



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit \$1,000 Home Monthly Benefit \$500 Facility Benefit Duration 3 Years Home Benefit 50% Lifetime Maximum \$36,000 Elimination Period 90 Days Home Care Level Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
---	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	4.30	6.50	7.10	10.60
31	4.30	6.50	7.40	10.90
32	4.30	6.60	7.40	11.00
33	4.50	6.80	7.90	11.60
34	4.50	6.90	8.10	11.90
35	4.90	7.20	8.50	12.40
36	4.90	7.40	8.70	12.70
37	5.00	7.60	9.00	13.20
38	5.30	7.90	9.70	14.10
39	5.70	8.40	10.20	14.60
40	5.80	8.60	10.50	15.10
41	6.00	8.90	11.00	15.80
42	6.10	9.20	11.20	16.20
43	6.80	10.00	12.20	17.20
44	7.00	10.40	12.50	17.90
45	7.20	10.70	13.20	18.90
46	7.50	11.20	13.60	19.60
47	7.90	11.90	14.20	20.40
48	8.30	12.60	14.80	21.50
49	8.70	13.30	15.50	22.60
50	9.10	13.90	16.30	23.70
51	9.90	15.00	17.20	25.10
52	10.50	15.90	18.10	26.50
53	11.10	16.90	19.00	27.90
54	11.60	17.90	20.00	29.30
55	12.50	19.00	21.20	30.80
56	13.20	20.20	22.30	32.40
57	14.30	21.70	23.80	34.70
58	15.20	23.00	25.10	36.40
59	16.50	25.00	26.90	38.90



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 3 Years 50% \$36,000 90 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
--	--	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	17.80	26.80	28.90	41.50
61	19.40	28.90	31.10	44.40
62	21.50	31.60	34.10	48.30
63	23.40	34.30	36.90	52.00
64	25.80	37.30	40.00	55.70
65	29.50	41.70	45.20	61.80
66	32.40	45.30	49.40	66.70
67	36.30	49.90	54.30	72.30
68	40.10	54.20	59.20	78.00
69	44.40	59.30	64.80	84.20
70	49.40	64.90	70.70	90.90
71	54.70	70.90	77.70	98.80
72	60.60	77.70	85.60	107.50
73	67.40	85.40	93.60	116.70
74	74.50	93.60	102.90	126.90
75	90.00	111.70	122.60	149.80
76	98.70	121.40	132.80	160.90
77	108.50	132.10	144.80	173.90
78	118.70	143.40	156.00	186.20
79	130.60	156.40	170.50	201.70
80	143.50	170.30	184.40	216.60
81	158.10	185.90	201.90	234.90
82	175.20	204.60	220.10	254.70
83	193.90	225.30	241.80	278.60
84	213.50	246.70	262.10	300.60



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit \$1,000 Home Monthly Benefit \$500 Facility Benefit Duration 6 Years Home Benefit 50% Lifetime Maximum \$72,000 Elimination Period 90 Days Home Care Level Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
---	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	5.50	8.50	9.40	14.10
31	5.70	8.80	9.60	14.50
32	6.00	9.10	10.10	15.10
33	6.20	9.30	10.70	15.80
34	6.20	9.50	10.90	16.20
35	6.40	9.80	11.20	16.80
36	6.50	9.90	11.60	17.30
37	7.00	10.50	12.50	18.30
38	7.20	10.90	12.80	18.90
39	7.40	11.20	13.20	19.30
40	7.60	11.50	13.90	20.30
41	7.90	12.00	14.40	21.10
42	8.40	12.70	15.10	22.20
43	8.80	13.30	15.80	23.10
44	9.30	14.00	16.80	24.40
45	9.80	14.70	17.50	25.40
46	10.40	15.60	18.20	26.50
47	10.70	16.20	18.90	27.70
48	11.40	17.20	19.90	29.20
49	11.70	18.10	20.90	30.90
50	12.30	19.10	21.70	32.30
51	13.10	20.40	22.90	34.10
52	13.70	21.40	23.90	35.80
53	14.60	23.00	25.20	38.00
54	15.30	24.20	26.20	39.60
55	16.50	25.90	27.90	41.90
56	17.60	27.60	29.40	44.20
57	18.90	29.70	31.40	47.10
58	20.30	31.90	33.30	49.80
59	21.50	33.90	35.00	52.60



