09	5.94	30.03	5.21
61	59.44	10.19	51.39	8.84	45.54	7.89	42.58	7.41	37.27	6.49	32.83	5.70
62	66.57	11.41	57.62	9.91	50.61	8.77	46.21	8.04	40.45	7.05	35.64	6.19
63	70.31	12.05	60.85	10.46	53.45	9.26	48.81	8.49	42.72	7.44	37.64	6.53
64	75.54	12.94	65.39	11.24	57.43	9.95	52.44	9.13	45.90	8.00	40.44	7.02
65	80.03	13.71	69.27	11.91	60.84	10.54	55.56	9.67	48.63	8.47	42.84	7.44
66	86.76	14.87	75.10	12.91	65.96	11.43	60.23	10.48	52.72	9.19	46.45	8.06
67	95.44	16.35	81.97	14.09	72.00	12.48	65.94	11.48	57.72	10.06	50.85	8.83
68	105.96	18.16	91.01	15.65	79.93	13.85	73.21	12.74	64.08	11.17	56.46	9.80
69	117.98	20.22	101.33	17.42	89.01	15.43	81.52	14.19	71.35	12.43	62.86	10.91
70	131.51	22.53	112.95	19.42	99.21	17.19	90.86	15.81	79.53	13.86	70.07	12.16
71	148.04	25.37	127.15	21.86	111.68	19.36	102.29	17.80	89.53	15.60	78.88	13.69
72	167.26	28.66	143.82	24.73	125.21	21.70	114.23	19.88	99.99	17.42	88.09	15.29
73	188.55	32.31	162.12	27.87	141.15	24.46	128.77	22.41	112.71	19.64	99.30	17.24
74	210.59	36.09	181.08	31.13	157.66	27.32	143.82	25.03	125.89	21.93	110.91	19.25
75	235.68	40.38	202.65	34.84	176.44	30.58	160.96	28.01	140.89	24.55	124.12	21.55
76	262.29	44.94	225.53	38.78	196.36	34.03	179.13	31.17	156.80	27.32	138.14	23.98
77	289.22	49.56	248.69	42.76	216.52	37.52	198.34	34.52	173.61	30.25	150.99	26.21
78	317.99	54.49	273.43	47.01	238.05	41.26	218.07	37.95	190.88	33.26	166.01	28.82
79	348.27	59.68	299.47	51.49	260.73	45.19	238.84	41.57	209.06	36.43	181.82	31.57
80	378.56	64.87	325.51	55.97	283.40	49.12	259.61	45.18	227.24	39.59	197.63	34.31
81	414.14	70.96	356.10	61.23	310.04	53.73	284.02	49.43	248.60	43.31	216.21	37.54
82	458.56	78.57	391.31	67.28	340.69	59.04	312.05	54.31	273.14	47.59	237.55	41.24
83	505.10	86.55	431.03	74.11	375.27	65.04	343.73	59.82	300.87	52.42	261.67	45.43
84	560.80	96.09	478.56	82.28	416.65	72.21	381.63	66.42	334.04	58.20	290.52	50.44
85	NA	106.66	NA	91.33	NA	80.15	NA	73.72	NA	64.60	NA	55.98
86	NA	117.33	NA	100.46	NA	88.17	NA	81.09	NA	71.06	NA	61.58
87	NA	127.89	NA	109.51	NA	96.10	NA	88.39	NA	77.46	NA	67.13
88	NA	138.12	NA	118.27	NA	103.79	NA	95.46	NA	83.66	NA	72.50
89	NA	147.79	NA	126.54	NA	111.05	NA	102.15	NA	89.51	NA	77.57
90	NA	156.66	NA	134.14	NA	117.72	NA	108.27	NA	94.88	NA	82.22
91	NA	164.49	NA	140.84	NA	123.60	NA	113.69	NA	99.63	NA	86.34
92	NA	172.72	NA	147.89	NA	129.78	NA	119.37	NA	104.61	NA	90.65
93	NA	181.35	NA	155.28	NA	136.27	NA	125.34	NA	109.84	NA	95.19
94	NA	190.42	NA	163.04	NA	143.09	NA	131.61	NA	115.33	NA	99.94
95	NA	199.94	NA	171.20	NA	150.24	NA	138.19	NA	121.10	NA	104.94
96	NA	209.94	NA	179.76	NA	157.75	NA	145.10	NA	127.15	NA	110.19
97	NA	220.43	NA	188.74	NA	165.64	NA	152.35	NA	133.51	NA	115.70
98	NA	231.46	NA	198.18	NA	173.92	NA	159.97	NA	140.19	NA	121.48
99	NA	243.03	NA	208.09	NA	182.62	NA	167.97	NA	147.20	NA	127.56
100	NA	255.18	NA	218.50	NA	191.75	NA	176.37	NA	154.55	NA	133.94

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Maximum Benefit = $18,000 per $300 Monthly Benefit
Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	31.35	5.19	28.03	4.66	25.35	4.26	24.09	4.08	21.96	3.74	20.16	3.43
41	32.78	5.43	29.17	4.85	26.23	4.41	24.77	4.19	22.48	3.82	20.52	3.49
42	33.26	5.50	29.55	4.92	26.53	4.46	25.00	4.23	22.65	3.85	20.65	3.51
43	33.73	5.58	29.93	4.98	26.82	4.51	25.23	4.27	22.82	3.88	20.77	3.53
44	34.21	5.66	30.31	5.04	27.11	4.56	25.46	4.31	22.99	3.91	20.89	3.55
45	34.69	5.74	30.69	5.11	27.41	4.61	25.68	4.35	23.17	3.94	21.01	3.57
46	35.16	5.82	31.07	5.17	27.70	4.66	25.91	4.38	23.34	3.97	21.13	3.59
47	35.64	5.90	31.45	5.23	27.99	4.71	26.14	4.42	23.51	4.00	21.25	3.61
48	36.12	5.98	31.84	5.30	28.29	4.76	26.37	4.46	23.69	4.03	21.37	3.63
49	36.59	6.06	32.22	5.36	28.58	4.81	26.60	4.50	23.86	4.06	21.50	3.65
50	37.07	6.14	32.60	5.42	28.88	4.86	26.82	4.54	24.03	4.09	21.62	3.67
51	37.81	6.26	33.25	5.53	29.45	4.95	27.36	4.63	24.51	4.17	22.05	3.75
52	40.39	6.68	35.52	5.91	31.46	5.29	29.22	4.94	26.18	4.45	23.55	4.00
53	42.11	6.97	37.03	6.16	32.80	5.52	30.47	5.15	27.30	4.64	24.55	4.17
54	43.83	7.25	38.54	6.41	34.14	5.74	31.71	5.36	28.41	4.83	25.56	4.34
55	47.27	7.82	41.56	6.91	36.82	6.19	34.20	5.79	30.64	5.21	27.56	4.69
56	48.98	8.11	43.07	7.17	38.15	6.42	35.44	6.00	31.75	5.40	28.56	4.86
57	51.70	8.56	45.15	7.51	39.64	6.67	36.58	6.19	32.77	5.58	29.11	4.95
58	55.04	9.11	48.06	8.00	42.20	7.10	38.94	6.59	34.88	5.94	30.99	5.27
59	59.21	9.80	51.71	8.60	45.40	7.64	41.89	7.09	37.53	6.38	33.34	5.67
60	62.54	10.35	54.62	9.09	47.95	8.07	44.25	7.49	39.64	6.74	35.22	5.99
61	68.38	11.32	59.72	9.93	52.43	8.82	48.38	8.18	43.34	7.37	38.50	6.55
62	74.62	12.35	64.66	10.76	56.77	9.55	52.18	8.83	46.75	7.95	41.02	6.97
63	78.81	13.04	68.29	11.36	59.96	10.09	55.11	9.32	49.38	8.40	43.32	7.36
64	84.68	14.02	73.38	12.21	64.43	10.84	59.22	10.02	53.06	9.03	46.55	7.91
65	89.71	14.85	77.74	12.93	68.25	11.48	62.74	10.61	56.21	9.56	49.31	8.38
66	97.26	16.10	84.28	14.02	73.99	12.45	68.01	11.51	60.94	10.37	53.46	9.09
67	109.56	18.13	94.21	15.67	82.71	13.91	76.08	12.87	66.65	11.34	59.04	10.04
68	121.63	20.13	104.59	17.40	91.83	15.45	84.47	14.29	74.00	12.59	65.55	11.14
69	135.44	22.42	116.46	19.37	102.25	17.20	94.05	15.91	82.39	14.02	72.99	12.41
70	150.96	24.99	129.81	21.60	113.97	19.17	104.83	17.73	91.84	15.62	81.36	13.83
71	169.94	28.13	146.13	24.31	128.30	21.58	118.01	19.96	103.38	17.59	91.58	15.57
72	189.94	31.44	163.33	27.17	143.40	24.12	132.65	22.44	116.21	19.77	101.62	17.28
73	214.12	35.44	184.11	30.63	161.65	27.19	149.53	25.30	131.00	22.29	114.56	19.47
74	239.16	39.58	205.64	34.21	180.55	30.37	167.02	28.25	146.32	24.89	127.95	21.75
75	267.65	44.30	230.14	38.29	202.06	33.99	186.92	31.62	163.75	27.86	143.20	24.34
76	297.86	49.30	256.13	42.61	224.87	37.83	208.02	35.19	182.23	31.00	159.37	27.09
77	323.49	53.54	280.62	46.68	244.22	41.08	225.31	38.12	197.38	33.58	172.61	29.34
78	355.67	58.86	308.53	51.33	268.51	45.17	247.72	41.91	217.02	36.92	189.78	32.26
79	389.54	64.47	337.92	56.22	294.08	49.47	271.32	45.90	237.68	40.44	207.86	35.33
80	423.41	70.08	367.30	61.10	319.66	53.77	294.91	49.89	258.35	43.95	225.93	38.41
81	463.21	76.66	401.83	66.85	349.70	58.83	322.63	54.58	282.64	48.09	247.17	42.02
82	497.78	82.39	428.52	71.29	372.93	62.73	345.77	58.49	302.91	51.53	264.90	45.03
83	548.30	90.75	472.01	78.52	410.78	69.10	380.86	64.43	333.65	56.77	291.78	49.60
84	608.77	100.75	524.06	87.18	456.08	76.72	422.86	71.54	370.45	63.03	323.96	55.07
85	NA	111.84	NA	96.77	NA	85.16	NA	79.41	NA	69.96	NA	61.13
86	NA	123.02	NA	106.45	NA	93.68	NA	87.35	NA	76.95	NA	67.24
87	NA	134.09	NA	116.03	NA	102.11	NA	95.21	NA	83.88	NA	73.29
88	NA	144.82	NA	125.31	NA	110.28	NA	102.82	NA	90.59	NA	79.15
89	NA	154.96	NA	134.09	NA	118.00	NA	110.02	NA	96.93	NA	84.70
90	NA	164.26	NA	142.13	NA	125.08	NA	116.62	NA	102.75	NA	89.78
91	NA	172.47	NA	149.24	NA	131.33	NA	122.45	NA	107.88	NA	94.27
92	NA	181.09	NA	156.70	NA	137.90	NA	128.58	NA	113.28	NA	98.98
93	NA	190.15	NA	164.53	NA	144.79	NA	135.01	NA	118.94	NA	103.93
94	NA	199.65	NA	172.76	NA	152.03	NA	141.76	NA	124.89	NA	109.12
95	NA	209.64	NA	181.40	NA	159.63	NA	148.84	NA	131.13	NA	114.58
96	NA	220.12	NA	190.47	NA	167.61	NA	156.29	NA	137.69	NA	120.31
97	NA	231.13	NA	199.99	NA	175.99	NA	164.10	NA	144.58	NA	126.33
98	NA	242.68	NA	209.99	NA	184.79	NA	172.30	NA	151.80	NA	132.64
99	NA	254.82	NA	220.49	NA	194.03	NA	180.92	NA	159.39	NA	139.27
100	NA	267.56	NA	231.52	NA	203.73	NA	189.97	NA	167.36	NA	146.24

