



**RATE SHEET  
NOVANT HEALTH**

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

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

**Calculate your Premium:**

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

***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
18-30	1.62	2.82
31	1.75	3.00
32	1.75	3.00
33	1.75	3.23
34	1.80	3.32
35	1.85	3.46
36	1.94	3.60
37	1.94	3.65
38	2.08	3.83
39	2.17	3.97
40	2.26	4.29
41	2.40	4.57
42	2.45	4.75
43	2.58	4.94
44	2.72	5.22
45	2.82	5.54
46	2.95	5.72
47	3.09	6.05
48	3.23	6.42
49	3.42	6.69
50	3.65	7.15
51	3.78	7.38
52	3.92	7.80
53	4.15	8.12
54	4.38	8.58
55	4.71	9.05
56	4.94	9.51
57	5.26	10.15
58	5.68	10.94
59	6.05	11.63



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Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>2 Years</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$24,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
	60	6.51
61	7.02	13.38
62	7.71	14.49
63	8.49	15.83
64	9.23	17.17
65	10.48	19.34
66	11.63	21.23
67	12.92	23.40
68	14.22	25.52
69	15.69	28.02
70	17.35	30.60
71	19.25	33.51
72	21.32	36.88
73	23.72	40.34
74	26.17	44.26
75	31.48	52.57
76	34.52	57.18
77	37.94	61.94
78	41.54	67.38
79	45.46	72.74
80	49.85	79.15



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Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Simple Capped</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>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
18-30	2.22	3.78
31	2.22	3.83
32	2.22	3.88
33	2.31	4.02
34	2.35	4.34
35	2.45	4.43
36	2.49	4.62
37	2.54	4.75
38	2.68	5.12
39	2.86	5.35
40	2.95	5.45
41	3.09	5.86
42	3.18	6.14
43	3.32	6.42
44	3.51	6.74
45	3.74	7.15
46	3.83	7.48
47	4.02	7.85
48	4.25	8.22
49	4.34	8.58
50	4.62	9.05
51	4.89	9.46
52	5.17	10.06
53	5.45	10.57
54	5.68	11.08
55	6.09	11.68
56	6.42	12.28
57	6.83	13.11
58	7.29	14.08
59	7.80	14.95



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Simple Capped</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>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
	60	8.35
61	9.05	17.17
62	9.97	18.74
63	10.80	20.17
64	11.82	21.88
65	13.34	24.74
66	14.72	26.95
67	16.43	29.68
68	18.05	32.40
69	19.98	35.63
70	22.11	38.91
71	24.51	42.60
72	27.14	46.85
73	30.09	51.18
74	33.14	56.12
75	39.97	66.60
76	43.75	72.60
77	48.00	78.42
78	52.57	85.29
79	57.65	92.12
80	63.23	100.34



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Facility Monthly Benefit	<b>\$1,000</b>	Inflation Protection	<b>Simple Capped</b>
Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>5 Years</b>		
Home Benefit	<b>75%</b>		
Lifetime Maximum	<b>\$60,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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

**Calculate your Premium:**

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

***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
18-30	2.72	4.85
31	2.82	4.98
32	2.82	5.08
33	2.95	5.31
34	2.95	5.40
35	3.09	5.68
36	3.18	5.82
37	3.32	6.18
38	3.46	6.37
39	3.60	6.74
40	3.74	7.11
41	3.88	7.34
42	4.02	7.66
43	4.25	8.12
44	4.43	8.58
45	4.62	9.09
46	4.89	9.42
47	5.12	9.97
48	5.31	10.29
49	5.58	10.89
50	5.86	11.40
51	6.14	12.00
52	6.46	12.55
53	6.83	13.25
54	7.20	14.03
55	7.52	14.54
56	8.08	15.55
57	8.54	16.43
58	9.14	17.54
59	9.78	18.69



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Home Monthly Benefit	<b>\$750</b>		
Facility Benefit Duration	<b>5 Years</b>		
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Lifetime Maximum	<b>\$60,000</b>		
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***Bi-Weekly Rates***

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Simple Inflation Option
60	10.48	19.85
61	11.40	21.60
62	12.46	23.40
63	13.48	25.02
64	14.68	27.18
65	16.62	30.60
66	18.42	33.46
67	20.31	36.74
68	22.48	40.15
69	24.74	43.94
70	27.37	48.05
71	30.32	52.48
72	33.51	57.74
73	37.06	62.86
74	40.85	68.91
75	49.02	81.65
76	53.86	88.98
77	59.03	96.14
78	64.62	104.54
79	70.75	112.75
80	77.54	122.54