



**RATE SHEET
CITY OF CORPUS CHRISTI**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total
Home Monthly Benefit	\$500		
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
18-30	4.70	7.20
31	4.70	7.20
32	4.70	7.30
33	4.90	7.60
34	5.10	7.70
35	5.30	8.00
36	5.30	8.20
37	5.60	8.50
38	5.80	8.80
39	6.10	9.20
40	6.40	9.60
41	6.70	10.00
42	6.90	10.40
43	7.20	10.80
44	7.60	11.40
45	8.00	11.90
46	8.30	12.60
47	8.80	13.20
48	9.20	14.10
49	9.70	14.80
50	10.20	15.60
51	10.80	16.70
52	11.50	17.80
53	12.20	18.80
54	12.70	19.80
55	13.70	21.10
56	14.50	22.40
57	15.70	24.10
58	16.80	25.80
59	18.00	27.60



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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
60	19.40	29.60
61	21.10	32.00
62	23.40	35.00
63	25.50	37.80
64	28.10	41.20
65	32.10	46.10
66	35.40	50.10
67	39.50	54.90
68	43.60	59.80
69	48.40	65.20
70	53.70	71.30
71	59.60	78.10
72	66.10	85.50
73	73.30	93.90
74	81.00	102.60
75	97.60	122.40
76	107.30	133.10
77	117.70	144.60
78	129.20	157.30
79	141.80	171.10
80	155.80	186.30



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

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

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

	Plan 1	Plan 2	
Insurance		Base Plan With	
Age	Base Plan	Total Home Care	Option
18-30	6.10		9.60
31	6.30		9.80
32	6.40		10.00
33	6.70		10.30
34	6.80		10.50
35	7.10		11.00
36	7.20		11.10
37	7.50		11.50
38	7.90		12.10
39	8.20		12.50
40	8.40		13.00
41	8.70		13.40
42	9.30		14.20
43	9.60		14.80
44	10.20		15.50
45	10.70		16.20
46	11.30		17.20
47	11.70		18.00
48	12.50		19.20
49	12.90		20.10
50	13.50		21.30
51	14.40		22.60
52	15.20		24.10
53	16.10		25.60
54	17.00		27.10
55	18.10		28.80
56	19.20		30.70
57	20.60		33.00
58	22.10		35.20
59	23.70		37.70



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$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

	Plan 1	Plan 2
Insurance		Base Plan With
Age	Base Plan	Total Home Care
		Option
60	25.30	40.40
61	27.80	44.00
62	30.40	47.90
63	33.30	52.10
64	36.50	56.70
65	41.50	63.50
66	45.90	69.30
67	51.00	75.80
68	56.30	82.60
69	62.20	90.10
70	68.70	98.50
71	76.50	108.10
72	84.60	118.40
73	93.50	129.60
74	103.40	141.90
75	124.30	169.40
76	136.50	184.20
77	149.80	200.50
78	164.10	218.10
79	179.90	237.30
80	197.30	258.20



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

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$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

	Plan 1	Plan 2
Insurance		Base Plan With
Age	Base Plan	Total Home Care
		Option
18-30	8.60	13.80
31	8.60	13.90
32	8.90	14.40
33	9.00	14.50
34	9.10	14.80
35	9.50	15.30
36	9.80	15.70
37	10.20	16.40
38	10.40	16.80
39	11.00	17.50
40	11.40	18.30
41	11.90	19.00
42	12.40	19.70
43	12.90	20.60
44	13.60	21.60
45	14.20	22.70
46	15.00	24.00
47	15.70	25.30
48	16.50	26.80
49	17.20	28.10
50	18.10	29.90
51	19.10	31.60
52	20.10	33.60
53	21.30	35.80
54	22.40	37.90
55	23.60	40.10
56	25.20	42.90
57	26.90	45.90
58	28.60	49.10
59	30.70	52.70



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Monthly Rates

	Plan 1	Plan 2
Insurance		Base Plan With
Age	Base Plan	Total Home Care
		Option
60	32.80	56.40
61	35.80	61.40
62	39.10	67.00
63	42.70	73.00
64	46.40	79.20
65	52.50	88.40
66	58.30	96.80
67	64.40	105.50
68	71.30	115.30
69	78.60	125.60
70	86.80	137.10
71	96.30	150.20
72	106.30	164.10
73	117.10	179.10
74	129.00	195.20
75	154.90	232.40
76	170.00	252.60
77	186.40	274.80
78	203.90	298.50
79	223.10	324.00
80	244.10	351.70