



**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 Base Plan	Plan 2 Base Plan With Simple Inflation Option
18-30	3.50	6.10
31	3.80	6.50
32	3.80	6.50
33	3.80	7.00
34	3.90	7.20
35	4.00	7.50
36	4.20	7.80
37	4.20	7.90
38	4.50	8.30
39	4.70	8.60
40	4.90	9.30
41	5.20	9.90
42	5.30	10.30
43	5.60	10.70
44	5.90	11.30
45	6.10	12.00
46	6.40	12.40
47	6.70	13.10
48	7.00	13.90
49	7.40	14.50
50	7.90	15.50
51	8.20	16.00
52	8.50	16.90
53	9.00	17.60
54	9.50	18.60
55	10.20	19.60
56	10.70	20.60
57	11.40	22.00
58	12.30	23.70
59	13.10	25.20



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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
60	14.10	26.90
61	15.20	29.00
62	16.70	31.40
63	18.40	34.30
64	20.00	37.20
65	22.70	41.90
66	25.20	46.00
67	28.00	50.70
68	30.80	55.30
69	34.00	60.70
70	37.60	66.30
71	41.70	72.60
72	46.20	79.90
73	51.40	87.40
74	56.70	95.90
75	68.20	113.90
76	74.80	123.90
77	82.20	134.20
78	90.00	146.00
79	98.50	157.60
80	108.00	171.50



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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	4.80	8.20
31	4.80	8.30
32	4.80	8.40
33	5.00	8.70
34	5.10	9.40
35	5.30	9.60
36	5.40	10.00
37	5.50	10.30
38	5.80	11.10
39	6.20	11.60
40	6.40	11.80
41	6.70	12.70
42	6.90	13.30
43	7.20	13.90
44	7.60	14.60
45	8.10	15.50
46	8.30	16.20
47	8.70	17.00
48	9.20	17.80
49	9.40	18.60
50	10.00	19.60
51	10.60	20.50
52	11.20	21.80
53	11.80	22.90
54	12.30	24.00
55	13.20	25.30
56	13.90	26.60
57	14.80	28.40
58	15.80	30.50
59	16.90	32.40



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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		

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	18.10	34.50
61	19.60	37.20
62	21.60	40.60
63	23.40	43.70
64	25.60	47.40
65	28.90	53.60
66	31.90	58.40
67	35.60	64.30
68	39.10	70.20
69	43.30	77.20
70	47.90	84.30
71	53.10	92.30
72	58.80	101.50
73	65.20	110.90
74	71.80	121.60
75	86.60	144.30
76	94.80	157.30
77	104.00	169.90
78	113.90	184.80
79	124.90	199.60
80	137.00	217.40



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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	5.90	10.50
31	6.10	10.80
32	6.10	11.00
33	6.40	11.50
34	6.40	11.70
35	6.70	12.30
36	6.90	12.60
37	7.20	13.40
38	7.50	13.80
39	7.80	14.60
40	8.10	15.40
41	8.40	15.90
42	8.70	16.60
43	9.20	17.60
44	9.60	18.60
45	10.00	19.70
46	10.60	20.40
47	11.10	21.60
48	11.50	22.30
49	12.10	23.60
50	12.70	24.70
51	13.30	26.00
52	14.00	27.20
53	14.80	28.70
54	15.60	30.40
55	16.30	31.50
56	17.50	33.70
57	18.50	35.60
58	19.80	38.00
59	21.20	40.50



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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		

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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	22.70	43.00
61	24.70	46.80
62	27.00	50.70
63	29.20	54.20
64	31.80	58.90
65	36.00	66.30
66	39.90	72.50
67	44.00	79.60
68	48.70	87.00
69	53.60	95.20
70	59.30	104.10
71	65.70	113.70
72	72.60	125.10
73	80.30	136.20
74	88.50	149.30
75	106.20	176.90
76	116.70	192.80
77	127.90	208.30
78	140.00	226.50
79	153.30	244.30
80	168.00	265.50