



RATE SHEET
Everett School District

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Paid-Up Option	Yes
Home Monthly Benefit	\$500	Inflation Protection	Simple Inflation
Facility Benefit Duration	3 Years		
Home Benefit	50%		
Lifetime Maximum	\$36,000		
Elimination Period	60 Days		
Home Care Level	Professional		

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 Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
18-24	9.50	12.80	15.10	21.30
25	9.50	12.80	15.10	21.30
26	9.50	12.80	15.20	21.30
27	9.50	12.80	15.20	21.40
28	9.60	13.30	15.80	21.60
29	9.80	13.50	16.00	22.20
30	9.90	13.70	16.30	22.70
31	10.20	14.20	16.80	23.20
32	10.70	14.30	17.50	24.00
33	11.20	14.80	18.10	24.60
34	11.40	15.30	18.90	25.50
35	12.00	16.00	19.70	26.70
36	12.40	16.60	20.30	27.20
37	13.20	17.30	21.30	28.20
38	13.60	18.20	22.00	29.40
39	14.00	18.60	23.20	30.60
40	14.90	20.00	24.10	32.70
41	15.50	20.50	25.40	34.10
42	16.20	21.50	26.60	35.20
43	17.20	22.40	28.00	36.80
44	18.00	23.50	29.40	38.60
45	19.10	24.80	30.60	40.20
46	20.20	25.60	32.20	41.80
47	21.20	27.00	34.10	43.70
48	22.30	28.40	35.80	45.70
49	23.40	29.70	37.50	47.50
50	24.90	32.10	39.30	51.30
51	26.30	33.60	41.60	53.80
52	27.70	35.40	44.10	56.10
53	29.50	37.10	46.60	58.80



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
54	31.10	39.30	49.10	61.70
55	33.20	41.30	51.70	64.80
56	36.10	44.40	55.80	69.10
57	38.80	47.40	59.80	73.60
58	41.80	51.10	64.40	78.50
59	45.40	54.80	69.30	83.90
60	49.20	60.20	74.40	92.00
61	53.30	64.90	80.40	98.30
62	57.80	70.20	86.90	105.40
63	63.20	75.60	93.70	112.60
64	68.60	81.30	101.30	120.50
65	76.40	90.00	113.10	132.40
66	83.00	96.60	121.00	141.20
67	90.10	104.50	130.10	150.70
68	98.40	112.90	140.20	160.70
69	107.60	122.60	151.40	172.40
70	118.10	134.30	163.40	186.70
71	129.20	145.60	176.30	200.20
72	140.60	157.70	190.00	213.80
73	151.60	169.30	203.20	227.20
74	163.60	181.60	216.70	241.60
75	178.80	196.20	236.10	259.90
76	192.20	210.60	252.40	276.30
77	207.00	225.70	269.00	294.10
78	221.50	240.40	285.30	310.60
79	236.40	255.80	302.60	328.50
80	252.80	272.90	321.20	347.30



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Paid-Up Option	Yes
Home Monthly Benefit	\$500	Inflation Protection	Simple Inflation
Facility Benefit Duration	5 Years		
Home Benefit	50%		
Lifetime Maximum	\$60,000		
Elimination Period	60 Days		
Home Care Level	Professional		

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 Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
18-24	10.10	14.10	16.40	23.20
25	10.10	14.10	16.40	23.20
26	10.10	14.10	16.40	23.20
27	10.30	14.20	16.60	23.70
28	10.30	14.20	17.10	23.90
29	10.40	14.50	17.40	24.20
30	10.80	15.10	17.90	24.90
31	10.90	15.40	18.40	25.50
32	11.40	15.90	19.20	26.50
33	12.00	16.50	19.80	27.20
34	12.50	17.00	20.50	28.30
35	12.90	17.50	21.40	29.30
36	13.10	18.00	22.10	30.10
37	14.10	18.90	23.20	31.20
38	14.60	19.40	24.30	32.70
39	15.40	20.40	25.30	34.00
40	15.90	21.80	26.50	36.40
41	17.00	22.80	27.90	37.90
42	17.80	23.50	29.30	39.40
43	18.80	24.90	30.70	41.10
44	19.60	26.20	32.30	43.00
45	20.80	27.40	34.00	44.90
46	21.70	28.70	35.60	47.20
47	23.10	30.10	37.70	49.00
48	24.40	31.80	39.70	51.30
49	25.70	33.20	42.00	53.80
50	27.20	35.80	44.00	57.90
51	29.00	37.40	47.00	60.80
52	30.80	39.80	49.40	63.90
53	32.80	41.80	52.60	67.30



