



***RATE SHEET***  
***Emory University***

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</b>		

*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***

<b>Insurance Age</b>	<b>Plan 1</b>	<b>Plan 2</b>
	<b>Base Plan With</b>	
	<b>Base Plan</b>	<b>Compound Inflation Option</b>
18-30	5.30	20.10
31	5.30	20.70
32	5.30	21.10
33	5.40	21.50
34	5.40	21.80
35	5.80	22.80
36	5.90	23.30
37	6.00	23.70
38	6.30	24.30
39	6.50	25.40
40	6.60	25.60
41	6.80	26.10
42	7.50	27.40
43	8.10	28.30
44	8.20	29.50
45	8.60	30.50
46	8.90	30.80
47	9.30	31.70
48	9.90	32.70
49	10.10	33.30
50	10.50	34.50
51	11.30	35.60
52	12.00	37.10
53	12.90	38.50
54	13.30	39.00
55	14.30	41.20
56	14.70	41.90
57	16.10	43.80
58	17.20	46.40
59	18.20	48.10



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Home Monthly Benefit	<b>\$750</b>		
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Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</b>		

*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***

<b>Insurance Age</b>	<b>Plan 1</b>	<b>Plan 2</b>
	<b>Base Plan</b>	<b>Base Plan With Compound Inflation Option</b>
		<b>Base Plan</b>
60	19.50	50.60
61	21.20	53.90
62	23.20	57.60
63	25.10	61.30
64	27.80	66.40
65	31.30	73.00
66	34.40	78.50
67	38.20	85.40
68	42.10	92.30
69	46.90	100.40
70	51.80	107.60
71	57.20	117.50
72	63.40	127.70
73	70.10	138.00
74	77.30	149.60
75	93.10	176.80
76	102.40	191.50
77	111.90	205.60
78	122.30	221.90
79	134.70	239.10
80	147.70	258.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</b>		

*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 Age	Base Plan	Base Plan With Compound Inflation Option
18-30	6.80	27.00
31	6.90	27.40
32	7.10	27.80
33	7.20	28.30
34	7.30	29.40
35	7.50	30.10
36	7.90	31.00
37	8.40	31.90
38	8.60	33.00
39	8.70	33.40
40	9.20	34.70
41	9.60	35.60
42	10.10	37.20
43	10.70	38.30
44	11.00	39.20
45	11.70	40.70
46	12.20	41.80
47	12.50	42.30
48	13.50	44.00
49	13.80	45.40
50	14.50	46.00
51	15.40	47.70
52	15.90	48.80
53	17.00	50.20
54	17.80	52.10
55	18.90	53.90
56	19.90	55.90
57	21.20	58.40
58	22.70	60.60
59	24.00	63.20



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

**Monthly Rates**

	<b>Plan 1</b>	<b>Plan 2</b>
<b>Insurance</b>		<b>Base Plan With</b>
<b>Age</b>	<b>Base Plan</b>	<b>Compound Inflation</b>
		<b>Option</b>
60	25.70	65.80
61	28.30	71.00
62	30.50	75.50
63	33.20	79.90
64	36.30	86.20
65	40.80	94.90
66	45.00	102.20
67	49.90	111.20
68	55.10	119.50
69	61.10	129.80
70	67.00	139.10
71	74.30	151.70
72	82.20	164.50
73	90.50	177.50
74	100.10	192.60
75	120.10	226.30
76	131.80	245.70
77	144.30	264.10
78	158.00	284.70
79	173.30	306.70
80	189.60	330.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Compound Uncapped</b>
Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>60 Days</b>		
Home Care Level	<b>Professional</b>		

*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 Compound Inflation Option
18-30	9.60	36.10
31	9.60	37.20
32	9.80	38.40
33	10.00	39.30
34	10.20	39.80
35	10.40	40.40
36	10.60	41.40
37	11.40	43.10
38	11.90	44.30
39	12.10	45.40
40	12.60	47.00
41	13.10	48.30
42	13.70	49.50
43	14.30	50.90
44	15.10	52.30
45	15.60	53.90
46	16.60	55.70
47	17.30	56.70
48	18.10	58.70
49	18.60	59.80
50	19.70	61.60
51	20.50	63.00
52	21.90	65.30
53	22.90	67.20
54	24.00	68.80
55	24.90	70.40
56	26.50	73.10
57	28.10	76.50
58	30.20	79.50
59	31.90	83.00



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<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$750</b> <b>Unlimited</b> <b>75%</b> <b>Unlimited</b> <b>60 Days</b> <b>Professional</b>	<u>Options</u> Inflation Protection	<b>Compound Uncapped</b>
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**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 Compound Inflation Option
60	34.00	86.00
61	36.70	91.40
62	39.90	97.60
63	43.30	103.10
64	47.10	110.10
65	52.80	121.10
66	58.50	131.20
67	64.50	141.70
68	71.10	152.60
69	78.20	164.70
70	86.10	177.40
71	95.30	192.90
72	104.90	208.60
73	115.20	224.40
74	127.10	242.70
75	152.10	285.60
76	166.70	308.70
77	182.70	331.90
78	199.30	357.20
79	217.90	383.40
80	238.20	413.50