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company
Long Term Care Policy Form P104 100% HCC
Monthly Premium Rates
Unlimited Maximum Benefit
Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	41.56	6.27	37.31	5.63	34.10	5.15	32.26	4.87	29.34	4.43	27.13	4.09
41	43.50	6.56	38.88	5.87	35.33	5.33	33.27	5.02	30.11	4.54	27.69	4.18
42	44.15	6.66	39.40	5.94	35.74	5.39	33.60	5.07	30.37	4.58	27.87	4.21
43	44.79	6.76	39.92	6.02	36.15	5.45	33.94	5.12	30.62	4.62	28.06	4.23
44	45.44	6.86	40.44	6.10	36.55	5.52	34.27	5.17	30.88	4.66	28.25	4.26
45	46.09	6.95	40.97	6.18	36.96	5.58	34.61	5.22	31.14	4.70	28.43	4.29
46	46.74	7.05	41.49	6.26	37.37	5.64	34.94	5.27	31.40	4.74	28.62	4.32
47	47.39	7.15	42.01	6.34	37.78	5.70	35.28	5.32	31.65	4.78	28.81	4.35
48	48.03	7.25	42.53	6.42	38.19	5.76	35.61	5.37	31.91	4.81	28.99	4.37
49	48.68	7.34	43.05	6.50	38.60	5.82	35.95	5.42	32.17	4.85	29.18	4.40
50	49.33	7.44	43.58	6.57	39.01	5.89	36.28	5.47	32.43	4.89	29.37	4.43
51	50.31	7.59	44.45	6.71	39.79	6.00	37.01	5.58	33.07	4.99	29.95	4.52
52	53.75	8.11	47.48	7.16	42.50	6.41	39.53	5.96	35.33	5.33	32.00	4.83
53	56.03	8.45	49.50	7.47	44.31	6.68	41.21	6.22	36.83	5.56	33.36	5.03
54	58.32	8.80	51.52	7.77	46.12	6.96	42.89	6.47	38.34	5.78	34.72	5.24
55	62.89	9.49	55.56	8.38	49.73	7.50	46.26	6.98	41.34	6.24	37.44	5.65
56	65.18	9.83	57.58	8.69	51.54	7.78	47.94	7.23	42.85	6.46	38.80	5.85
57	69.97	10.56	60.92	9.19	54.05	8.15	50.23	7.58	44.39	6.70	39.64	5.98
58	74.48	11.24	64.85	9.78	57.54	8.68	53.48	8.07	47.26	7.13	42.20	6.37
59	80.13	12.09	69.77	10.53	61.90	9.34	57.53	8.68	50.84	7.67	45.40	6.85
60	84.64	12.77	73.70	11.12	65.38	9.86	60.77	9.17	53.70	8.10	47.96	7.24
61	92.54	13.96	80.58	12.16	71.49	10.79	66.44	10.02	58.71	8.86	52.43	7.91
62	98.86	14.92	86.17	13.00	75.78	11.43	70.89	10.70	61.93	9.34	54.51	8.22
63	104.41	15.75	91.01	13.73	80.04	12.08	74.87	11.30	65.41	9.87	57.57	8.69
64	112.19	16.93	97.79	14.75	86.00	12.98	80.44	12.14	70.28	10.60	61.86	9.33
65	118.85	17.93	103.60	15.63	91.11	13.75	85.22	12.86	74.46	11.23	65.53	9.89
66	128.85	19.44	112.32	16.95	98.77	14.90	92.39	13.94	80.72	12.18	71.04	10.72
67	148.33	22.38	128.48	19.38	112.00	16.90	105.49	15.92	92.16	13.91	81.12	12.24
68	164.69	24.85	142.64	21.52	124.35	18.76	117.12	17.67	102.32	15.44	90.06	13.59
69	183.37	27.67	158.82	23.96	138.46	20.89	130.41	19.68	113.94	17.19	100.28	15.13
70	204.40	30.84	177.03	26.71	154.33	23.29	145.36	21.93	127.00	19.16	111.78	16.86
71	230.09	34.72	199.29	30.07	173.73	26.21	163.64	24.69	142.96	21.57	125.83	18.98
72	253.13	38.19	219.24	33.08	191.13	28.84	179.17	27.03	156.53	23.62	135.96	20.51
73	285.34	43.05	247.14	37.29	215.45	32.51	201.97	30.47	176.46	26.62	153.26	23.12
74	318.71	48.09	276.04	41.65	240.65	36.31	225.59	34.04	197.09	29.74	171.19	25.83
75	356.68	53.81	308.93	46.61	269.32	40.63	252.47	38.09	220.57	33.28	191.58	28.90
76	396.95	59.89	343.81	51.87	299.72	45.22	280.97	42.39	245.47	37.04	213.21	32.17
77	432.74	65.29	372.01	56.13	324.30	48.93	301.41	45.48	263.33	39.73	228.72	34.51
78	475.78	71.78	409.01	61.71	356.56	53.80	331.39	50.00	289.52	43.68	251.47	37.94
79	521.09	78.62	447.96	67.59	390.52	58.92	362.95	54.76	317.09	47.84	275.42	41.55
80	566.41	85.46	486.92	73.46	424.48	64.04	394.51	59.52	344.67	52.00	299.37	45.17
81	619.65	93.49	532.69	80.37	464.38	70.06	431.59	65.12	377.07	56.89	327.51	49.41
82	647.62	97.71	556.73	84.00	485.34	73.23	456.02	68.80	393.82	59.42	346.04	52.21
83	713.35	107.63	613.24	92.52	534.60	80.66	502.30	75.79	433.80	65.45	381.16	57.51
84	792.01	119.50	680.86	102.73	593.55	89.55	557.69	84.14	481.63	72.67	423.19	63.85
85	NA	132.64	NA	114.03	NA	99.40	NA	93.40	NA	80.66	NA	70.87
86	NA	145.90	NA	125.43	NA	109.34	NA	102.74	NA	88.73	NA	77.96
87	NA	159.04	NA	136.72	NA	119.19	NA	111.98	NA	96.71	NA	84.98
88	NA	171.76	NA	147.65	NA	128.72	NA	120.94	NA	104.45	NA	91.78
89	NA	183.78	NA	157.99	NA	137.73	NA	129.41	NA	111.76	NA	98.20
90	NA	194.81	NA	167.47	NA	145.99	NA	137.17	NA	118.47	NA	104.09
91	NA	204.55	NA	175.84	NA	153.29	NA	144.03	NA	124.39	NA	109.30
92	NA	214.78	NA	184.64	NA	160.96	NA	151.23	NA	130.61	NA	114.76
93	NA	225.52	NA	193.87	NA	169.01	NA	158.80	NA	137.14	NA	120.50
94	NA	236.79	NA	203.56	NA	177.46	NA	166.74	NA	144.00	NA	126.52
95	NA	248.63	NA	213.74	NA	186.33	NA	175.07	NA	151.20	NA	132.85
96	NA	261.06	NA	224.43	NA	195.65	NA	183.83	NA	158.76	NA	139.49
97	NA	274.12	NA	235.65	NA	205.43	NA	193.02	NA	166.69	NA	146.47
98	NA	287.82	NA	247.43	NA	215.70	NA	202.67	NA	175.03	NA	153.79
99	NA	302.21	NA	259.80	NA	226.49	NA	212.80	NA	183.78	NA	161.48
100	NA	317.32	NA	272.79	NA	237.81	NA	223.44	NA	192.97	NA	169.56

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.84	2.81	16.96	2.53	15.39	2.31	13.44	2.02	12.29	1.85	11.37	1.67
41	19.55	2.91	17.52	2.61	15.78	2.37	13.92	2.09	12.67	1.91	11.63	1.71
42	19.72	2.94	17.65	2.63	15.85	2.38	14.03	2.11	12.76	1.92	11.67	1.72
43	19.84	2.96	17.73	2.64	15.89	2.38	14.11	2.12	12.81	1.93	11.69	1.72
44	20.00	2.98	17.85	2.66	15.96	2.39	14.22	2.14	12.89	1.94	11.73	1.72
45	20.19	3.01	18.00	2.68	16.05	2.41	14.34	2.16	12.98	1.95	11.79	1.73
46	20.30	3.02	18.07	2.70	16.08	2.41	14.41	2.17	13.03	1.96	11.81	1.74
47	20.42	3.04	18.15	2.71	16.11	2.42	14.48	2.18	13.08	1.97	11.82	1.74
48	20.55	3.06	18.24	2.72	16.16	2.42	14.57	2.19	13.14	1.97	11.85	1.74
49	20.73	3.09	18.38	2.74	16.24	2.44	14.69	2.21	13.23	1.99	11.91	1.75
50	20.86	3.11	18.47	2.75	16.29	2.44	14.77	2.22	13.29	2.00	11.93	1.75
51	21.15	3.15	18.73	2.79	16.52	2.48	14.98	2.25	13.47	2.02	12.10	1.78
52	21.81	3.25	19.31	2.88	17.03	2.55	15.44	2.32	13.89	2.09	12.47	1.79
53	22.32	3.33	19.77	2.95	17.43	2.62	15.81	2.38	14.22	2.14	12.77	1.83
54	22.82	3.40	20.21	3.01	17.82	2.67	16.16	2.43	14.54	2.19	13.06	1.89
55	24.04	3.58	21.29	3.17	18.78	2.82	17.03	2.56	15.17	2.28	13.54	1.94
56	24.85	3.70	22.00	3.28	19.41	2.91	17.60	2.65	15.68	2.36	13.82	2.00
57	27.30	4.07	23.82	3.55	20.82	3.12	18.01	2.71	16.03	2.41	14.20	2.09
58	28.85	4.30	25.16	3.75	22.00	3.30	19.03	2.86	16.93	2.54	15.00	2.20
59	30.71	4.58	26.79	4.00	23.42	3.51	20.26	3.05	18.03	2.71	15.97	2.35
60	32.19	4.80	28.08	4.19	24.55	3.68	21.24	3.20	18.90	2.84	16.74	2.46
61	34.74	5.18	30.31	4.52	26.49	3.97	22.92	3.45	20.39	3.07	18.06	2.65
62	39.47	5.88	34.16	5.09	29.86	4.48	26.70	4.02	23.49	3.53	20.78	3.05
63	41.02	6.11	35.50	5.29	31.03	4.65	27.75	4.17	24.41	3.67	21.59	3.17
64	43.00	6.41	37.21	5.55	32.53	4.88	29.08	4.38	25.59	3.85	22.63	3.33
65	44.92	6.69	38.88	5.80	33.98	5.10	30.38	4.57	26.73	4.02	23.64	3.47
66	47.32	7.05	40.96	6.11	35.80	5.37	32.01	4.82	28.16	4.23	24.91	3.66
67	50.43	7.51	42.98	6.41	37.57	5.64	33.91	5.10	29.50	4.43	25.72	3.78
68	54.32	8.09	46.29	6.90	40.47	6.07	36.52	5.49	31.77	4.78	27.70	4.07
69	58.62	8.73	49.96	7.45	43.67	6.55	39.42	5.93	34.29	5.15	29.90	4.39
70	63.27	9.43	53.92	8.04	47.13	7.07	42.54	6.40	37.00	5.56	32.27	4.74
71	67.72	10.09	57.71	8.61	50.45	7.57	45.53	6.85	39.61	5.95	34.54	5.07
72	70.45	10.49	60.11	8.96	52.08	7.81	47.15	7.09	40.55	6.10	35.30	5.19
73	75.01	11.17	63.99	9.54	55.45	8.32	50.20	7.55	43.17	6.49	37.58	5.52
74	78.85	11.75	67.27	10.03	58.29	8.74	52.77	7.94	45.38	6.82	39.51	5.81
75	82.73	12.32	70.58	10.53	61.16	9.17	55.37	8.33	47.61	7.16	41.45	6.09
76	85.93	12.80	73.31	10.93	63.52	9.53	57.51	8.65	49.46	7.43	43.06	6.33
77	86.74	12.92	73.45	10.95	63.64	9.55	57.05	8.58	48.49	7.29	42.15	6.19
78	88.04	13.11	74.54	11.12	64.59	9.69	57.90	8.71	49.22	7.40	42.77	6.28
79	88.38	13.17	74.84	11.16	64.84	9.73	58.13	8.74	49.41	7.43	42.94	6.31
80	87.34	13.01	73.95	11.03	64.07	9.61	57.44	8.64	48.83	7.34	42.43	6.24
81	89.18	13.28	75.51	11.26	65.42	9.81	58.65	8.82	49.85	7.49	43.33	6.37
82	88.66	13.21	75.07	11.20	65.05	9.76	59.37	8.93	50.47	7.59	43.86	6.45
83	89.85	13.38	76.08	11.34	65.92	9.89	60.17	9.05	51.14	7.69	44.45	6.53
84	91.08	13.57	77.12	11.50	66.82	10.02	60.99	9.18	51.85	7.79	45.06	6.62

