

RATE SHEET

For Connecticut Residents Imperial County Schools Of Voluntary Employees

Base Plan				<i>Opti</i>	ions								
Facility Monthly Benefit		\$1,000			ne Monthly	\$50	00						
Facility Benefit Duration		3 Years			Benefit		. •						
							v/						
Lifetime Maximum		\$36,000			Home Benefit		50%						
Elimination Per	10d	90 Days			Home Care Level		Home, Community-Based						
						and	l Immediate Family						
						Me	mber Care						
				Inflation Protection		Simple Capped							
							P						
This rate sheet shows the cost per \$1,000 of coverage													
1 / 1													
Calculate your Premium:													
X													
Rate for Plan Chosen Facility Monthly Benefit Amount Your Premium													
Monthly Rates													
	Plan	. 1	Plan 2	nuies	Plan 3	ı	Plan 4						
	1 laii	1 1	I lan 2		I lali 3		Base Plan With						
			Daga Dlan With										
			Base Plan With				Simple Inflation						
			Home, Community		D DI 33741		Home, Community-						
_	_		Based and Immediate		Base Plan With		Based and Immediate						
Insurance			Family Member Care		Simple Inflation		Family Member Care						
Age	Base I		Option		Option		Option						
18-30 31		2.20	5.20		7.20 7.70		16.00						
31	2.40 2.50		5.40 5.40		7.70 8.00		16.80 17.30						
33	2.70		6.20		8.40		18.30						
34	2.90		6.60		8.80		19.20						
35	2.90		6.60		9.10		19.70						
36		3.10	7.40		9.70		21.50						
37 38	3.40 3.70		7.80 8.60		10.20 10.70		22.30 23.60						
39	4.00		9.00		11.40		24.90						
40		1.10	9.50		12.00		26.10						
41	4.40		10.00		12.60		27.30						
42	4.70		10.60		13.40		29.00						
43 44	4.90 5.40		11.40 12.40		14.20 15.00		30.90 32.40						
45	5.60		13.10		15.90		34.60						
46	6.20		14.20		17.00		36.60						
47	6.60		15.20		18.10		38.70						
48	7.20		16.60		19.20		41.30						
49 50	7.70 8.20		17.50 18.90		20.50 21.70		43.40 46.10						
51	9.00		20.50		23.30		49.10						
52	9.80		22.40		25.10		52.60						
53	10).50	23.90		26.70		55.50						
54	11	. 70	26.20		28.90		59.50						
55 56	12	2.50	28.20 31.30		30.70		63.10						
56 57		1.10	35.10		33.60 36.60		68.40 74.40						
58		7.30	38.50		39.50		79.90						
59		50	42.70		43.20		86.20						



RATE SHEET

For Connecticut Residents Imperial County Schools Of Voluntary Employees

Base Plan				Options									
Facility Monthl	y Benefit	\$1,000		Home Monthly		00							
Facility Benefit Duration		3 Years	2	Benefit									
Lifetime Maxin		\$36,000		Home Benefit		0/2							
		-				50%							
Elimination Per	100	90 Day	S	Home Care Level		Home, Community-Based							
				ļ		and Immediate Family							
					Me	ember Care							
				Inflation Protection		Simple Capped							
This rate sheet shows the cost per \$1,000 of coverage													
1 ' "													
Calculate your Premium:													
× ÷ \$1,000 =													
Rate for Plan Chosen Facility Monthly Benefit Amount Your Premium													
Monthly Rates													
	Plan	1	Plan 2	Plan 3		Plan 4							
	1 1411	. .	1 1411 <i>2</i>	1 Iall 3		Base Plan With							
			Base Plan With			Simple Inflation							
			Home, Community	7		Home, Community-							
			Based and Immedia		X/i+h	Based and Immediate							
Ingurance	Υ												
Insurance	Daga I	Dlan.	Family Member Ca			Family Member Care							
Age	Base I		Option 47.20	Option 46.80	-	Option 92.90							
60 61		. 60 . 40	53.00	51.10		100.90							
62		.50	59.00	55.80		109.20							
63	31.00		65.30	60.80		117.50							
64	35.00		72.90	66.20		127.10							
65		.10	85.30	74.30		142.30							
66 67		5.00 4 0	93.50 103.20	80.30 86.70		151.70 162.60							
68		.50	113.50	94.10		174.20							
69	64.20		125.50	102.00		187.60							
70		. 60	137.00	110.60		200.20							
71 72		.00	158.40	125.10		223.70							
72		3.30	179.10 199.10	139.70 154.00		247.70 270.20							
74		70	217.80	168.70		291.40							
75	133	3.10	238.30	183.40		314.00							
76		.30	258.50	199.20		336.10							
77 78	163	3.40 50	282.50 309.60	217.10 237.20		361.50 390.70							
78		0.60	339.40	258.20		421.90							
80		. 60	369.20	281.00		453.60							
81	244	.70	401.90	305.90		488.00							
82		.00	436.50	332.90		523.50							
83 84		3.50 7.00	479.30 516.80	363.50		568.30							
84 85		5.30	516.80 574.60	394.30 435.90		608.00 668.50							
86		5.30	630.50	477.50		726.80							
87	444	.30	680.10	519.10		778.80							
	400	3.30	733.80	560.60		835.20							
88 89		2.30	793.30	602.30		897.00							