



RATE SHEET
BOOZ ALLEN HAMILTON

<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		
Non Forfeiture	Shortened Benefit Period		

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 With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	2.50	3.80	7.90	11.10
31	2.50	3.80	8.00	11.20
32	2.50	3.90	8.20	11.50
33	2.60	4.00	8.40	11.80
34	2.70	4.10	8.60	12.00
35	2.80	4.20	8.90	12.40
36	2.80	4.30	9.10	12.70
37	2.90	4.50	9.30	13.00
38	3.10	4.70	9.70	13.40
39	3.20	4.90	10.00	13.70
40	3.30	5.00	10.20	14.00
41	3.50	5.20	10.50	14.50
42	3.60	5.50	10.80	14.80
43	3.80	5.70	11.10	15.20
44	3.90	5.90	11.50	15.80
45	4.20	6.20	11.80	16.10
46	4.30	6.50	12.10	16.60
47	4.50	6.80	12.40	17.10
48	4.80	7.20	12.70	17.70
49	5.00	7.60	13.10	18.30
50	5.20	8.00	13.40	18.90
51	5.60	8.60	14.00	19.70
52	5.90	9.10	14.50	20.50
53	6.20	9.60	14.80	21.00
54	6.50	10.10	15.30	21.70
55	7.00	10.80	16.00	22.50
56	7.40	11.40	16.70	23.50
57	8.00	12.30	17.50	24.70
58	8.50	13.10	18.30	25.80
59	9.20	14.10	19.20	27.10

Insurance age is your age on the date you sign the Benefit Election Form.



RATE SHEET
BOOZ ALLEN HAMILTON

<i>Base Plan</i> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level Non Forfeiture	\$1,000 \$500 3 Years 50% \$36,000 90 Days Professional Shortened Benefit Period	<i>Options</i> Home Care Level Inflation Protection	Total Compound 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 Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
60	9.90	15.10	20.20	28.40
61	10.80	16.30	21.60	30.20
62	11.80	17.70	23.20	32.20
63	12.90	19.10	24.70	34.10
64	14.20	20.80	26.70	36.50
65	16.20	23.30	29.60	40.10
66	17.70	25.10	31.80	42.40
67	19.80	27.50	34.60	45.70
68	21.80	29.90	37.40	48.80
69	24.20	32.70	40.60	52.40
70	26.80	35.70	43.70	55.90
71	29.60	38.80	47.40	60.00
72	32.80	42.40	51.50	64.60
73	36.10	46.20	55.40	68.90
74	39.90	50.50	60.10	74.10
75	47.60	59.70	70.40	86.10
76	52.30	64.90	76.40	92.60
77	56.90	69.90	81.40	97.90
78	62.40	76.00	88.10	105.10
79	68.50	82.70	94.80	112.30
80	75.30	90.00	102.60	120.70

Insurance age is your age on the date you sign the Benefit Election Form.



RATE SHEET
BOOZ ALLEN HAMILTON

<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	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Non Forfeiture	Shortened Benefit Period		

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 With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
18-30	3.30	5.10	10.40	14.80
31	3.40	5.20	10.70	15.20
32	3.40	5.30	11.00	15.50
33	3.50	5.40	11.30	16.00
34	3.60	5.60	11.50	16.30
35	3.70	5.80	11.90	16.80
36	3.80	5.90	12.20	17.10
37	4.00	6.10	12.60	17.60
38	4.20	6.40	13.00	18.20
39	4.30	6.60	13.20	18.50
40	4.40	6.80	13.60	19.00
41	4.60	7.10	13.90	19.50
42	4.80	7.40	14.30	20.00
43	5.00	7.70	14.70	20.50
44	5.30	8.10	15.20	21.20
45	5.60	8.40	15.60	21.70
46	5.80	8.90	16.10	22.50
47	6.10	9.40	16.50	23.20
48	6.40	9.90	16.80	23.90
49	6.60	10.30	17.40	24.70
50	7.00	11.00	17.80	25.50
51	7.30	11.60	18.40	26.50
52	7.80	12.30	19.10	27.50
53	8.20	13.00	19.50	28.40
54	8.70	13.80	20.20	29.40
55	9.20	14.70	21.00	30.40
56	9.80	15.60	21.90	31.70
57	10.50	16.80	22.90	33.30
58	11.20	17.90	24.00	34.90
59	12.10	19.20	25.10	36.60

Insurance age is your age on the date you sign the Benefit Election Form.



RATE SHEET
BOOZ ALLEN HAMILTON

<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	6 Years		
Home Benefit	50%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Non Forfeiture	Shortened Benefit Period		

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 With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	12.90	20.60	26.20	38.40
61	14.20	22.40	28.20	41.10
62	15.40	24.20	30.10	43.70
63	16.80	26.30	32.00	46.30
64	18.50	28.70	34.40	49.70
65	20.90	32.00	38.20	54.50
66	23.00	34.70	40.90	57.90
67	25.50	37.90	44.60	62.50
68	28.20	41.40	48.00	66.60
69	31.10	45.10	51.90	71.40
70	34.40	49.30	55.90	76.40
71	37.90	53.70	60.50	82.10
72	42.00	58.80	65.80	88.40
73	46.00	63.80	70.40	94.20
74	50.90	69.80	76.40	101.40
75	60.60	82.60	89.30	117.80
76	66.60	89.90	96.80	126.80
77	72.40	96.90	103.20	134.30
78	79.30	105.40	111.50	144.10
79	87.00	114.70	119.80	154.20
80	95.30	124.80	129.60	165.80

Insurance age is your age on the date you sign the Benefit Election Form.