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	22.87	3.23	20.30	2.90	18.50	2.67	16.91	2.48	15.50	2.27	14.39	2.09
41	24.45	3.45	21.60	3.09	19.56	2.83	17.49	2.56	15.92	2.33	14.70	2.13
42	24.89	3.51	21.96	3.14	19.85	2.87	17.62	2.58	16.00	2.35	14.75	2.14
43	25.27	3.57	22.26	3.18	20.08	2.90	17.70	2.59	16.04	2.35	14.77	2.14
44	25.70	3.63	22.61	3.23	20.36	2.94	17.83	2.61	16.12	2.36	14.82	2.15
45	26.16	3.69	22.98	3.28	20.67	2.99	17.98	2.63	16.22	2.38	14.88	2.16
46	26.52	3.74	23.27	3.32	20.89	3.02	18.06	2.65	16.27	2.39	14.89	2.16
47	26.88	3.79	23.56	3.36	21.11	3.05	18.14	2.66	16.30	2.39	14.91	2.16
48	27.26	3.85	23.86	3.41	21.36	3.08	18.24	2.67	16.36	2.40	14.93	2.17
49	27.71	3.91	24.23	3.46	21.65	3.13	18.38	2.69	16.46	2.41	15.00	2.18
50	28.08	3.96	24.53	3.50	21.89	3.16	18.48	2.71	16.51	2.42	15.02	2.18
51	28.47	4.02	24.87	3.55	22.19	3.21	18.74	2.75	16.74	2.45	15.23	2.21
52	29.36	4.14	25.64	3.66	22.88	3.31	19.32	2.83	17.26	2.53	15.71	2.28
53	30.05	4.24	26.25	3.75	23.42	3.38	19.78	2.90	17.67	2.59	16.08	2.33
54	30.73	4.34	26.84	3.83	23.95	3.46	20.22	2.96	18.07	2.65	16.44	2.39
55	32.37	4.57	28.27	4.04	25.23	3.64	21.30	3.12	19.03	2.79	17.32	2.51
56	33.45	4.72	29.22	4.17	26.07	3.77	22.02	3.23	19.67	2.88	17.90	2.60
57	36.40	5.14	31.57	4.51	27.92	4.03	23.75	3.48	20.98	3.08	18.83	2.73
58	38.45	5.43	33.36	4.76	29.50	4.26	25.09	3.68	22.17	3.25	19.90	2.89
59	40.94	5.78	35.52	5.07	31.41	4.54	26.71	3.91	23.60	3.46	21.18	3.07
60	42.92	6.06	37.23	5.32	32.92	4.76	28.00	4.10	24.74	3.63	22.20	3.22
61	46.31	6.54	40.17	5.74	35.53	5.13	30.21	4.43	26.70	3.91	23.96	3.48
62	50.31	7.10	43.68	6.24	38.29	5.53	32.56	4.77	28.77	4.22	25.50	3.70
63	52.28	7.38	45.40	6.48	39.80	5.75	33.84	4.96	29.90	4.38	26.50	3.85
64	54.81	7.74	47.59	6.80	41.72	6.03	35.48	5.20	31.35	4.60	27.78	4.03
65	57.26	8.08	49.72	7.10	43.58	6.30	37.06	5.43	32.75	4.80	29.03	4.21
66	60.32	8.51	52.38	7.48	45.92	6.63	39.05	5.72	34.50	5.06	30.58	4.44
67	65.70	9.27	56.61	8.09	49.62	7.17	42.14	6.17	37.24	5.46	33.01	4.79
68	70.76	9.99	60.97	8.71	53.45	7.72	45.39	6.65	40.11	5.88	35.55	5.16
69	76.37	10.78	65.80	9.40	57.68	8.33	48.99	7.18	43.28	6.35	38.37	5.57
70	82.42	11.63	71.02	10.14	62.25	8.99	52.87	7.75	46.71	6.85	41.41	6.01
71	88.22	12.45	76.01	10.86	66.63	9.62	56.59	8.29	50.00	7.33	44.32	6.43
72	92.17	13.01	78.80	11.26	69.08	9.98	58.91	8.63	52.06	7.63	46.14	6.69
73	98.13	13.85	83.90	11.98	73.54	10.62	62.72	9.19	55.42	8.13	49.12	7.13
74	103.16	14.56	88.20	12.60	77.31	11.17	65.94	9.66	58.26	8.54	51.64	7.49
75	108.23	15.28	92.53	13.22	81.11	11.72	69.18	10.14	61.13	8.96	54.18	7.86
76	112.42	15.87	96.12	13.73	84.25	12.17	71.86	10.53	63.49	9.31	56.28	8.17
77	115.04	16.24	98.47	14.07	85.56	12.36	72.72	10.65	64.26	9.42	56.96	8.26
78	116.75	16.48	99.93	14.27	86.83	12.54	73.81	10.81	65.21	9.56	57.80	8.39
79	117.21	16.54	100.33	14.33	87.17	12.59	74.10	10.86	65.47	9.60	58.03	8.42
80	115.82	16.35	99.14	14.16	86.14	12.44	73.22	10.73	64.70	9.49	57.35	8.32
81	118.26	16.69	101.23	14.46	87.96	12.70	74.76	10.95	66.06	9.69	58.55	8.50
82	116.36	16.42	99.60	14.23	86.54	12.50	73.89	10.83	65.29	9.57	57.87	8.40
83	117.92	16.64	100.94	14.42	87.70	12.67	74.88	10.97	66.16	9.70	58.65	8.51
84	119.54	16.87	102.32	14.62	88.90	12.84	75.91	11.12	67.07	9.84	59.45	8.63

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	26.24	3.73	23.38	3.34	21.20	3.05	19.06	2.76	17.17	2.49	15.62	2.25
41	27.37	3.89	24.23	3.46	21.89	3.15	19.64	2.84	17.61	2.55	15.89	2.29
42	27.65	3.93	24.43	3.49	22.04	3.17	19.77	2.86	17.69	2.56	15.92	2.30
43	27.86	3.96	24.56	3.51	22.13	3.19	19.84	2.87	17.74	2.57	15.92	2.30
44	28.13	4.00	24.76	3.54	22.28	3.21	19.97	2.89	17.82	2.58	15.96	2.30
45	28.44	4.05	24.98	3.57	22.45	3.23	20.11	2.91	17.92	2.60	16.01	2.31
46	28.64	4.07	25.11	3.59	22.55	3.25	20.18	2.92	17.96	2.60	16.00	2.31
47	28.84	4.10	25.23	3.60	22.63	3.26	20.25	2.93	18.00	2.61	16.00	2.31
48	29.06	4.13	25.39	3.63	22.75	3.28	20.35	2.94	18.06	2.62	16.01	2.31
49	29.36	4.18	25.60	3.66	22.91	3.30	20.49	2.96	18.16	2.63	16.06	2.32
50	29.58	4.21	25.75	3.68	23.02	3.32	20.57	2.98	18.21	2.64	16.07	2.32
51	29.99	4.27	26.10	3.73	23.34	3.36	20.86	3.02	18.47	2.68	16.29	2.35
52	31.76	4.52	27.65	3.95	24.72	3.56	22.09	3.20	19.56	2.83	17.25	2.49
53	32.91	4.68	28.65	4.09	25.62	3.69	22.89	3.31	20.26	2.94	17.88	2.58
54	34.00	4.84	29.60	4.23	26.46	3.81	23.65	3.42	20.94	3.03	18.47	2.67
55	36.44	5.18	31.72	4.53	28.36	4.09	25.35	3.67	22.44	3.25	19.80	2.86
56	37.53	5.34	32.67	4.66	29.21	4.21	26.10	3.78	23.11	3.35	20.39	2.94
57	38.52	5.48	33.31	4.76	29.51	4.25	27.59	3.99	24.15	3.50	21.28	3.07
58	40.70	5.79	35.19	5.02	31.18	4.49	29.15	4.22	25.52	3.70	22.48	3.24
59	43.33	6.16	37.46	5.35	33.20	4.78	31.04	4.49	27.17	3.94	23.94	3.45
60	45.42	6.46	39.27	5.61	34.80	5.01	32.53	4.71	28.48	4.13	25.09	3.62
61	49.01	6.97	42.38	6.05	37.55	5.41	35.11	5.08	30.73	4.45	27.07	3.91
62	54.17	7.71	46.89	6.70	41.18	5.93	37.60	5.44	32.92	4.77	29.00	4.19
63	56.30	8.01	48.73	6.96	42.80	6.17	39.08	5.66	34.21	4.96	30.14	4.35
64	59.01	8.40	51.08	7.29	44.86	6.46	40.97	5.93	35.86	5.20	31.59	4.56
65	61.65	8.77	53.36	7.62	46.87	6.75	42.80	6.19	37.46	5.43	33.00	4.76
66	64.96	9.24	56.22	8.03	49.38	7.11	45.09	6.53	39.47	5.72	34.77	5.02
67	69.38	9.87	59.59	8.51	52.34	7.54	47.94	6.94	41.96	6.08	36.97	5.34
68	74.73	10.63	64.18	9.17	56.37	8.12	51.63	7.47	45.19	6.55	39.82	5.75
69	80.65	11.47	69.27	9.89	60.84	8.76	55.72	8.06	48.77	7.07	42.97	6.20
70	87.04	12.38	74.76	10.68	65.66	9.46	60.14	8.70	52.64	7.63	46.38	6.69
71	93.16	13.25	80.02	11.43	70.28	10.12	64.37	9.32	56.34	8.16	49.64	7.16
72	98.00	13.94	84.26	12.03	73.36	10.57	66.93	9.69	58.58	8.49	51.61	7.45
73	104.33	14.84	89.71	12.81	78.11	11.25	71.25	10.31	62.37	9.04	54.95	7.93
74	109.68	15.60	94.31	13.47	82.11	11.83	74.90	10.84	65.56	9.50	57.76	8.34
75	115.07	16.37	98.95	14.13	86.15	12.41	78.59	11.37	68.79	9.97	60.60	8.75
76	119.53	17.00	102.78	14.68	89.48	12.89	81.63	11.81	71.45	10.35	62.95	9.09
77	122.38	17.41	105.23	15.03	91.62	13.20	83.93	12.15	73.46	10.65	63.89	9.22
78	124.21	17.67	106.80	15.25	92.98	13.40	85.18	12.33	74.56	10.80	64.84	9.36
79	124.70	17.74	107.22	15.31	93.35	13.45	85.52	12.38	74.85	10.85	65.10	9.40
80	123.22	17.53	105.95	15.13	92.25	13.29	84.50	12.23	73.97	10.72	64.33	9.29
81	125.82	17.90	108.18	15.45	94.19	13.57	86.28	12.49	75.52	10.94	65.68	9.48
82	124.38	17.69	106.14	15.16	92.41	13.31	84.64	12.25	74.09	10.74	64.44	9.30
83	126.05	17.93	107.56	15.36	93.65	13.49	85.78	12.41	75.08	10.88	65.30	9.43
84	127.78	18.18	109.04	15.57	94.93	13.68	86.95	12.58	76.11	11.03	66.20	9.55

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	29.35	4.02	26.24	3.61	23.74	3.31	22.56	3.16	20.56	2.90	18.88	2.66
41	30.69	4.20	27.31	3.76	24.56	3.42	23.20	3.25	21.05	2.97	19.22	2.71
42	31.03	4.25	27.57	3.80	24.75	3.45	23.33	3.27	21.13	2.98	19.26	2.72
43	31.29	4.28	27.77	3.82	24.88	3.47	23.40	3.28	21.17	2.99	19.27	2.72
44	31.62	4.33	28.02	3.86	25.06	3.49	23.53	3.30	21.26	3.00	19.31	2.72
45	31.99	4.38	28.31	3.90	25.28	3.52	23.69	3.32	21.37	3.02	19.38	2.73
46	32.24	4.41	28.49	3.92	25.40	3.54	23.76	3.33	21.40	3.02	19.37	2.73
47	32.48	4.45	28.67	3.95	25.51	3.56	23.82	3.34	21.43	3.02	19.37	2.73
48	32.76	4.48	28.88	3.98	25.66	3.58	23.92	3.35	21.48	3.03	19.39	2.73
49	33.11	4.53	29.15	4.01	25.86	3.60	24.07	3.38	21.59	3.05	19.45	2.74
50	33.38	4.57	29.36	4.04	26.00	3.62	24.16	3.39	21.64	3.05	19.47	2.74
51	33.85	4.63	29.76	4.10	26.36	3.67	24.49	3.43	21.94	3.10	19.74	2.78
52	35.85	4.91	31.52	4.34	27.92	3.89	25.94	3.64	23.24	3.28	20.90	2.95
53	37.14	5.08	32.66	4.50	28.93	4.03	26.88	3.77	24.08	3.40	21.66	3.05
54	38.38	5.25	33.74	4.65	29.89	4.17	27.77	3.89	24.88	3.51	22.38	3.16
55	41.13	5.63	36.17	4.98	32.04	4.46	29.76	4.17	26.66	3.76	23.98	3.38
56	42.36	5.80	37.25	5.13	32.99	4.60	30.65	4.30	27.46	3.88	24.70	3.48
57	44.32	6.07	38.70	5.33	33.98	4.74	31.35	4.40	28.09	3.96	24.95	3.52
58	46.82	6.41	40.89	5.63	35.90	5.00	33.12	4.65	29.67	4.19	26.36	3.72
59	49.85	6.82	43.53	5.99	38.22	5.33	35.27	4.95	31.60	4.46	28.07	3.96
60	52.25	7.15	45.63	6.28	40.06	5.58	36.96	5.18	33.12	4.67	29.42	4.15
61	56.39	7.72	49.24	6.78	43.23	6.03	39.89	5.59	35.74	5.04	31.75	4.48
62	60.72	8.31	52.62	7.24	46.20	6.44	42.46	5.96	38.05	5.37	33.38	4.71
63	63.11	8.64	54.69	7.53	48.01	6.69	44.13	6.19	39.54	5.58	34.69	4.89
64	66.15	9.05	57.32	7.89	50.33	7.01	46.26	6.49	41.45	5.85	36.36	5.13
65	69.11	9.46	59.89	8.24	52.58	7.33	48.33	6.78	43.30	6.11	37.99	5.36
66	72.81	9.97	63.09	8.69	55.40	7.72	50.92	7.14	45.62	6.44	40.02	5.64
67	79.64	10.90	68.48	9.43	60.13	8.38	55.31	7.76	48.45	6.84	42.92	6.05
68	85.78	11.74	73.76	10.15	64.76	9.03	59.57	8.35	52.19	7.37	46.23	6.52
69	92.58	12.67	79.61	10.96	69.89	9.74	64.29	9.02	56.32	7.95	49.89	7.03
70	99.92	13.68	85.91	11.83	75.43	10.51	69.38	9.73	60.78	8.58	53.85	7.59
71	106.95	14.64	91.96	12.66	80.74	11.25	74.26	10.42	65.06	9.18	57.63	8.13
72	111.29	15.23	95.69	13.17	84.02	11.71	77.72	10.90	68.09	9.61	59.54	8.40
73	118.48	16.22	101.88	14.02	89.45	12.47	82.74	11.60	72.49	10.23	63.39	8.94
74	124.55	17.05	107.10	14.74	94.03	13.11	86.98	12.20	76.20	10.75	66.64	9.40
75	130.68	17.89	112.37	15.47	98.66	13.75	91.26	12.80	79.95	11.28	69.92	9.86
76	135.74	18.58	116.72	16.07	102.48	14.28	94.79	13.30	83.04	11.72	72.62	10.24
77	136.88	18.74	118.74	16.35	103.34	14.40	95.34	13.37	83.52	11.79	73.04	10.30
78	138.92	19.01	120.51	16.59	104.88	14.62	96.76	13.57	84.77	11.96	74.13	10.45
79	139.47	19.09	120.99	16.66	105.30	14.68	97.14	13.62	85.10	12.01	74.42	10.49
80	137.82	18.86	119.56	16.46	104.05	14.50	95.99	13.46	84.09	11.87	73.54	10.37
81	140.72	19.26	122.07	16.80	106.24	14.81	98.01	13.75	85.87	12.12	75.09	10.59
82	135.02	18.48	116.24	16.00	101.16	14.10	93.79	13.15	82.16	11.60	71.85	10.13
83	136.83	18.73	117.79	16.21	102.51	14.29	95.04	13.33	83.26	11.75	72.81	10.27
84	138.71	18.99	119.41	16.44	103.92	14.48	96.35	13.51	84.41	11.91	73.81	10.41

