



RATE SHEET

Novant Health

| | | | |
|---------------------------|---------------------|----------------------|----------------------|
| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Inflation Protection | Simple Capped |
| Home Monthly Benefit | \$750 | | |
| Facility Benefit Duration | 2 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$24,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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

Calculate your Premium:

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

Monthly Rates

| Insurance Age | Plan 1 | Plan 2 |
|---------------|-----------|--|
| | Base Plan | Base Plan With Simple Inflation Option |
| 18-30 | 2.10 | 4.90 |
| 31 | 2.30 | 5.10 |
| 32 | 2.30 | 5.10 |
| 33 | 2.30 | 5.40 |
| 34 | 2.40 | 5.50 |
| 35 | 2.40 | 5.70 |
| 36 | 2.50 | 6.00 |
| 37 | 2.50 | 6.00 |
| 38 | 2.80 | 6.50 |
| 39 | 2.90 | 6.60 |
| 40 | 2.90 | 7.10 |
| 41 | 3.10 | 7.50 |
| 42 | 3.20 | 7.70 |
| 43 | 3.40 | 8.30 |
| 44 | 3.60 | 8.80 |
| 45 | 3.70 | 9.00 |
| 46 | 3.90 | 9.30 |
| 47 | 4.00 | 10.00 |
| 48 | 4.30 | 10.70 |
| 49 | 4.40 | 11.10 |
| 50 | 4.80 | 11.70 |
| 51 | 4.90 | 12.20 |
| 52 | 5.20 | 12.90 |
| 53 | 5.50 | 13.70 |
| 54 | 5.70 | 14.20 |
| 55 | 6.10 | 14.80 |
| 56 | 6.40 | 15.70 |
| 57 | 6.80 | 16.80 |
| 58 | 7.40 | 18.20 |
| 59 | 7.80 | 19.10 |



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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 Simple Inflation Option |
| 60 | 8.50 | 20.60 |
| 61 | 9.20 | 22.20 |
| 62 | 10.00 | 24.00 |
| 63 | 11.10 | 26.20 |
| 64 | 12.10 | 28.40 |
| 65 | 13.70 | 31.90 |
| 66 | 15.20 | 35.00 |
| 67 | 16.80 | 38.70 |
| 68 | 18.50 | 42.10 |
| 69 | 20.40 | 46.30 |
| 70 | 22.60 | 50.40 |
| 71 | 25.10 | 55.60 |
| 72 | 27.80 | 61.00 |
| 73 | 30.90 | 66.60 |
| 74 | 34.20 | 73.20 |
| 75 | 41.10 | 86.60 |
| 76 | 45.00 | 94.40 |
| 77 | 49.50 | 102.40 |
| 78 | 54.10 | 111.20 |
| 79 | 59.30 | 120.10 |
| 80 | 65.00 | 130.90 |
| 81 | 71.60 | 142.90 |
| 82 | 79.50 | 156.00 |
| 83 | 87.80 | 171.00 |
| 84 | 96.60 | 185.30 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Inflation Protection | Simple Capped |
| Home Monthly Benefit | \$750 | | |
| Facility Benefit Duration | 3 Years | | |
| Home Benefit | 75% | | |
| 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 Simple Inflation Option |
| 18-30 | 2.90 | 6.40 |
| 31 | 2.90 | 6.50 |
| 32 | 2.90 | 6.50 |
| 33 | 3.00 | 6.70 |
| 34 | 3.10 | 7.00 |
| 35 | 3.10 | 7.20 |
| 36 | 3.30 | 7.80 |
| 37 | 3.30 | 7.90 |
| 38 | 3.60 | 8.40 |
| 39 | 3.70 | 8.90 |
| 40 | 3.80 | 9.00 |
| 41 | 4.10 | 9.70 |
| 42 | 4.20 | 10.30 |
| 43 | 4.30 | 10.70 |
| 44 | 4.60 | 11.20 |
| 45 | 4.80 | 11.80 |
| 46 | 5.00 | 12.30 |
| 47 | 5.20 | 12.80 |
| 48 | 5.50 | 13.60 |
| 49 | 5.70 | 14.20 |
| 50 | 6.00 | 15.20 |
| 51 | 6.40 | 15.80 |
| 52 | 6.70 | 16.70 |
| 53 | 7.10 | 17.50 |
| 54 | 7.40 | 18.30 |
| 55 | 8.00 | 19.40 |
| 56 | 8.40 | 20.30 |
| 57 | 8.90 | 21.70 |
| 58 | 9.50 | 23.20 |
| 59 | 10.20 | 24.90 |



