



RATE SHEET
AMERICAN ASSOCIATION FOR CANCER RESEARCH

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	50%		
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:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)}$$

FOR EMPLOYEES ONLY:

$$\frac{\text{Rate for Funded Plan 1 (3 Year Duration)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	Base Plan	Option	Option	Option
18-30	2.90	4.40	8.90	12.50
31	2.90	4.40	9.10	12.70
32	2.90	4.40	9.30	13.00
33	2.90	4.50	9.50	13.30
34	3.00	4.70	9.80	13.70
35	3.10	4.80	10.00	14.00
36	3.20	4.90	10.40	14.40
37	3.40	5.10	10.70	14.80
38	3.50	5.40	11.00	15.20
39	3.70	5.60	11.40	15.70
40	3.80	5.70	11.70	16.00
41	4.10	6.00	12.00	16.50
42	4.20	6.30	12.40	17.10
43	4.40	6.60	12.80	17.60
44	4.50	6.80	13.10	18.10
45	4.90	7.30	13.80	18.80
46	5.10	7.60	14.00	19.30
47	5.40	8.00	14.40	19.90
48	5.60	8.40	14.90	20.70
49	5.90	8.90	15.40	21.50
50	6.10	9.30	15.70	22.10
51	6.60	10.10	16.40	23.00
52	6.90	10.70	17.00	24.10
53	7.30	11.30	17.40	24.80
54	7.70	11.90	18.00	25.60
55	8.20	12.70	18.80	26.50
56	8.70	13.50	19.70	27.80
57	9.30	14.40	20.70	29.20
58	10.10	15.50	21.70	30.50
59	10.80	16.60	22.60	31.90



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Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

	X		÷	\$1,000	=		(A)	
Your Rate for plan chosen		Facility Monthly Benefit Amount				Your Premium		
FOR EMPLOYEES ONLY:							(B)	
		Rate for Funded Plan 1 (3 Year Duration)			=	Employer Paid Amount		
A MINUS B							=	<u>EMPLOYEE'S COST</u>

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	Base Plan	Option	Option	Option
18-30	3.70	5.80	11.80	16.80
31	3.80	5.90	12.10	17.20
32	3.90	6.00	12.40	17.60
33	4.00	6.20	12.90	18.10
34	4.10	6.30	13.00	18.40
35	4.30	6.60	13.60	19.10
36	4.40	6.70	13.80	19.40
37	4.60	7.00	14.30	20.10
38	4.70	7.30	14.70	20.60
39	4.90	7.50	15.00	21.10
40	5.20	7.90	15.60	21.70
41	5.30	8.10	15.80	22.30
42	5.60	8.60	16.50	23.10
43	5.90	8.90	17.00	23.70
44	6.10	9.30	17.50	24.30
45	6.50	9.80	18.10	25.30
46	6.80	10.40	18.70	26.20
47	7.10	10.90	19.10	26.90
48	7.50	11.60	19.70	27.90
49	7.80	12.10	20.30	28.90
50	8.20	12.80	20.80	29.80
51	8.60	13.60	21.60	31.10
52	9.20	14.50	22.40	32.30
53	9.70	15.40	23.00	33.50
54	10.30	16.30	23.90	34.80
55	10.90	17.40	24.80	35.90
56	11.60	18.50	25.90	37.50
57	12.40	19.80	27.00	39.30
58	13.20	21.20	28.30	41.20
59	14.20	22.70	29.60	43.20



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Facility Monthly Benefit	\$1,000	Home Care Level	Total Compound Uncapped
Home Monthly Benefit	\$500	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)}$$

FOR EMPLOYEES ONLY:

$$\frac{\text{Rate for Funded Plan 1 (3 Year Duration)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	Base Plan	Option	Option	Option
60	15.20	24.20	30.90	45.20
61	16.70	26.50	33.30	48.50
62	18.30	28.90	35.80	52.00
63	20.00	31.30	38.10	55.10
64	21.90	34.00	40.90	59.00
65	24.90	38.10	45.40	64.80
66	27.50	41.50	49.00	69.30
67	30.60	45.50	53.50	74.90
68	33.80	49.60	57.60	79.90
69	37.30	54.10	62.20	85.60
70	41.30	59.20	67.10	91.70
71	45.80	64.80	73.20	99.20
72	50.70	71.00	79.60	106.90
73	56.20	77.90	86.00	115.10
74	62.00	85.10	93.20	123.80
75	74.60	101.60	109.90	145.00
76	81.90	110.60	119.10	156.10
77	89.90	120.40	128.20	167.00
78	98.50	130.90	138.50	178.90
79	108.00	142.40	148.80	191.60
80	118.40	154.90	161.00	206.00



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

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

Calculate your Premium:

$$\frac{\text{Your Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium (A)}$$

FOR EMPLOYEES ONLY:

$$\frac{\text{Rate for Funded Plan 1 (3 Year Duration)}}{\text{Facility Monthly Benefit Amount}} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	19.80	33.90	39.60	62.00
61	21.60	37.00	42.40	66.40
62	23.40	40.20	45.40	71.10
63	25.70	43.80	48.30	75.80
64	27.90	47.50	51.50	80.70
65	31.60	53.10	57.00	88.70
66	35.00	58.10	61.90	95.40
67	38.70	63.40	67.10	102.60
68	42.80	69.30	72.30	109.60
69	47.30	75.50	78.10	117.60
70	52.20	82.40	84.10	125.80
71	57.80	90.20	91.60	135.90
72	63.80	98.40	99.40	146.10
73	70.20	107.40	107.10	157.00
74	77.40	117.10	115.70	168.20
75	92.90	139.40	136.20	196.60
76	102.10	151.70	147.80	211.90
77	111.90	164.90	158.90	226.30
78	122.30	179.10	171.20	242.10
79	133.80	194.40	183.90	259.00
80	146.50	211.00	198.40	277.90