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R977 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	38.91	4.80	34.94	4.31	31.93	3.94	30.21	3.73	27.47	3.39	25.40	3.13
41	40.73	5.03	36.40	4.49	33.08	4.08	31.15	3.84	28.19	3.48	25.92	3.20
42	41.19	5.08	36.76	4.54	33.35	4.11	31.35	3.87	28.33	3.50	26.01	3.21
43	41.55	5.13	37.03	4.57	33.53	4.14	31.48	3.88	28.41	3.51	26.03	3.21
44	42.01	5.18	37.39	4.61	33.79	4.17	31.68	3.91	28.55	3.52	26.11	3.22
45	42.51	5.24	37.78	4.66	34.09	4.21	31.92	3.94	28.72	3.54	26.22	3.24
46	42.85	5.29	38.04	4.69	34.26	4.23	32.03	3.95	28.78	3.55	26.24	3.24
47	43.19	5.33	38.29	4.72	34.43	4.25	32.15	3.97	28.85	3.56	26.25	3.24
48	43.57	5.38	38.58	4.76	34.64	4.27	32.30	3.99	28.94	3.57	26.30	3.24
49	44.05	5.44	38.96	4.81	34.93	4.31	32.53	4.01	29.11	3.59	26.40	3.26
50	44.42	5.48	39.24	4.84	35.13	4.33	32.67	4.03	29.20	3.60	26.45	3.26
51	45.04	5.56	39.79	4.91	35.61	4.39	33.12	4.09	29.61	3.65	26.81	3.31
52	47.70	5.89	42.14	5.20	37.72	4.65	35.08	4.33	31.36	3.87	28.40	3.50
53	49.43	6.10	43.66	5.39	39.08	4.82	36.35	4.49	32.49	4.01	29.42	3.63
54	51.06	6.30	45.11	5.57	40.38	4.98	37.56	4.63	33.57	4.14	30.40	3.75
55	54.73	6.75	48.35	5.97	43.28	5.34	40.25	4.97	35.97	4.44	32.58	4.02
56	56.36	6.95	49.79	6.14	44.57	5.50	41.46	5.12	37.05	4.57	33.55	4.14
57	59.97	7.40	52.22	6.44	46.33	5.72	43.06	5.31	38.05	4.70	33.98	4.19
58	63.36	7.82	55.17	6.81	48.94	6.04	45.49	5.61	40.20	4.96	35.90	4.43
59	67.46	8.32	58.74	7.25	52.11	6.43	48.43	5.98	42.80	5.28	38.22	4.72
60	70.71	8.73	61.57	7.60	54.62	6.74	50.77	6.26	44.86	5.54	40.07	4.94
61	76.31	9.42	66.44	8.20	58.95	7.27	54.79	6.76	48.41	5.97	43.24	5.33
62	80.44	9.93	70.12	8.65	61.67	7.61	57.68	7.12	50.40	6.22	44.36	5.47
63	83.60	10.32	72.88	8.99	64.09	7.91	59.95	7.40	52.38	6.46	46.10	5.69
64	87.64	10.81	76.40	9.43	67.18	8.29	62.84	7.75	54.90	6.77	48.32	5.96
65	91.56	11.30	79.81	9.85	70.19	8.66	65.65	8.10	57.36	7.08	50.48	6.23
66	96.46	11.90	84.09	10.38	73.95	9.12	69.17	8.53	60.43	7.46	53.19	6.56
67	107.83	13.31	93.40	11.52	81.42	10.05	76.69	9.46	67.00	8.27	58.97	7.28
68	116.14	14.33	100.60	12.41	87.70	10.82	82.60	10.19	72.16	8.90	63.51	7.84
69	125.35	15.47	108.56	13.40	94.64	11.68	89.14	11.00	77.88	9.61	68.55	8.46
70	135.28	16.69	117.17	14.46	102.15	12.60	96.21	11.87	84.05	10.37	73.98	9.13
71	144.80	17.87	125.41	15.47	109.33	13.49	102.98	12.71	89.97	11.10	79.18	9.77
72	148.31	18.30	128.45	15.85	111.98	13.82	104.98	12.95	91.71	11.32	79.66	9.83
73	157.90	19.48	136.76	16.87	119.22	14.71	111.76	13.79	97.64	12.05	84.81	10.46
74	165.98	20.48	143.76	17.74	125.33	15.46	117.49	14.50	102.64	12.67	89.15	11.00
75	174.15	21.49	150.83	18.61	131.49	16.22	123.27	15.21	107.69	13.29	93.54	11.54
76	180.89	22.32	156.67	19.33	136.58	16.85	128.04	15.80	111.86	13.80	97.16	11.99
77	183.11	22.59	157.41	19.42	137.23	16.93	127.54	15.74	111.43	13.75	96.78	11.94
78	185.84	22.93	159.76	19.71	139.27	17.18	129.44	15.97	113.09	13.95	98.22	12.12
79	186.58	23.02	160.39	19.79	139.83	17.25	129.95	16.03	113.54	14.01	98.61	12.17
80	184.37	22.75	158.49	19.56	138.17	17.05	128.41	15.84	112.19	13.84	97.44	12.02
81	188.25	23.23	161.83	19.97	141.08	17.41	131.12	16.18	114.55	14.13	99.50	12.28
82	175.67	21.68	151.01	18.63	131.65	16.24	123.69	15.26	106.82	13.18	93.86	11.58
83	178.02	21.97	153.03	18.88	133.41	16.46	125.35	15.47	108.25	13.36	95.12	11.74
84	180.46	22.27	155.13	19.14	135.24	16.69	127.07	15.68	109.74	13.54	96.42	11.90

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.01	0.18	0.91	0.16	0.82	0.15	0.72	0.13	0.66	0.12	0.61	0.11
41	1.04	0.19	0.94	0.17	0.84	0.15	0.74	0.13	0.68	0.12	0.62	0.11
42	1.06	0.19	0.95	0.17	0.85	0.15	0.75	0.14	0.68	0.12	0.63	0.11
43	1.07	0.19	0.96	0.17	0.86	0.15	0.76	0.14	0.69	0.12	0.63	0.11
44	1.08	0.19	0.97	0.17	0.86	0.16	0.77	0.14	0.70	0.13	0.63	0.11
45	1.09	0.20	0.98	0.17	0.87	0.16	0.78	0.14	0.70	0.13	0.64	0.11
46	1.11	0.20	0.99	0.18	0.88	0.16	0.79	0.14	0.71	0.13	0.64	0.11
47	1.12	0.20	1.00	0.18	0.88	0.16	0.79	0.14	0.72	0.13	0.65	0.11
48	1.13	0.20	1.01	0.18	0.89	0.16	0.80	0.14	0.72	0.13	0.65	0.12
49	1.15	0.20	1.02	0.18	0.90	0.16	0.81	0.15	0.73	0.13	0.66	0.12
50	1.16	0.21	1.03	0.18	0.90	0.16	0.82	0.15	0.74	0.13	0.66	0.12
51	1.18	0.21	1.05	0.19	0.92	0.17	0.84	0.15	0.75	0.14	0.68	0.12
52	1.23	0.22	1.09	0.19	0.96	0.17	0.87	0.16	0.78	0.14	0.70	0.12
53	1.27	0.23	1.12	0.20	0.99	0.18	0.90	0.16	0.81	0.15	0.72	0.13
54	1.30	0.23	1.15	0.21	1.02	0.18	0.92	0.17	0.83	0.15	0.75	0.13
55	1.38	0.25	1.22	0.22	1.08	0.19	0.98	0.18	0.87	0.16	0.78	0.14
56	1.44	0.26	1.27	0.23	1.12	0.20	1.02	0.18	0.91	0.16	0.81	0.14
57	1.59	0.28	1.39	0.25	1.21	0.22	1.05	0.19	0.94	0.17	0.83	0.15
58	1.70	0.30	1.48	0.26	1.29	0.23	1.12	0.20	1.00	0.18	0.88	0.16
59	1.82	0.33	1.59	0.28	1.39	0.25	1.20	0.22	1.07	0.19	0.95	0.17
60	1.93	0.34	1.68	0.30	1.47	0.26	1.27	0.23	1.13	0.20	1.00	0.18
61	2.11	0.38	1.84	0.33	1.61	0.29	1.39	0.25	1.24	0.22	1.10	0.19
62	2.43	0.43	2.10	0.38	1.83	0.33	1.64	0.30	1.44	0.26	1.28	0.23
63	2.56	0.46	2.22	0.40	1.94	0.35	1.73	0.31	1.52	0.27	1.35	0.24
64	2.75	0.49	2.38	0.43	2.08	0.37	1.86	0.34	1.64	0.30	1.45	0.26
65	2.92	0.52	2.52	0.45	2.21	0.40	1.97	0.36	1.74	0.31	1.53	0.27
66	3.16	0.56	2.74	0.49	2.39	0.43	2.14	0.39	1.88	0.34	1.66	0.29
67	3.47	0.62	2.96	0.53	2.58	0.46	2.33	0.42	2.03	0.37	1.77	0.31
68	3.85	0.69	3.28	0.59	2.87	0.52	2.59	0.47	2.25	0.41	1.96	0.35
69	4.29	0.77	3.65	0.65	3.19	0.57	2.88	0.52	2.51	0.45	2.19	0.39
70	4.78	0.85	4.07	0.73	3.56	0.64	3.21	0.58	2.80	0.50	2.44	0.43
71	5.38	0.96	4.59	0.82	4.01	0.72	3.62	0.65	3.15	0.57	2.74	0.48
72	6.01	1.07	5.13	0.92	4.44	0.80	4.02	0.73	3.46	0.62	3.01	0.53
73	6.78	1.21	5.78	1.03	5.01	0.90	4.54	0.82	3.90	0.70	3.40	0.60
74	7.57	1.35	6.46	1.16	5.60	1.01	5.07	0.91	4.36	0.78	3.79	0.67
75	8.47	1.51	7.23	1.29	6.26	1.13	5.67	1.02	4.88	0.88	4.25	0.75
76	9.43	1.68	8.04	1.44	6.97	1.25	6.31	1.14	5.43	0.98	4.72	0.83
77	10.25	1.83	8.68	1.55	7.52	1.35	6.74	1.22	5.73	1.03	4.98	0.88
78	11.27	2.01	9.54	1.71	8.27	1.49	7.41	1.34	6.30	1.13	5.48	0.97
79	12.34	2.20	10.45	1.87	9.06	1.63	8.12	1.46	6.90	1.24	6.00	1.06
80	13.42	2.40	11.36	2.03	9.84	1.77	8.82	1.59	7.50	1.35	6.52	1.15
81	14.68	2.62	12.43	2.22	10.77	1.94	9.65	1.74	8.21	1.48	7.13	1.26
82	16.34	2.92	13.84	2.47	11.99	2.16	10.94	1.97	9.30	1.68	8.09	1.43
83	18.00	3.22	15.24	2.73	13.21	2.37	12.06	2.17	10.25	1.85	8.91	1.57
84	19.99	3.57	16.92	3.03	14.66	2.64	13.38	2.41	11.38	2.05	9.89	1.74