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 6 Years 50% \$72,000 90 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
--	--	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	23.20	36.40	37.30	55.90
61	25.60	39.90	40.90	61.00
62	27.80	43.20	43.90	65.30
63	30.40	46.90	47.80	70.70
64	33.60	51.40	51.90	76.10
65	38.00	57.30	58.20	84.30
66	42.00	62.60	63.90	91.80
67	46.80	68.70	70.10	99.20
68	51.50	74.70	76.00	106.80
69	57.10	81.50	82.90	115.00
70	63.10	89.30	90.60	124.60
71	70.30	98.20	99.40	135.60
72	77.60	107.20	109.40	147.40
73	85.90	117.60	119.10	159.70
74	95.00	128.90	131.00	173.80
75	114.30	153.90	155.40	204.90
76	125.60	167.50	168.30	220.30
77	137.60	182.20	183.00	237.90
78	151.10	198.60	198.40	256.40
79	165.50	215.90	215.50	276.60
80	181.60	235.10	233.00	297.20
81	199.50	256.40	254.10	321.70
82	220.80	282.20	276.90	349.50
83	243.60	310.00	303.10	380.80
84	267.70	339.40	328.10	411.30



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
--	---	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	7.80	12.40	13.10	20.30
31	7.80	12.50	13.40	20.70
32	8.00	12.70	13.80	21.30
33	8.10	13.00	14.10	21.90
34	8.20	13.20	14.40	22.30
35	8.50	13.60	15.40	23.60
36	8.90	14.10	15.80	24.30
37	9.20	14.60	16.40	25.20
38	9.50	15.00	16.90	25.90
39	10.00	15.70	17.70	27.00
40	10.20	16.30	18.50	28.30
41	10.70	16.90	19.30	29.40
42	11.20	17.70	20.30	30.80
43	11.80	18.50	21.10	31.90
44	12.20	19.30	22.10	33.40
45	12.80	20.20	23.10	35.00
46	13.70	21.40	24.10	36.50
47	14.10	22.50	24.90	38.20
48	15.00	24.00	26.40	40.60
49	15.60	25.20	27.40	42.40
50	16.50	26.80	28.50	44.60
51	17.20	28.30	29.90	47.10
52	18.20	30.00	31.20	49.50
53	19.40	32.20	33.20	52.60
54	20.40	33.90	34.60	55.20
55	21.50	36.00	35.90	57.20
56	22.70	38.20	38.10	60.70
57	24.30	41.00	40.30	64.70
58	26.20	44.30	42.60	68.40
59	27.90	47.30	45.20	72.70



RATE SHEET
OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$500 Unlimited 50% Unlimited 90 Days Professional	<u>Options</u> Home Care Level Inflation Protection	Total Simple Uncapped
--	---	---	--

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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	29.90	50.60	47.90	77.00
61	32.60	55.20	51.90	83.40
62	35.80	60.30	56.30	90.30
63	39.00	65.60	60.60	97.40
64	42.30	71.20	65.20	104.30
65	48.20	79.70	73.40	116.10
66	53.40	87.20	80.50	126.20
67	59.20	95.30	88.10	136.20
68	65.40	104.10	95.80	147.30
69	72.00	113.30	104.20	158.30
70	79.70	123.90	113.70	171.20
71	88.30	135.70	124.90	186.70
72	97.50	148.30	136.90	201.90
73	107.40	161.80	148.90	218.50
74	118.20	176.50	162.50	235.90
75	142.00	210.10	192.50	277.60
76	156.00	228.70	208.60	298.70
77	171.30	248.90	227.40	322.90
78	187.30	270.50	245.20	346.80
79	204.60	293.40	265.90	373.40
80	224.00	318.60	286.70	400.10
81	245.90	346.70	312.50	432.50
82	271.80	380.50	340.20	468.40
83	298.60	416.10	371.00	508.50
84	327.30	453.60	400.40	547.00