



**RATE SHEET
OREGON SCHOOL DISTRICT**

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 3 Years 100% \$36,000 90 Days Professional	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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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	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	4.70	5.60	13.80	16.70
31	4.70	5.60	13.90	16.80
32	4.70	5.60	14.00	17.00
33	4.80	5.80	14.60	17.60
34	5.00	6.00	15.10	18.20
35	5.10	6.10	15.50	18.70
36	5.30	6.40	15.90	19.20
37	5.50	6.70	16.20	19.60
38	5.80	7.10	16.80	20.40
39	6.00	7.20	17.30	20.80
40	6.10	7.30	17.50	21.00
41	6.60	7.90	18.40	22.00
42	6.80	8.10	18.80	22.40
43	6.90	8.30	19.40	23.10
44	7.40	8.90	20.10	23.90
45	7.80	9.20	20.60	24.40
46	8.00	9.50	21.20	25.10
47	8.40	9.90	21.70	25.60
48	8.80	10.30	22.10	25.80
49	9.00	10.50	22.60	26.40
50	9.60	11.30	23.40	27.40
51	10.20	11.90	24.10	28.20
52	10.70	12.50	24.70	28.90
53	11.20	13.00	25.30	29.30
54	11.50	13.30	26.10	30.20
55	12.40	14.40	27.10	31.40
56	13.00	15.00	28.00	32.40
57	13.80	16.10	29.30	34.00
58	14.70	17.10	30.30	35.20
59	15.50	17.90	31.30	36.30



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
		Base Plan With Non Forfeiture	Base Plan With Compound Inflation	Base Plan With Non Forfeiture Compound Inflation
	Base Plan	Option	Option	Option
60	16.50	19.20	32.80	38.10
61	17.80	20.60	34.90	40.50
62	19.50	22.40	37.20	42.80
63	21.00	24.20	39.40	45.30
64	23.00	26.50	42.20	48.50
65	25.80	29.70	46.40	53.40
66	28.60	32.60	50.30	57.30
67	31.50	36.00	54.40	62.00
68	34.60	39.40	58.50	66.70
69	38.30	43.70	63.50	72.30
70	42.20	48.10	67.80	77.30
71	46.80	52.90	74.30	83.90
72	51.80	58.50	80.70	91.20
73	57.20	64.10	87.10	97.50
74	63.00	70.50	94.10	105.40
75	75.70	84.00	111.00	123.30
76	82.80	91.90	120.20	133.40
77	90.80	99.90	129.20	142.10
78	99.20	109.20	139.20	153.20
79	108.80	119.70	149.70	164.70
80	119.10	131.00	161.60	177.80



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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	6.30	7.60	18.40	22.30
31	6.30	7.70	18.90	22.80
32	6.40	7.80	19.20	23.20
33	6.50	7.90	19.60	23.80
34	6.80	8.20	20.30	24.60
35	7.10	8.60	21.10	25.50
36	7.20	8.70	21.40	25.90
37	7.40	9.00	21.90	26.50
38	7.80	9.40	22.50	27.20
39	8.10	9.70	23.20	27.80
40	8.40	10.10	23.80	28.50
41	8.50	10.30	24.30	29.10
42	9.10	10.90	25.20	30.00
43	9.40	11.20	25.70	30.60
44	10.10	12.00	26.90	32.00
45	10.70	12.60	28.00	33.00
46	10.90	12.90	28.20	33.20
47	11.50	13.60	28.90	34.10
48	12.10	14.20	29.90	34.90
49	12.30	14.40	30.40	35.50
50	12.80	14.90	31.00	36.20
51	13.60	15.90	32.00	37.40
52	14.30	16.70	33.00	38.60
53	14.90	17.30	33.80	39.30
54	15.80	18.40	35.10	40.70
55	16.70	19.30	36.00	41.80
56	17.40	20.10	37.10	43.00
57	18.40	21.40	38.50	44.60
58	19.60	22.70	40.10	46.50
59	20.90	24.30	41.70	48.40



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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	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	22.10	25.60	43.30	50.30
61	23.90	27.70	46.00	53.40
62	26.00	29.90	49.20	56.50
63	28.40	32.70	52.20	60.00
64	30.70	35.30	55.60	64.00
65	34.20	39.30	61.00	70.20
66	37.70	43.00	65.80	75.00
67	41.80	47.60	71.50	81.50
68	45.90	52.30	76.80	87.60
69	50.60	57.70	82.80	94.40
70	55.50	63.30	88.60	101.00
71	61.50	69.50	96.90	109.40
72	67.80	76.60	105.00	118.60
73	74.80	83.80	113.10	126.70
74	82.30	92.10	122.40	137.10
75	98.70	109.50	143.90	159.80
76	108.10	120.00	155.70	172.90
77	118.30	130.20	167.30	184.00
78	129.40	142.30	180.40	198.40
79	141.60	155.70	193.70	213.10
80	154.90	170.40	209.00	229.90



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<i>Base Plan</i> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days Professional	<i>Options</i> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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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	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	9.00	10.90	25.60	30.90
31	9.00	10.90	26.10	31.50
32	9.10	11.10	26.70	32.20
33	9.20	11.20	27.00	32.70
34	9.40	11.40	27.60	33.40
35	9.60	11.60	28.30	34.20
36	10.10	12.20	29.20	35.30
37	10.30	12.50	29.80	36.00
38	10.70	13.00	30.60	37.10
39	11.20	13.40	31.60	37.90
40	11.60	13.90	32.30	38.80
41	12.20	14.60	33.50	40.20
42	12.60	15.00	34.40	40.90
43	13.20	15.70	35.40	42.10
44	13.70	16.30	36.40	43.30
45	14.60	17.20	37.50	44.20
46	15.10	17.80	38.40	45.30
47	15.70	18.50	39.20	46.20
48	16.60	19.40	40.50	47.40
49	17.10	20.00	41.20	48.20
50	17.90	21.00	42.20	49.40
51	18.50	21.70	43.20	50.60
52	19.70	23.10	44.50	52.10
53	20.50	23.80	45.70	53.00
54	21.40	24.80	46.80	54.30
55	22.30	25.90	47.70	55.40
56	23.60	27.40	49.30	57.20
57	25.10	29.20	51.60	59.80
58	26.50	30.70	53.10	61.50
59	28.00	32.50	55.30	64.10



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<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		

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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	29.60	34.40	57.10	66.30
61	32.10	37.20	60.50	70.20
62	34.70	39.90	64.50	74.20
63	37.40	43.00	68.10	78.40
64	40.20	46.20	71.80	82.60
65	44.70	51.40	78.70	90.50
66	49.40	56.30	85.30	97.20
67	54.40	62.10	92.10	105.00
68	59.90	68.30	98.80	112.70
69	65.90	75.10	106.80	121.70
70	72.50	82.70	114.80	130.90
71	80.10	90.50	124.70	140.90
72	88.00	99.40	134.70	152.20
73	96.60	108.10	145.00	162.40
74	106.10	118.80	156.50	175.30
75	127.00	140.90	183.80	204.10
76	139.00	154.20	198.90	220.80
77	152.00	167.20	213.50	234.90
78	165.70	182.20	229.50	252.40
79	181.10	199.20	246.20	270.90
80	197.70	217.50	265.40	291.90