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.22	0.21	1.08	0.19	0.99	0.17	0.90	0.16	0.83	0.15	0.77	0.13
41	1.31	0.22	1.15	0.20	1.04	0.18	0.93	0.16	0.85	0.15	0.79	0.14
42	1.33	0.23	1.18	0.20	1.06	0.19	0.94	0.17	0.86	0.15	0.79	0.14
43	1.36	0.23	1.20	0.21	1.08	0.19	0.95	0.17	0.86	0.15	0.80	0.14
44	1.39	0.24	1.22	0.21	1.10	0.19	0.96	0.17	0.87	0.15	0.80	0.14
45	1.42	0.24	1.25	0.21	1.12	0.19	0.97	0.17	0.88	0.16	0.81	0.14
46	1.45	0.25	1.27	0.22	1.14	0.20	0.99	0.17	0.89	0.16	0.81	0.14
47	1.47	0.25	1.29	0.22	1.16	0.20	1.00	0.18	0.89	0.16	0.82	0.14
48	1.50	0.26	1.32	0.23	1.18	0.20	1.01	0.18	0.90	0.16	0.82	0.14
49	1.53	0.26	1.34	0.23	1.20	0.21	1.02	0.18	0.91	0.16	0.83	0.14
50	1.56	0.27	1.36	0.23	1.22	0.21	1.03	0.18	0.92	0.16	0.83	0.15
51	1.59	0.27	1.39	0.24	1.24	0.22	1.05	0.18	0.94	0.16	0.85	0.15
52	1.65	0.28	1.44	0.25	1.29	0.22	1.09	0.19	0.97	0.17	0.89	0.15
53	1.70	0.29	1.49	0.26	1.33	0.23	1.12	0.20	1.00	0.18	0.91	0.16
54	1.75	0.30	1.53	0.26	1.37	0.24	1.15	0.20	1.03	0.18	0.94	0.16
55	1.86	0.32	1.62	0.28	1.45	0.25	1.22	0.22	1.09	0.19	1.00	0.17
56	1.93	0.33	1.69	0.29	1.51	0.26	1.27	0.22	1.14	0.20	1.04	0.18
57	2.12	0.36	1.84	0.32	1.63	0.28	1.39	0.24	1.22	0.22	1.10	0.19
58	2.26	0.38	1.96	0.34	1.73	0.30	1.47	0.26	1.30	0.23	1.17	0.20
59	2.43	0.41	2.11	0.36	1.87	0.32	1.59	0.28	1.40	0.25	1.26	0.22
60	2.57	0.44	2.23	0.38	1.97	0.34	1.68	0.30	1.48	0.26	1.33	0.23
61	2.81	0.48	2.44	0.42	2.15	0.37	1.83	0.32	1.62	0.29	1.45	0.25
62	3.09	0.53	2.68	0.46	2.35	0.41	2.00	0.35	1.77	0.31	1.57	0.27
63	3.26	0.56	2.84	0.49	2.49	0.43	2.11	0.37	1.87	0.33	1.66	0.29
64	3.51	0.60	3.05	0.52	2.67	0.46	2.27	0.40	2.01	0.35	1.78	0.31
65	3.72	0.63	3.23	0.56	2.83	0.49	2.41	0.42	2.13	0.37	1.88	0.33
66	4.03	0.69	3.50	0.60	3.07	0.53	2.61	0.46	2.30	0.41	2.04	0.36
67	4.52	0.77	3.89	0.67	3.41	0.59	2.90	0.51	2.56	0.45	2.27	0.40
68	5.02	0.85	4.32	0.74	3.79	0.66	3.22	0.57	2.84	0.50	2.52	0.44
69	5.59	0.95	4.81	0.83	4.22	0.73	3.58	0.63	3.17	0.56	2.81	0.49
70	6.23	1.06	5.37	0.92	4.70	0.82	3.99	0.70	3.53	0.62	3.13	0.55
71	7.01	1.19	6.04	1.04	5.29	0.92	4.50	0.79	3.97	0.70	3.52	0.61
72	7.87	1.34	6.73	1.16	5.90	1.02	5.03	0.88	4.44	0.78	3.94	0.69
73	8.87	1.51	7.58	1.30	6.65	1.15	5.67	1.00	5.01	0.88	4.44	0.77
74	9.90	1.69	8.47	1.46	7.42	1.29	6.33	1.11	5.59	0.99	4.96	0.87
75	11.08	1.89	9.48	1.63	8.31	1.44	7.08	1.25	6.26	1.10	5.55	0.97
76	12.34	2.10	10.55	1.81	9.24	1.61	7.88	1.39	6.97	1.23	6.18	1.08
77	13.59	2.31	11.64	2.00	10.11	1.76	8.59	1.51	7.59	1.34	6.73	1.17
78	14.95	2.54	12.79	2.20	11.12	1.93	9.45	1.66	8.35	1.47	7.40	1.29
79	16.37	2.79	14.01	2.41	12.17	2.12	10.35	1.82	9.14	1.61	8.10	1.41
80	17.79	3.03	15.23	2.62	13.23	2.30	11.25	1.98	9.94	1.75	8.81	1.54
81	19.46	3.31	16.66	2.87	14.48	2.52	12.31	2.17	10.87	1.91	9.64	1.68
82	21.45	3.65	18.36	3.16	15.95	2.77	13.62	2.40	12.04	2.12	10.67	1.86
83	23.63	4.02	20.22	3.48	17.57	3.05	15.00	2.64	13.26	2.33	11.75	2.05
84	26.23	4.46	22.45	3.86	19.51	3.39	16.66	2.93	14.72	2.59	13.05	2.28

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	1.40	0.24	1.25	0.21	1.13	0.20	1.02	0.18	0.92	0.16	0.83	0.15
41	1.46	0.25	1.29	0.22	1.17	0.20	1.05	0.18	0.94	0.16	0.85	0.15
42	1.48	0.25	1.31	0.23	1.18	0.20	1.06	0.18	0.95	0.17	0.85	0.15
43	1.50	0.26	1.32	0.23	1.19	0.21	1.07	0.19	0.96	0.17	0.86	0.15
44	1.52	0.26	1.34	0.23	1.21	0.21	1.08	0.19	0.96	0.17	0.86	0.15
45	1.54	0.26	1.35	0.23	1.22	0.21	1.09	0.19	0.97	0.17	0.87	0.15
46	1.56	0.27	1.37	0.24	1.23	0.21	1.10	0.19	0.98	0.17	0.87	0.15
47	1.58	0.27	1.38	0.24	1.24	0.22	1.11	0.19	0.99	0.17	0.88	0.15
48	1.60	0.27	1.40	0.24	1.25	0.22	1.12	0.20	1.00	0.17	0.88	0.15
49	1.62	0.28	1.41	0.24	1.27	0.22	1.13	0.20	1.00	0.18	0.89	0.15
50	1.64	0.28	1.43	0.25	1.28	0.22	1.14	0.20	1.01	0.18	0.89	0.16
51	1.68	0.29	1.46	0.25	1.30	0.23	1.17	0.20	1.03	0.18	0.91	0.16
52	1.79	0.31	1.56	0.27	1.39	0.24	1.24	0.22	1.10	0.19	0.97	0.17
53	1.87	0.32	1.62	0.28	1.45	0.25	1.30	0.23	1.15	0.20	1.01	0.18
54	1.94	0.33	1.69	0.29	1.51	0.26	1.35	0.24	1.20	0.21	1.06	0.18
55	2.09	0.36	1.82	0.31	1.63	0.28	1.46	0.25	1.29	0.22	1.14	0.20
56	2.17	0.37	1.89	0.33	1.69	0.29	1.51	0.26	1.34	0.23	1.18	0.20
57	2.25	0.39	1.94	0.33	1.72	0.30	1.61	0.28	1.41	0.25	1.24	0.22
58	2.39	0.41	2.07	0.36	1.83	0.32	1.71	0.30	1.50	0.26	1.32	0.23
59	2.57	0.44	2.23	0.38	1.97	0.34	1.84	0.32	1.61	0.28	1.42	0.25
60	2.72	0.47	2.35	0.40	2.08	0.36	1.95	0.34	1.70	0.30	1.50	0.26
61	2.97	0.51	2.57	0.44	2.28	0.39	2.13	0.37	1.86	0.32	1.64	0.29
62	3.33	0.57	2.88	0.50	2.53	0.44	2.31	0.40	2.02	0.35	1.78	0.31
63	3.52	0.60	3.04	0.52	2.67	0.46	2.44	0.42	2.14	0.37	1.88	0.33
64	3.78	0.65	3.27	0.56	2.87	0.50	2.62	0.46	2.30	0.40	2.02	0.35
65	4.00	0.69	3.46	0.60	3.04	0.53	2.78	0.48	2.43	0.42	2.14	0.37
66	4.34	0.74	3.76	0.65	3.30	0.57	3.01	0.52	2.64	0.46	2.32	0.40
67	4.77	0.82	4.10	0.70	3.60	0.62	3.30	0.57	2.89	0.50	2.54	0.44
68	5.30	0.91	4.55	0.78	4.00	0.69	3.66	0.64	3.20	0.56	2.82	0.49
69	5.90	1.01	5.07	0.87	4.45	0.77	4.08	0.71	3.57	0.62	3.14	0.55
70	6.58	1.13	5.65	0.97	4.96	0.86	4.54	0.79	3.98	0.69	3.50	0.61
71	7.40	1.27	6.36	1.09	5.58	0.97	5.11	0.89	4.48	0.78	3.94	0.68
72	8.36	1.43	7.19	1.24	6.26	1.09	5.71	0.99	5.00	0.87	4.40	0.76
73	9.43	1.62	8.11	1.39	7.06	1.22	6.44	1.12	5.64	0.98	4.97	0.86
74	10.53	1.80	9.05	1.56	7.88	1.37	7.19	1.25	6.29	1.10	5.55	0.96
75	11.78	2.02	10.13	1.74	8.82	1.53	8.05	1.40	7.04	1.23	6.21	1.08
76	13.11	2.25	11.28	1.94	9.82	1.70	8.96	1.56	7.84	1.37	6.91	1.20
77	14.46	2.48	12.43	2.14	10.83	1.88	9.92	1.73	8.68	1.51	7.55	1.31
78	15.90	2.72	13.67	2.35	11.90	2.06	10.90	1.90	9.54	1.66	8.30	1.44
79	17.41	2.98	14.97	2.57	13.04	2.26	11.94	2.08	10.45	1.82	9.09	1.58
80	18.93	3.24	16.28	2.80	14.17	2.46	12.98	2.26	11.36	1.98	9.88	1.72
81	20.71	3.55	17.81	3.06	15.50	2.69	14.20	2.47	12.43	2.17	10.81	1.88
82	22.93	3.93	19.57	3.36	17.03	2.95	15.60	2.72	13.66	2.38	11.88	2.06
83	25.26	4.33	21.55	3.71	18.76	3.25	17.19	2.99	15.04	2.62	13.08	2.27
84	28.04	4.80	23.93	4.11	20.83	3.61	19.08	3.32	16.70	2.91	14.53	2.52