RATE SHEET
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<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 5 Years 50% \$60,000 60 Days Professional	<u>Options</u> Paid-Up Option Inflation Protection	Yes Simple Inflation
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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 Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
54	34.90	44.20	55.60	70.40
55	37.00	46.80	59.10	74.40
56	40.20	50.10	63.90	79.90
57	43.40	54.10	68.80	85.30
58	47.20	58.20	74.40	91.70
59	51.60	62.80	80.20	98.40
60	55.80	69.60	86.90	107.90
61	60.70	75.10	94.50	116.30
62	66.60	81.20	102.40	125.20
63	73.20	88.50	111.40	134.60
64	80.40	96.30	120.90	145.40
65	90.70	106.70	136.40	160.30
66	98.70	115.70	146.80	171.80
67	108.20	125.50	158.80	184.00
68	118.50	136.40	171.80	197.60
69	130.40	148.70	186.80	212.80
70	143.30	164.00	202.80	232.10
71	157.30	178.10	219.30	249.20
72	172.40	194.00	236.80	267.30
73	187.10	208.90	254.40	284.80
74	202.60	225.10	272.80	303.70
75	222.30	244.40	297.00	327.30
76	240.20	262.50	317.50	348.20
77	258.90	282.30	339.10	370.50
78	277.60	301.50	360.50	392.30
79	297.10	321.90	382.70	415.10
80	318.70	343.70	407.00	439.50



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<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 60 Days Professional	<u>Options</u> Paid-Up Option Inflation Protection	Yes Simple Inflation
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Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
18-24	11.10	15.50	18.00	25.80
25	11.10	15.50	18.00	25.80
26	11.10	15.50	18.40	25.80
27	11.10	15.80	18.40	26.00
28	11.30	15.80	18.60	26.80
29	11.30	16.10	19.30	27.10
30	11.80	16.70	19.60	27.70
31	12.20	17.00	20.20	28.30
32	12.60	17.50	21.20	29.40
33	12.90	17.90	21.80	30.20
34	13.70	18.70	22.70	31.40
35	14.20	19.40	23.70	32.70
36	14.70	20.10	24.80	33.40
37	15.50	21.00	25.90	35.00
38	16.10	21.70	26.80	36.40
39	17.00	22.50	28.20	38.20
40	17.70	24.40	29.60	41.10
41	18.70	25.40	31.00	42.40
42	19.70	26.60	32.70	44.40
43	20.80	27.80	34.40	46.50
44	21.80	29.20	36.20	48.50
45	23.10	30.60	38.10	50.70
46	24.50	32.30	40.30	53.30
47	25.70	33.90	42.20	55.40
48	27.20	35.30	44.80	58.20
49	28.50	37.10	47.10	60.90
50	30.50	40.50	50.00	66.00
51	32.40	42.40	53.10	69.70
52	34.40	45.00	56.00	73.20
53	36.90	47.20	59.70	76.90



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Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Paid Up Option	Base Plan With Simple Inflation Option	Base Plan With Paid Up Simple Inflation Option
54	39.10	50.00	63.50	81.30
55	41.70	53.30	67.40	85.60
56	45.50	57.30	73.10	92.10
57	49.70	61.70	79.50	99.00
58	54.00	67.00	86.00	106.60
59	58.80	72.30	93.40	114.70
60	64.00	80.50	101.70	126.90
61	70.50	87.20	110.80	137.00
62	77.60	95.20	120.90	148.20
63	85.30	103.80	132.40	160.30
64	94.40	113.30	144.90	173.90
65	107.10	126.40	163.70	193.00
66	117.20	137.70	177.80	207.60
67	129.00	149.70	193.20	223.70
68	141.70	163.00	209.70	241.10
69	156.30	177.90	228.20	260.20
70	172.00	196.70	248.40	284.00
71	188.90	214.20	269.60	305.50
72	207.30	233.10	292.00	328.60
73	225.00	251.50	314.10	351.20
74	244.30	271.30	337.20	375.20
75	268.40	295.30	368.90	405.70
76	290.60	318.40	394.90	432.90
77	314.10	342.40	423.10	461.50
78	337.20	366.30	449.80	489.10
79	361.20	390.90	478.00	517.80
80	387.20	417.50	508.40	548.60