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| Facility Monthly Benefit | \$1,000 | Inflation Protection | Simple Capped |
| Home Monthly Benefit | \$750 | | |
| Facility Benefit Duration | 3 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$36,000 | | |
| Elimination Period | 90 Days | | |
| Home Care Level | Professional | | |

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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 Simple Inflation Option |
| 60 | 10.90 | 26.30 |
| 61 | 11.80 | 28.20 |
| 62 | 13.00 | 30.90 |
| 63 | 14.10 | 33.30 |
| 64 | 15.40 | 36.30 |
| 65 | 17.40 | 40.90 |
| 66 | 19.30 | 44.70 |
| 67 | 21.40 | 49.00 |
| 68 | 23.50 | 53.30 |
| 69 | 26.10 | 58.90 |
| 70 | 28.80 | 64.10 |
| 71 | 32.00 | 70.50 |
| 72 | 35.40 | 77.60 |
| 73 | 39.30 | 84.50 |
| 74 | 43.20 | 92.70 |
| 75 | 52.10 | 109.90 |
| 76 | 57.10 | 119.80 |
| 77 | 62.60 | 129.60 |
| 78 | 68.60 | 140.90 |
| 79 | 75.20 | 151.90 |
| 80 | 82.50 | 165.70 |
| 81 | 90.80 | 181.00 |
| 82 | 100.60 | 197.10 |
| 83 | 111.00 | 216.10 |
| 84 | 122.20 | 234.30 |



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| <u>Base Plan</u> | | <u>Options</u> | |
| Facility Monthly Benefit | \$1,000 | Inflation Protection | Simple Capped |
| Home Monthly Benefit | \$750 | | |
| Facility Benefit Duration | 5 Years | | |
| Home Benefit | 75% | | |
| Lifetime Maximum | \$60,000 | | |
| 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 Simple Inflation Option |
| 18-30 | 3.60 | 7.80 |
| 31 | 3.70 | 8.20 |
| 32 | 3.70 | 8.50 |
| 33 | 3.90 | 8.90 |
| 34 | 3.90 | 8.90 |
| 35 | 4.00 | 9.30 |
| 36 | 4.20 | 9.70 |
| 37 | 4.40 | 10.40 |
| 38 | 4.50 | 10.60 |
| 39 | 4.70 | 11.00 |
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| 42 | 5.20 | 12.60 |
| 43 | 5.50 | 13.40 |
| 44 | 5.80 | 14.10 |
| 45 | 6.10 | 15.00 |
| 46 | 6.40 | 15.80 |
| 47 | 6.70 | 16.40 |
| 48 | 7.00 | 17.10 |
| 49 | 7.30 | 18.00 |
| 50 | 7.70 | 18.80 |
| 51 | 8.00 | 20.00 |
| 52 | 8.40 | 20.90 |
| 53 | 8.90 | 22.00 |
| 54 | 9.40 | 23.20 |
| 55 | 9.80 | 24.20 |
| 56 | 10.60 | 25.80 |
| 57 | 11.10 | 27.20 |
| 58 | 11.90 | 28.80 |
| 59 | 12.80 | 30.80 |



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| 61 | 14.90 | 35.50 |
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| 63 | 17.60 | 41.30 |
| 64 | 19.10 | 44.90 |
| 65 | 21.60 | 50.50 |
| 66 | 24.00 | 55.30 |
| 67 | 26.50 | 60.70 |
| 68 | 29.30 | 66.30 |
| 69 | 32.30 | 72.60 |
| 70 | 35.70 | 79.40 |
| 71 | 39.60 | 86.70 |
| 72 | 43.70 | 95.30 |
| 73 | 48.40 | 103.80 |
| 74 | 53.30 | 113.70 |
| 75 | 63.90 | 134.60 |
| 76 | 70.20 | 146.90 |
| 77 | 77.10 | 158.90 |
| 78 | 84.30 | 172.60 |
| 79 | 92.30 | 186.30 |
| 80 | 101.10 | 202.30 |
| 81 | 111.20 | 220.80 |
| 82 | 123.00 | 240.80 |
| 83 | 135.60 | 263.50 |
| 84 | 148.90 | 285.00 |