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	1.57	0.26	1.40	0.23	1.27	0.21	1.20	0.20	1.10	0.19	1.01	0.17
41	1.64	0.27	1.46	0.24	1.31	0.22	1.24	0.21	1.12	0.19	1.03	0.17
42	1.66	0.28	1.48	0.25	1.33	0.22	1.25	0.21	1.13	0.19	1.03	0.18
43	1.69	0.28	1.50	0.25	1.34	0.23	1.26	0.21	1.14	0.19	1.04	0.18
44	1.71	0.28	1.52	0.25	1.36	0.23	1.27	0.22	1.15	0.20	1.04	0.18
45	1.73	0.29	1.53	0.26	1.37	0.23	1.28	0.22	1.16	0.20	1.05	0.18
46	1.76	0.29	1.55	0.26	1.39	0.23	1.30	0.22	1.17	0.20	1.06	0.18
47	1.78	0.30	1.57	0.26	1.40	0.24	1.31	0.22	1.18	0.20	1.06	0.18
48	1.81	0.30	1.59	0.27	1.41	0.24	1.32	0.22	1.18	0.20	1.07	0.18
49	1.83	0.30	1.61	0.27	1.43	0.24	1.33	0.23	1.19	0.20	1.08	0.18
50	1.85	0.31	1.63	0.27	1.44	0.24	1.34	0.23	1.20	0.20	1.08	0.18
51	1.89	0.31	1.66	0.28	1.47	0.25	1.37	0.23	1.23	0.21	1.10	0.19
52	2.02	0.33	1.78	0.30	1.57	0.26	1.46	0.25	1.31	0.22	1.18	0.20
53	2.11	0.35	1.85	0.31	1.64	0.28	1.52	0.26	1.37	0.23	1.23	0.21
54	2.19	0.36	1.93	0.32	1.71	0.29	1.59	0.27	1.42	0.24	1.28	0.22
55	2.36	0.39	2.08	0.35	1.84	0.31	1.71	0.29	1.53	0.26	1.38	0.23
56	2.45	0.41	2.15	0.36	1.91	0.32	1.77	0.30	1.59	0.27	1.43	0.24
57	2.59	0.43	2.26	0.38	1.98	0.33	1.83	0.31	1.64	0.28	1.46	0.25
58	2.75	0.46	2.40	0.40	2.11	0.36	1.95	0.33	1.74	0.30	1.55	0.26
59	2.96	0.49	2.59	0.43	2.27	0.38	2.09	0.35	1.88	0.32	1.67	0.28
60	3.13	0.52	2.73	0.45	2.40	0.40	2.21	0.37	1.98	0.34	1.76	0.30
61	3.42	0.57	2.99	0.50	2.62	0.44	2.42	0.41	2.17	0.37	1.93	0.33
62	3.73	0.62	3.23	0.54	2.84	0.48	2.61	0.44	2.34	0.40	2.05	0.35
63	3.94	0.65	3.41	0.57	3.00	0.50	2.76	0.47	2.47	0.42	2.17	0.37
64	4.23	0.70	3.67	0.61	3.22	0.54	2.96	0.50	2.65	0.45	2.33	0.40
65	4.49	0.74	3.89	0.65	3.41	0.57	3.14	0.53	2.81	0.48	2.47	0.42
66	4.86	0.81	4.21	0.70	3.70	0.62	3.40	0.58	3.05	0.52	2.67	0.45
67	5.48	0.91	4.71	0.78	4.14	0.70	3.80	0.64	3.33	0.57	2.95	0.50
68	6.08	1.01	5.23	0.87	4.59	0.77	4.22	0.71	3.70	0.63	3.28	0.56
69	6.77	1.12	5.82	0.97	5.11	0.86	4.70	0.80	4.12	0.70	3.65	0.62
70	7.55	1.25	6.49	1.08	5.70	0.96	5.24	0.89	4.59	0.78	4.07	0.69
71	8.50	1.41	7.31	1.22	6.42	1.08	5.90	1.00	5.17	0.88	4.58	0.78
72	9.50	1.57	8.17	1.36	7.17	1.21	6.63	1.12	5.81	0.99	5.08	0.86
73	10.71	1.77	9.21	1.53	8.08	1.36	7.48	1.27	6.55	1.11	5.73	0.97
74	11.96	1.98	10.28	1.71	9.03	1.52	8.35	1.41	7.32	1.24	6.40	1.09
75	13.38	2.22	11.51	1.91	10.10	1.70	9.35	1.58	8.19	1.39	7.16	1.22
76	14.89	2.47	12.81	2.13	11.24	1.89	10.40	1.76	9.11	1.55	7.97	1.35
77	16.17	2.68	14.03	2.33	12.21	2.05	11.27	1.91	9.87	1.68	8.63	1.47
78	17.78	2.94	15.43	2.57	13.43	2.26	12.39	2.10	10.85	1.85	9.49	1.61
79	19.48	3.22	16.90	2.81	14.70	2.47	13.57	2.30	11.88	2.02	10.39	1.77
80	21.17	3.50	18.37	3.06	15.98	2.69	14.75	2.49	12.92	2.20	11.30	1.92
81	23.16	3.83	20.09	3.34	17.49	2.94	16.13	2.73	14.13	2.40	12.36	2.10
82	24.89	4.12	21.43	3.56	18.65	3.14	17.29	2.92	15.15	2.58	13.25	2.25
83	27.42	4.54	23.60	3.93	20.54	3.46	19.04	3.22	16.68	2.84	14.59	2.48
84	30.44	5.04	26.20	4.36	22.80	3.84	21.14	3.58	18.52	3.15	16.20	2.75

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R978 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	2.08	0.31	1.87	0.28	1.71	0.26	1.61	0.24	1.47	0.22	1.36	0.20
41	2.18	0.33	1.94	0.29	1.77	0.27	1.66	0.25	1.51	0.23	1.38	0.21
42	2.21	0.33	1.97	0.30	1.79	0.27	1.68	0.25	1.52	0.23	1.39	0.21
43	2.24	0.34	2.00	0.30	1.81	0.27	1.70	0.26	1.53	0.23	1.40	0.21
44	2.27	0.34	2.02	0.31	1.83	0.28	1.71	0.26	1.54	0.23	1.41	0.21
45	2.30	0.35	2.05	0.31	1.85	0.28	1.73	0.26	1.56	0.24	1.42	0.21
46	2.34	0.35	2.07	0.31	1.87	0.28	1.75	0.26	1.57	0.24	1.43	0.22
47	2.37	0.36	2.10	0.32	1.89	0.29	1.76	0.27	1.58	0.24	1.44	0.22
48	2.40	0.36	2.13	0.32	1.91	0.29	1.78	0.27	1.60	0.24	1.45	0.22
49	2.43	0.37	2.15	0.33	1.93	0.29	1.80	0.27	1.61	0.24	1.46	0.22
50	2.47	0.37	2.18	0.33	1.95	0.29	1.81	0.27	1.62	0.24	1.47	0.22
51	2.52	0.38	2.22	0.34	1.99	0.30	1.85	0.28	1.65	0.25	1.50	0.23
52	2.69	0.41	2.37	0.36	2.13	0.32	1.98	0.30	1.77	0.27	1.60	0.24
53	2.80	0.42	2.48	0.37	2.22	0.33	2.06	0.31	1.84	0.28	1.67	0.25
54	2.92	0.44	2.58	0.39	2.31	0.35	2.14	0.32	1.92	0.29	1.74	0.26
55	3.14	0.47	2.78	0.42	2.49	0.38	2.31	0.35	2.07	0.31	1.87	0.28
56	3.26	0.49	2.88	0.43	2.58	0.39	2.40	0.36	2.14	0.32	1.94	0.29
57	3.50	0.53	3.05	0.46	2.70	0.41	2.51	0.38	2.22	0.34	1.98	0.30
58	3.72	0.56	3.24	0.49	2.88	0.43	2.67	0.40	2.36	0.36	2.11	0.32
59	4.01	0.60	3.49	0.53	3.10	0.47	2.88	0.43	2.54	0.38	2.27	0.34
60	4.23	0.64	3.69	0.56	3.27	0.49	3.04	0.46	2.69	0.41	2.40	0.36
61	4.63	0.70	4.03	0.61	3.57	0.54	3.32	0.50	2.94	0.44	2.62	0.40
62	4.94	0.75	4.31	0.65	3.79	0.57	3.54	0.54	3.10	0.47	2.73	0.41
63	5.22	0.79	4.55	0.69	4.00	0.60	3.74	0.57	3.27	0.49	2.88	0.43
64	5.61	0.85	4.89	0.74	4.30	0.65	4.02	0.61	3.51	0.53	3.09	0.47
65	5.94	0.90	5.18	0.78	4.56	0.69	4.26	0.64	3.72	0.56	3.28	0.49
66	6.44	0.97	5.62	0.85	4.94	0.75	4.62	0.70	4.04	0.61	3.55	0.54
67	7.42	1.12	6.42	0.97	5.60	0.85	5.27	0.80	4.61	0.70	4.06	0.61
68	8.23	1.24	7.13	1.08	6.22	0.94	5.86	0.88	5.12	0.77	4.50	0.68
69	9.17	1.38	7.94	1.20	6.92	1.04	6.52	0.98	5.70	0.86	5.01	0.76
70	10.22	1.54	8.85	1.34	7.72	1.16	7.27	1.10	6.35	0.96	5.59	0.84
71	11.50	1.74	9.96	1.50	8.69	1.31	8.18	1.23	7.15	1.08	6.29	0.95
72	12.66	1.91	10.96	1.65	9.56	1.44	8.96	1.35	7.83	1.18	6.80	1.03
73	14.27	2.15	12.36	1.86	10.77	1.63	10.10	1.52	8.82	1.33	7.66	1.16
74	15.94	2.40	13.80	2.08	12.03	1.82	11.28	1.70	9.85	1.49	8.56	1.29
75	17.83	2.69	15.45	2.33	13.47	2.03	12.62	1.90	11.03	1.66	9.58	1.45
76	19.85	2.99	17.19	2.59	14.99	2.26	14.05	2.12	12.27	1.85	10.66	1.61
77	21.64	3.26	18.60	2.81	16.22	2.45	15.07	2.27	13.17	1.99	11.44	1.73
78	23.79	3.59	20.45	3.09	17.83	2.69	16.57	2.50	14.48	2.18	12.57	1.90
79	26.05	3.93	22.40	3.38	19.53	2.95	18.15	2.74	15.85	2.39	13.77	2.08
80	28.32	4.27	24.35	3.67	21.22	3.20	19.73	2.98	17.23	2.60	14.97	2.26
81	30.98	4.67	26.63	4.02	23.22	3.50	21.58	3.26	18.85	2.84	16.38	2.47
82	32.38	4.89	27.84	4.20	24.27	3.66	22.80	3.44	19.69	2.97	17.30	2.61
83	35.67	5.38	30.66	4.63	26.73	4.03	25.12	3.79	21.69	3.27	19.06	2.88
84	39.60	5.98	34.04	5.14	29.68	4.48	27.88	4.21	24.08	3.63	21.16	3.19

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $7,200 per $300 Monthly Benefit

Two Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	13.47	2.26	12.13	2.03	11.00	1.86	9.61	1.63	8.79	1.49	8.13	1.34
41	13.96	2.34	12.51	2.10	11.26	1.90	9.94	1.68	9.05	1.53	8.30	1.37
42	14.10	2.36	12.62	2.12	11.34	1.91	10.04	1.70	9.12	1.54	8.35	1.38
43	14.25	2.39	12.74	2.14	11.41	1.93	10.13	1.71	9.20	1.56	8.40	1.39
44	14.40	2.41	12.85	2.16	11.49	1.94	10.23	1.73	9.28	1.57	8.45	1.40
45	14.54	2.44	12.96	2.17	11.56	1.95	10.33	1.75	9.35	1.58	8.49	1.41
46	14.69	2.46	13.08	2.19	11.63	1.96	10.43	1.76	9.43	1.59	8.54	1.41
47	14.84	2.49	13.19	2.21	11.71	1.97	10.52	1.78	9.50	1.61	8.59	1.42
48	14.98	2.51	13.30	2.23	11.78	1.99	10.62	1.80	9.58	1.62	8.64	1.43
49	15.12	2.53	13.41	2.25	11.85	2.00	10.72	1.81	9.65	1.63	8.69	1.44
50	15.27	2.56	13.52	2.27	11.92	2.01	10.81	1.83	9.73	1.64	8.73	1.45
51	15.43	2.59	13.66	2.29	12.05	2.03	10.93	1.85	9.83	1.66	8.83	1.46
52	15.87	2.66	14.05	2.36	12.39	2.09	11.24	1.90	10.11	1.71	9.08	1.50
53	16.16	2.71	14.31	2.40	12.62	2.13	11.45	1.94	10.29	1.74	9.24	1.53
54	16.46	2.76	14.57	2.45	12.85	2.17	11.66	1.97	10.48	1.77	9.41	1.56
55	17.25	2.89	15.27	2.56	13.47	2.27	12.21	2.07	10.88	1.84	9.77	1.68
56	17.70	2.97	15.67	2.63	13.82	2.33	12.53	2.12	11.17	1.89	9.93	1.67
57	19.36	3.24	16.89	2.83	14.76	2.49	12.77	2.16	11.36	1.92	10.06	1.67
58	20.33	3.41	17.73	2.97	15.50	2.61	13.41	2.27	11.93	2.02	10.57	1.75
59	21.57	3.61	18.81	3.16	16.45	2.77	14.23	2.41	12.66	2.14	11.21	1.86
60	22.46	3.77	19.60	3.29	17.13	2.89	14.82	2.51	13.19	2.23	11.68	1.93
61	24.21	4.06	21.12	3.54	18.46	3.11	15.98	2.70	14.21	2.40	12.59	2.08
62	27.48	4.60	23.78	3.99	20.79	3.51	18.59	3.14	16.35	2.76	14.46	2.39
63	28.60	4.79	24.75	4.15	21.64	3.65	19.34	3.27	17.02	2.88	15.05	2.49
64	30.22	5.06	26.15	4.39	22.86	3.86	20.44	3.46	17.98	3.04	15.91	2.63
65	31.41	5.26	27.19	4.56	23.76	4.01	21.25	3.59	18.69	3.16	16.53	2.74
66	33.34	5.59	28.85	4.84	25.22	4.25	22.55	3.81	19.84	3.35	17.55	2.90
67	35.73	5.99	30.45	5.11	26.62	4.49	24.02	4.06	20.90	3.53	18.22	3.01
68	38.56	6.46	32.86	5.51	28.72	4.85	25.92	4.39	22.55	3.81	19.66	3.25
69	41.61	6.97	35.46	5.95	30.99	5.23	27.98	4.73	24.33	4.11	21.22	3.51
70	44.80	7.51	38.18	6.41	33.37	5.63	30.12	5.10	26.20	4.43	22.85	3.78
71	48.44	8.12	41.28	6.93	36.08	6.09	32.57	5.51	28.33	4.79	24.70	4.09
72	52.02	8.72	44.38	7.45	38.45	6.49	34.82	5.89	29.94	5.06	26.06	4.31
73	56.13	9.41	47.89	8.03	41.49	7.00	37.56	6.35	32.30	5.46	28.12	4.65
74	59.88	10.04	51.09	8.57	44.27	7.47	40.08	6.78	34.47	5.83	30.00	4.96
75	63.87	10.71	54.50	9.14	47.22	7.97	42.75	7.23	36.76	6.21	32.00	5.30
76	67.59	11.33	57.67	9.67	49.97	8.43	45.24	7.65	38.90	6.58	33.87	5.60
77	69.68	11.68	59.00	9.90	51.12	8.62	45.82	7.75	38.95	6.58	33.85	5.60
78	72.43	12.14	61.33	10.29	53.14	8.96	47.63	8.06	40.49	6.84	35.19	5.82
79	74.50	12.49	63.08	10.58	54.65	9.22	48.99	8.29	41.65	7.04	36.20	5.99
80	75.45	12.65	63.88	10.72	55.35	9.34	49.62	8.39	42.18	7.13	36.66	6.07
81	76.19	12.77	64.51	10.82	55.90	9.43	50.11	8.48	42.59	7.20	37.02	6.13
82	77.43	12.98	65.56	11.00	56.81	9.58	51.85	8.77	44.08	7.45	38.31	6.34
83	77.13	12.93	65.31	10.96	56.59	9.55	51.65	8.74	43.91	7.42	38.16	6.31
84	76.58	12.84	64.84	10.88	56.18	9.48	51.28	8.67	43.59	7.37	37.89	6.27

