



**RATE SHEET
BOSE CORPORATION**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	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
	Base Plan	Base Plan With Accelerated Option
18-30	9.80	14.90
31	10.20	15.50
32	10.20	15.60
33	10.60	16.30
34	11.20	17.10
35	11.40	18.30
36	11.80	18.90
37	12.20	19.70
38	13.00	20.90
39	13.60	22.00
40	13.90	22.60
41	14.80	24.00
42	15.10	24.60
43	16.00	26.00
44	16.70	27.30
45	17.50	31.30
46	18.00	32.40
47	18.70	33.90
48	19.50	35.80
49	20.20	37.40
50	21.00	39.40
51	22.00	40.70
52	23.10	42.10
53	24.00	43.40
54	24.80	44.10
55	26.10	45.90
56	27.30	47.40
57	28.90	49.50
58	30.20	50.90
59	32.00	53.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated Payment	YES
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	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
	Base Plan	Base Plan With Accelerated Option
60	33.90	55.50
61	36.10	58.40
62	39.20	62.50
63	41.90	65.90
64	45.20	70.00
65	50.50	72.90
66	54.90	77.80
67	60.10	84.10
68	65.30	89.60
69	71.10	96.40
70	77.20	98.90
71	84.70	107.70
72	92.90	116.60
73	101.40	125.40
74	110.90	136.20
75	131.70	149.10
76	142.40	159.80
77	154.60	173.60
78	166.80	185.90
79	181.20	200.30
80	195.80	204.90
81	213.60	223.60
82	232.70	241.50
83	254.80	264.40
84	276.10	283.90



**Rate Sheet
Bose Corporation**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	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
	Base Plan	Base Plan With Accelerated Option
18-30	13.10	19.90
31	13.30	20.30
32	13.90	21.30
33	14.50	22.10
34	14.90	22.80
35	15.70	25.00
36	16.00	25.60
37	16.70	26.80
38	17.60	28.20
39	18.10	29.20
40	18.80	30.20
41	19.50	31.50
42	20.50	33.20
43	21.50	34.80
44	22.60	36.90
45	23.50	41.90
46	24.50	43.80
47	25.30	45.70
48	26.50	48.40
49	27.30	50.30
50	28.30	52.80
51	29.60	54.60
52	30.80	56.00
53	32.20	57.80
54	33.50	59.20
55	35.00	61.10
56	36.50	63.10
57	38.60	65.70
58	40.30	67.40
59	42.70	70.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	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
	Base Plan	Base Plan With Accelerated Option
60	44.80	72.90
61	48.10	77.40
62	51.60	81.90
63	55.80	87.20
64	59.50	91.70
65	66.30	95.10
66	72.40	102.10
67	78.80	109.70
68	85.70	117.20
69	92.90	125.50
70	101.20	129.00
71	110.80	140.30
72	121.50	151.80
73	132.10	162.70
74	144.50	176.90
75	171.00	193.10
76	184.90	207.00
77	200.80	224.90
78	216.70	240.90
79	235.20	259.40
80	253.60	264.90
81	276.10	288.40
82	300.60	311.50
83	328.50	340.40
84	355.30	365.10



**Rate Sheet
Bose Corporation**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Accelerated	YES
Home Monthly Benefit	\$1,000	Payment	
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		
Inflation Protection	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
	Base Plan	Base Plan With Accelerated Option
18-30	18.60	28.00
31	18.80	28.40
32	19.60	29.80
33	20.30	30.70
34	20.60	31.20
35	21.50	34.00
36	22.00	35.00
37	23.40	37.10
38	23.90	38.00
39	24.80	39.60
40	26.00	41.40
41	27.30	43.60
42	28.40	45.70
43	29.40	47.20
44	30.90	49.80
45	32.30	57.00
46	33.40	59.20
47	34.50	61.80
48	36.10	65.20
49	37.10	67.80
50	38.60	71.30
51	40.10	73.20
52	42.00	75.30
53	43.80	77.70
54	45.30	79.30
55	46.70	80.80
56	49.10	83.90
57	51.60	87.00
58	53.70	88.90
59	56.60	92.40



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Home Benefit	100%		
Lifetime Maximum	Unlimited		
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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Accelerated Option
60	59.50	95.90
61	63.70	101.50
62	68.30	107.30
63	72.80	112.80
64	77.80	118.80
65	86.10	122.70
66	94.30	131.90
67	102.30	141.50
68	111.20	151.00
69	120.60	161.80
70	131.10	166.20
71	143.50	180.50
72	156.60	194.70
73	170.00	208.50
74	185.10	225.70
75	218.60	246.10
76	236.50	263.80
77	256.70	286.50
78	276.10	306.10
79	299.40	329.50
80	322.10	335.80
81	350.10	365.00
82	380.00	393.10
83	414.00	428.40
84	446.10	457.90