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $10,800 per $300 Monthly Benefit

Three Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	16.35	2.61	14.52	2.34	13.22	2.15	12.09	2.00	11.08	1.83	10.29	1.68
41	17.46	2.78	15.42	2.49	13.96	2.27	12.48	2.06	11.36	1.88	10.49	1.72
42	17.81	2.84	15.71	2.53	14.20	2.31	12.60	2.08	11.44	1.89	10.55	1.73
43	18.15	2.89	15.99	2.58	14.43	2.35	12.72	2.10	11.53	1.90	10.61	1.73
44	18.50	2.95	16.28	2.62	14.66	2.39	12.83	2.12	11.61	1.92	10.66	1.74
45	18.85	3.00	16.56	2.67	14.89	2.42	12.95	2.14	11.69	1.93	10.72	1.75
46	19.19	3.06	16.84	2.71	15.12	2.46	13.07	2.16	11.77	1.94	10.78	1.76
47	19.53	3.11	17.12	2.76	15.34	2.50	13.18	2.18	11.85	1.96	10.83	1.77
48	19.87	3.17	17.40	2.80	15.57	2.54	13.30	2.19	11.93	1.97	10.89	1.78
49	20.22	3.22	17.68	2.85	15.80	2.57	13.41	2.21	12.01	1.98	10.94	1.79
50	20.55	3.28	17.95	2.89	16.02	2.61	13.53	2.23	12.09	2.00	11.00	1.80
51	20.77	3.31	18.14	2.92	16.19	2.64	13.67	2.26	12.21	2.02	11.11	1.82
52	21.36	3.40	18.66	3.01	16.65	2.71	14.06	2.32	12.56	2.07	11.43	1.87
53	21.76	3.47	19.00	3.06	16.96	2.76	14.32	2.36	12.79	2.11	11.64	1.90
54	22.16	3.53	19.35	3.12	17.27	2.81	14.58	2.41	13.03	2.15	11.85	1.94
55	23.22	3.70	20.28	3.27	18.10	2.95	15.28	2.52	13.65	2.25	12.42	2.03
56	23.83	3.80	20.81	3.35	18.57	3.02	15.68	2.59	14.01	2.31	12.75	2.08
57	25.81	4.11	22.39	3.61	19.80	3.22	16.84	2.78	14.88	2.46	13.35	2.18
58	27.10	4.32	23.51	3.79	20.79	3.39	17.68	2.92	15.62	2.58	14.02	2.29
59	28.75	4.58	24.94	4.02	22.06	3.59	18.76	3.10	16.57	2.74	14.88	2.43
60	29.95	4.77	25.98	4.19	22.97	3.74	19.54	3.22	17.26	2.85	15.49	2.53
61	32.28	5.14	28.00	4.51	24.76	4.03	21.06	3.47	18.61	3.07	16.70	2.73
62	35.02	5.58	30.41	4.90	26.66	4.34	22.67	3.74	20.03	3.31	17.75	2.90
63	36.45	5.81	31.65	5.10	27.75	4.52	23.59	3.89	20.85	3.44	18.48	3.02
64	38.52	6.14	33.44	5.39	29.32	4.77	24.93	4.11	22.03	3.64	19.52	3.19
65	40.04	6.38	34.77	5.60	30.48	4.96	25.92	4.28	22.90	3.78	20.30	3.32
66	42.49	6.77	36.90	5.95	32.34	5.27	27.50	4.54	24.30	4.01	21.54	3.52
67	46.54	7.42	40.10	6.46	35.15	5.72	29.86	4.93	26.38	4.36	23.38	3.82
68	50.23	8.00	43.28	6.97	37.93	6.18	32.22	5.32	28.47	4.70	25.23	4.13
69	54.20	8.64	46.70	7.53	40.94	6.67	34.77	5.74	30.72	5.07	27.23	4.45
70	58.36	9.30	50.29	8.10	44.08	7.18	37.44	6.18	33.08	5.46	29.32	4.79
71	63.10	10.06	54.37	8.76	47.66	7.76	40.48	6.68	35.76	5.91	31.70	5.18
72	68.05	10.84	58.18	9.38	51.00	8.31	43.50	7.18	38.43	6.35	34.07	5.57
73	73.43	11.70	62.78	10.12	55.03	8.96	46.93	7.74	41.47	6.85	36.76	6.01
74	78.34	12.48	66.98	10.79	58.71	9.56	50.07	8.26	44.25	7.31	39.22	6.41
75	83.57	13.32	71.45	11.51	62.63	10.20	53.41	8.81	47.20	7.79	41.83	6.84
76	88.43	14.09	75.60	12.18	66.27	10.79	56.52	9.33	49.94	8.25	44.27	7.24
77	92.40	14.72	79.09	12.75	68.72	11.19	58.42	9.64	51.62	8.52	45.75	7.48
78	96.05	15.31	82.22	13.25	71.44	11.63	60.72	10.02	53.65	8.86	47.56	7.78
79	98.80	15.74	84.57	13.63	73.48	11.96	62.46	10.31	55.19	9.11	48.92	8.00
80	100.06	15.94	85.64	13.80	74.41	12.12	63.25	10.44	55.89	9.23	49.54	8.10
81	101.04	16.10	86.49	13.94	75.15	12.24	63.88	10.54	56.44	9.32	50.03	8.18
82	101.63	16.19	86.99	14.02	75.58	12.31	64.54	10.65	57.02	9.42	50.54	8.26
83	101.23	16.13	86.65	13.96	75.29	12.26	64.29	10.61	56.80	9.38	50.35	8.23
84	100.51	16.02	86.03	13.86	74.75	12.17	63.83	10.53	56.40	9.31	49.99	8.17

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $14,400 per $300 Monthly Benefit

Four Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue Age	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300	$1,500 Base	Additional 300
18-40	18.76	3.01	16.72	2.69	15.16	2.46	13.63	2.22	12.27	2.00	11.17	1.82
41	19.54	3.14	17.30	2.79	15.62	2.54	14.02	2.29	12.57	2.05	11.34	1.85
42	19.77	3.17	17.47	2.81	15.76	2.56	14.14	2.31	12.66	2.07	11.39	1.85
43	20.01	3.21	17.65	2.84	15.90	2.58	14.26	2.33	12.74	2.08	11.44	1.86
44	20.25	3.25	17.82	2.87	16.04	2.61	14.37	2.34	12.83	2.10	11.48	1.87
45	20.48	3.29	17.99	2.90	16.18	2.63	14.49	2.36	12.91	2.11	11.53	1.88
46	20.72	3.33	18.16	2.93	16.31	2.65	14.60	2.38	13.00	2.12	11.58	1.88
47	20.95	3.36	18.34	2.95	16.45	2.67	14.72	2.40	13.08	2.14	11.62	1.89
48	21.19	3.40	18.51	2.98	16.58	2.69	14.83	2.42	13.17	2.15	11.67	1.90
49	21.42	3.44	18.68	3.01	16.72	2.72	14.95	2.44	13.25	2.16	11.72	1.91
50	21.65	3.48	18.85	3.04	16.85	2.74	15.06	2.46	13.33	2.18	11.76	1.91
51	21.88	3.51	19.04	3.07	17.03	2.77	15.22	2.48	13.47	2.20	11.89	1.93
52	23.11	3.71	20.12	3.24	17.99	2.92	16.08	2.62	14.23	2.32	12.56	2.04
53	23.83	3.82	20.74	3.34	18.54	3.01	16.57	2.70	14.67	2.40	12.94	2.11
54	24.52	3.94	21.34	3.44	19.08	3.10	17.05	2.78	15.10	2.47	13.32	2.17
55	26.14	4.20	22.75	3.67	20.35	3.30	18.18	2.97	16.10	2.63	14.20	2.31
56	26.73	4.29	23.27	3.75	20.81	3.38	18.59	3.03	16.46	2.69	14.52	2.36
57	27.31	4.38	23.61	3.80	20.93	3.40	19.56	3.19	17.12	2.80	15.09	2.45
58	28.68	4.60	24.80	3.99	21.97	3.57	20.54	3.35	17.98	2.94	15.84	2.58
59	30.43	4.88	26.31	4.24	23.31	3.79	21.80	3.56	19.08	3.12	16.81	2.74
60	31.69	5.09	27.40	4.41	24.28	3.94	22.70	3.70	19.87	3.25	17.51	2.85
61	34.16	5.48	29.54	4.76	26.17	4.25	24.47	3.99	21.42	3.50	18.87	3.07
62	37.71	6.05	32.64	5.26	28.67	4.66	26.18	4.27	22.91	3.74	20.19	3.29
63	39.25	6.30	33.97	5.47	29.84	4.85	27.25	4.44	23.85	3.90	21.01	3.42
64	41.47	6.66	35.90	5.78	31.53	5.12	28.79	4.70	25.20	4.12	22.20	3.61
65	43.11	6.92	37.32	6.01	32.78	5.32	29.93	4.88	26.20	4.28	23.08	3.76
66	45.76	7.35	39.60	6.38	34.78	5.65	31.76	5.18	27.80	4.54	24.49	3.99
67	49.15	7.89	42.21	6.80	37.08	6.02	33.96	5.54	29.73	4.86	26.19	4.26
68	53.04	8.52	45.56	7.34	40.01	6.50	36.65	5.98	32.08	5.24	28.26	4.60
69	57.24	9.19	49.16	7.92	43.18	7.01	39.55	6.45	34.62	5.65	30.50	4.96
70	61.63	9.89	52.93	8.53	46.49	7.55	42.58	6.95	37.27	6.09	32.84	5.34
71	66.64	10.70	57.23	9.22	50.27	8.17	46.04	7.51	40.30	6.58	35.50	5.78
72	72.36	11.62	62.22	10.02	54.17	8.80	49.42	8.06	43.25	7.06	38.11	6.20
73	78.07	12.53	67.13	10.81	58.44	9.49	53.32	8.70	46.67	7.62	41.12	6.69
74	83.29	13.37	71.62	11.54	62.36	10.13	56.89	9.28	49.79	8.13	43.87	7.14
75	88.85	14.26	76.40	12.31	66.51	10.80	60.68	9.90	53.11	8.68	46.79	7.61
76	94.02	15.09	80.84	13.02	70.38	11.43	64.21	10.47	56.20	9.18	49.51	8.06
77	98.31	15.78	84.53	13.62	73.59	11.95	67.42	11.00	59.01	9.64	51.32	8.35
78	102.19	16.41	87.87	14.16	76.50	12.43	70.08	11.43	61.34	10.02	53.35	8.68
79	105.11	16.87	90.38	14.56	78.68	12.78	72.08	11.76	63.09	10.31	54.87	8.93
80	106.45	17.09	91.53	14.75	79.69	12.94	73.00	11.91	63.90	10.44	55.57	9.04
81	107.49	17.26	92.43	14.89	80.47	13.07	73.72	12.03	64.53	10.54	56.12	9.13
82	108.63	17.44	92.70	14.93	80.71	13.11	73.93	12.06	64.71	10.57	56.28	9.16
83	108.21	17.37	92.34	14.88	80.40	13.06	73.64	12.01	64.46	10.53	56.06	9.12
84	107.44	17.25	91.68	14.77	79.82	12.97	73.11	11.93	64.00	10.45	55.66	9.06

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Maximum Benefit = $18,000 per $300 Monthly Benefit

Five Year Minimum Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	20.99	3.25	18.76	2.92	16.97	2.67	16.13	2.56	14.70	2.34	13.50	2.15
41	21.91	3.39	19.50	3.04	17.54	2.76	16.56	2.62	15.02	2.39	13.72	2.18
42	22.20	3.44	19.72	3.07	17.70	2.79	16.69	2.64	15.12	2.41	13.78	2.19
43	22.48	3.48	19.95	3.11	17.87	2.81	16.81	2.66	15.21	2.42	13.84	2.20
44	22.76	3.53	20.17	3.14	18.04	2.84	16.94	2.68	15.30	2.44	13.90	2.21
45	23.04	3.57	20.39	3.17	18.21	2.87	17.06	2.70	15.39	2.45	13.96	2.22
46	23.33	3.61	20.61	3.21	18.37	2.89	17.19	2.72	15.48	2.47	14.02	2.23
47	23.60	3.66	20.83	3.24	18.54	2.92	17.31	2.74	15.57	2.48	14.08	2.24
48	23.88	3.70	21.05	3.28	18.71	2.95	17.44	2.76	15.66	2.50	14.13	2.25
49	24.16	3.74	21.27	3.31	18.87	2.97	17.56	2.78	15.75	2.51	14.19	2.26
50	24.44	3.78	21.49	3.35	19.03	3.00	17.68	2.80	15.84	2.52	14.25	2.27
51	24.69	3.82	21.71	3.38	19.23	3.03	17.87	2.83	16.01	2.55	14.40	2.29
52	26.08	4.04	22.94	3.57	20.32	3.20	18.87	2.99	16.91	2.69	15.21	2.42
53	26.89	4.16	23.65	3.68	20.95	3.30	19.46	3.08	17.43	2.78	15.68	2.50
54	27.67	4.29	24.33	3.79	21.55	3.39	20.02	3.17	17.94	2.86	16.14	2.57
55	29.50	4.57	25.94	4.04	22.98	3.62	21.35	3.38	19.13	3.05	17.20	2.74
56	30.17	4.67	26.53	4.13	23.50	3.70	21.83	3.46	19.56	3.12	17.59	2.80
57	31.42	4.87	27.44	4.27	24.09	3.79	22.23	3.52	19.91	3.17	17.69	2.82
58	32.99	5.11	28.81	4.49	25.30	3.98	23.34	3.70	20.91	3.33	18.58	2.96
59	35.00	5.42	30.57	4.76	26.84	4.23	24.76	3.92	22.19	3.54	19.71	3.14
60	36.46	5.65	31.84	4.96	27.96	4.40	25.79	4.09	23.11	3.68	20.53	3.27
61	39.30	6.09	34.32	5.34	30.13	4.75	27.80	4.40	24.91	3.97	22.13	3.52
62	42.27	6.55	36.63	5.70	32.16	5.07	29.56	4.68	26.49	4.22	23.24	3.70
63	44.00	6.81	38.13	5.94	33.47	5.27	30.77	4.87	27.57	4.39	24.18	3.85
64	46.49	7.20	40.28	6.27	35.37	5.57	32.51	5.15	29.13	4.64	25.55	4.07
65	48.33	7.48	41.88	6.52	36.77	5.79	33.80	5.35	30.28	4.83	26.56	4.23
66	51.29	7.94	44.44	6.92	39.02	6.15	35.87	5.68	32.14	5.12	28.19	4.49
67	56.42	8.74	48.52	7.55	42.60	6.71	39.18	6.21	34.32	5.47	30.41	4.84
68	60.89	9.43	52.36	8.15	45.97	7.24	42.28	6.70	37.04	5.90	32.81	5.22
69	65.70	10.18	56.50	8.80	49.60	7.81	45.63	7.23	39.97	6.37	35.41	5.64
70	70.75	10.96	60.84	9.47	53.41	8.41	49.13	7.78	43.04	6.86	38.13	6.07
71	76.49	11.85	65.77	10.24	57.75	9.10	53.12	8.42	46.53	7.42	41.22	6.56
72	82.17	12.72	70.65	11.00	62.03	9.77	57.38	9.09	50.27	8.01	43.96	7.00
73	88.66	13.73	76.23	11.87	66.93	10.54	61.92	9.81	54.24	8.64	47.43	7.55
74	94.59	14.65	81.34	12.66	71.41	11.25	66.06	10.47	57.87	9.22	50.61	8.06
75	100.90	15.63	86.76	13.51	76.17	12.00	70.46	11.16	61.73	9.84	53.98	8.59
76	106.77	16.53	91.81	14.29	80.60	12.69	74.56	11.81	65.32	10.41	57.12	9.09
77	109.95	17.03	95.38	14.85	83.01	13.07	76.58	12.13	67.09	10.69	58.67	9.34
78	114.30	17.70	99.15	15.44	86.29	13.59	79.61	12.61	69.74	11.11	60.99	9.71
79	117.56	18.21	101.98	15.88	88.75	13.98	81.88	12.97	71.73	11.43	62.73	9.99
80	119.06	18.44	103.28	16.08	89.88	14.16	82.93	13.14	72.65	11.58	63.53	10.11
81	120.23	18.62	104.30	16.24	90.77	14.30	83.74	13.27	73.36	11.69	64.16	10.21
82	117.92	18.26	101.52	15.80	88.35	13.91	81.91	12.98	71.76	11.44	62.75	9.99
83	117.47	18.19	101.12	15.74	88.01	13.86	81.60	12.93	71.48	11.39	62.51	9.95
84	116.63	18.06	100.40	15.63	87.38	13.76	81.01	12.83	70.97	11.31	62.06	9.88

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Physicians Mutual Insurance Company

Inflation Protection Benefit Rider R982 100% HCC

Monthly Premium Rates

Unlimited Maximum Benefit

Lifetime Benefit

	No Elimination		30 Day Elimination		60 Day Elimination		90 Day Elimination		180 Day Elimination		365 Day Elimination	
Issue	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional	$1,500	Additional
Age	Base	300	Base	300	Base	300	Base	300	Base	300	Base	300
18-40	27.82	3.91	24.98	3.51	22.83	3.21	21.60	3.04	19.64	2.76	18.16	2.55
41	29.08	4.09	25.99	3.66	23.62	3.32	22.24	3.13	20.13	2.83	18.51	2.60
42	29.47	4.14	26.30	3.70	23.85	3.35	22.43	3.15	20.27	2.85	18.60	2.62
43	29.85	4.20	26.60	3.74	24.09	3.39	22.62	3.18	20.41	2.87	18.70	2.63
44	30.24	4.25	26.91	3.79	24.32	3.42	22.80	3.21	20.55	2.89	18.79	2.64
45	30.62	4.31	27.22	3.83	24.56	3.45	22.99	3.23	20.69	2.91	18.89	2.66
46	31.00	4.36	27.52	3.87	24.79	3.49	23.18	3.26	20.83	2.93	18.98	2.67
47	31.38	4.41	27.82	3.91	25.02	3.52	23.36	3.29	20.96	2.95	19.08	2.68
48	31.76	4.47	28.12	3.96	25.25	3.55	23.55	3.31	21.10	2.97	19.17	2.70
49	32.14	4.52	28.43	4.00	25.48	3.58	23.73	3.34	21.24	2.99	19.27	2.71
50	32.52	4.57	28.73	4.04	25.71	3.62	23.92	3.36	21.37	3.01	19.36	2.72
51	32.86	4.62	29.02	4.08	25.98	3.65	24.17	3.40	21.60	3.04	19.56	2.75
52	34.71	4.88	30.66	4.31	27.45	3.86	25.53	3.59	22.82	3.21	20.66	2.91
53	35.78	5.03	31.61	4.45	28.29	3.98	26.32	3.70	23.52	3.31	21.30	3.00
54	36.82	5.18	32.53	4.58	29.12	4.10	27.08	3.81	24.20	3.40	21.92	3.08
55	39.26	5.52	34.68	4.88	31.04	4.37	28.87	4.06	25.81	3.63	23.37	3.29
56	40.15	5.65	35.47	4.99	31.75	4.47	29.53	4.15	26.39	3.71	23.90	3.36
57	42.52	5.98	37.02	5.21	32.85	4.62	30.53	4.29	26.98	3.79	24.09	3.39
58	44.65	6.28	38.88	5.47	34.49	4.85	32.06	4.51	28.33	3.98	25.30	3.56
59	47.37	6.66	41.25	5.80	36.59	5.15	34.01	4.78	30.06	4.23	26.84	3.78
60	49.34	6.94	42.96	6.04	38.12	5.36	35.43	4.98	31.31	4.40	27.96	3.93
61	53.19	7.48	46.31	6.51	41.09	5.78	38.19	5.37	33.74	4.75	30.14	4.24
62	56.00	7.88	48.82	6.87	42.93	6.04	40.16	5.65	35.08	4.93	30.88	4.34
63	58.29	8.20	50.81	7.15	44.68	6.28	41.80	5.88	36.52	5.14	32.14	4.52
64	61.59	8.66	53.69	7.55	47.21	6.64	44.16	6.21	38.58	5.43	33.96	4.78
65	64.02	9.01	55.81	7.85	49.08	6.90	45.91	6.46	40.11	5.64	35.30	4.97
66	67.95	9.56	59.23	8.33	52.09	7.33	48.72	6.85	42.57	5.99	37.47	5.27
67	76.39	10.75	66.17	9.31	57.68	8.11	54.33	7.64	47.46	6.68	41.78	5.88
68	82.44	11.60	71.40	10.04	62.25	8.76	58.63	8.25	51.22	7.20	45.08	6.34
69	88.96	12.51	77.05	10.84	67.17	9.45	63.27	8.90	55.27	7.77	48.65	6.84
70	95.79	13.47	82.97	11.67	72.33	10.17	68.12	9.58	59.52	8.37	52.38	7.37
71	103.57	14.57	89.70	12.62	78.20	11.00	73.65	10.36	64.35	9.05	56.64	7.97
72	109.50	15.40	94.84	13.34	82.68	11.63	77.51	10.90	67.72	9.52	58.82	8.27
73	118.15	16.62	102.33	14.39	89.21	12.55	83.63	11.76	73.06	10.28	63.46	8.93
74	126.06	17.73	109.18	15.36	95.18	13.39	89.23	12.55	77.95	10.96	67.71	9.52
75	134.46	18.91	116.46	16.38	101.53	14.28	95.17	13.39	83.15	11.70	72.22	10.16
76	142.28	20.01	123.23	17.33	107.43	15.11	100.71	14.17	87.99	12.38	76.42	10.75
77	147.09	20.69	126.44	17.79	110.23	15.50	102.45	14.41	89.50	12.59	77.74	10.93
78	152.90	21.51	131.44	18.49	114.59	16.12	106.50	14.98	93.04	13.09	80.81	11.37
79	157.26	22.12	135.19	19.02	117.86	16.58	109.53	15.41	95.70	13.46	83.12	11.69
80	159.27	22.40	136.92	19.26	119.36	16.79	110.93	15.60	96.92	13.63	84.18	11.84
81	160.84	22.62	138.26	19.45	120.53	16.95	112.02	15.76	97.87	13.77	85.01	11.96
82	153.42	21.58	131.89	18.55	114.98	16.17	108.03	15.20	93.30	13.12	81.98	11.53
83	152.83	21.50	131.38	18.48	114.53	16.11	107.61	15.14	92.94	13.07	81.66	11.49
84	151.73	21.34	130.44	18.35	113.71	15.99	106.84	15.03	92.27	12.98	81.08	11.40

Preferred Rate = 85% of Total Premium ; Substandard Rate = 180% of Total Premium

Spouse discount = 20%

If 75% of the Home & Community Care benefits is selected, multiply total premium by 95%.

If the 10 Pay payment option is selected, multiply total premium by the factor found in the attached 10PAY-STD Table.

To determine the quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 2.90, 5.60, and 11.0 respectively.

Security Rider Form R965 100% HCC

Monthly Premium Rates

All Benefit and Elimination Periods

Issue Age	Premium
18-40	0.52
41	0.54
42	0.55
43	0.56
44	0.56
45	0.57
46	0.58
47	0.58
48	0.59
49	0.60
50	0.61
51	0.62
52	0.66
53	0.69
54	0.72
55	0.77
56	0.80
57	0.83
58	0.88
59	0.95
60	1.01
61	1.10
62	1.23
63	1.30
64	1.40
65	1.48
66	1.60
67	1.76
68	1.96
69	2.18
70	2.43
71	2.74
72	3.09
73	3.49
74	3.89
75	4.36
76	4.85
77	5.35
78	5.88
79	6.44
80	7.00
81	7.66
82	8.48
83	9.34
84	10.37

Physicians Mutual Insurance Company

Surviving Spouse Rider Form R967

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	19%
41	19%
42	19%
43	19%
44	19%
45	19%
46	19%
47	19%
48	19%
49	19%
50	19%
51	19%
52	19%
53	20%
54	20%
55	20%
56	20%
57	20%
58	20%
59	21%
60	21%
61	21%
62	21%
63	21%
64	21%
65	22%
66	22%
67	22%
68	23%
69	23%
70	24%
71	25%
72	25%
73	25%
74	24%
75	24%
76	23%
77	22%
78	20%
79	18%
80	16%
81	15%
82	14%
83	13%
84	12%

Physicians Mutual Insurance Company

Joint Waiver of Premium Rider Form R968

Monthly Premium Rates

Issue Age	Percentage of Total Premium
18-40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	2%
63	2%
64	2%
65	2%
66	3%
67	3%
68	3%
69	4%
70	4%
71	5%
72	6%
73	7%
74	8%
75	8%
76	9%
77	10%
78	11%
79	12%
80	13%
81	13%
82	13%
83	14%
84	14%

Physicians Mutual Insurance Company

10 Pay Option

Monthly Premium Rates

Issue Age	Factor Applied to Total Premium
18-40	2.68
41	2.67
42	2.67
43	2.66
44	2.66
45	2.65
46	2.64
47	2.64
48	2.63
49	2.63
50	2.62
51	2.61
52	2.61
53	2.60
54	2.60
55	2.59
56	2.59
57	2.58
58	2.57
59	2.56
60	2.54
61	2.51
62	2.48
63	2.44
64	2.37
65	2.29
66	2.21
67	2.12
68	2.04
69	1.96
70	1.89
71	1.82
72	1.75
73	1.68
74	1.60
75	1.53
76	1.46
77	1.38
78	1.33
79	1.28
80	1.24
81	1.21
82	1.18
83	1.15
84	1.12