



RATE SHEET
Fla. Institute Of Technology

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Home Monthly Benefit	\$500
Facility Benefit Duration	2 Years	Home Benefit	50%
Lifetime Maximum	\$24,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
18-30	2.40	8.40
31	2.40	8.50
32	2.90	9.10
33	2.90	9.40
34	3.30	10.30
35	3.30	10.50
36	3.50	10.70
37	3.90	11.50
38	3.90	12.30
39	4.20	12.70
40	4.70	13.50
41	4.90	14.20
42	5.50	15.60
43	5.80	16.20
44	6.00	17.00
45	6.50	18.00
46	6.70	18.50
47	7.60	20.20
48	8.30	21.50
49	8.80	22.60
50	9.30	23.90
51	10.10	25.40
52	11.10	27.20
53	11.80	28.60
54	13.10	30.70
55	14.00	32.50
56	15.60	35.40
57	17.30	38.10
58	19.00	41.10
59	21.20	44.10



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Lifetime Maximum	\$24,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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 Total Home Care Option
60	23.40	47.50
61	26.40	51.50
62	29.10	55.40
63	32.40	59.70
64	36.30	64.40
65	42.70	72.00
66	46.60	76.70
67	51.50	82.10
68	56.90	87.90
69	62.40	93.90
70	68.50	100.20
71	75.60	107.10
72	82.60	114.00
73	88.10	119.00
74	91.60	121.80
75	95.60	125.00
76	98.60	127.10
77	102.00	128.90
78	105.20	131.30
79	109.10	133.90
80	111.10	134.40
81	120.70	144.00
82	131.30	154.10
83	144.00	166.70
84	155.60	178.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$2,500	Home Monthly Benefit	\$1,250
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	\$120,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{X} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Total Home Care Option
18-30	9.50	27.75
31	9.50	28.00
32	10.00	29.50
33	11.25	31.75
34	11.50	32.25
35	12.00	34.25
36	13.25	36.25
37	14.00	38.25
38	14.50	39.75
39	15.75	42.25
40	16.25	44.25
41	17.75	47.25
42	19.25	50.50
43	20.25	52.75
44	22.00	56.25
45	22.75	58.50
46	24.75	62.50
47	27.25	67.25
48	28.50	70.00
49	31.25	74.75
50	33.50	80.00
51	36.75	84.75
52	39.25	90.25
53	43.25	96.50
54	47.00	103.00
55	50.50	109.50
56	55.50	118.25
57	61.25	128.00
58	69.25	139.75
59	75.75	150.75



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$2,500	Home Monthly Benefit	\$1,250
Facility Benefit Duration	4 Years	Home Benefit	50%
Lifetime Maximum	\$120,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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 Total Home Care Option
60	84.50	162.50
61	94.00	175.50
62	104.50	190.50
63	116.25	206.50
64	129.75	223.50
65	151.25	250.00
66	166.00	268.00
67	183.50	288.00
68	201.25	308.00
69	221.00	330.75
70	241.75	354.50
71	268.75	382.00
72	291.75	406.25
73	309.75	424.25
74	322.25	436.25
75	337.00	450.00
76	346.25	457.50
77	358.25	466.00
78	369.25	475.00
79	383.25	487.00
80	389.75	491.00
81	423.50	528.25
82	459.25	567.00
83	503.25	615.75
84	543.25	660.75



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$4,000	Home Monthly Benefit	\$2,000
Facility Benefit Duration	6 Years	Home Benefit	50%
Lifetime Maximum	\$288,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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 Total Home Care Option
18-30	18.00	48.80
31	18.00	50.00
32	18.80	52.00
33	21.20	54.40
34	21.20	57.60
35	22.00	59.60
36	23.20	62.00
37	24.80	66.00
38	26.00	70.00
39	29.20	74.40
40	30.40	77.60
41	32.40	81.20
42	35.20	88.40
43	36.80	92.40
44	39.20	97.20
45	42.40	103.60
46	44.40	109.60
47	49.60	117.60
48	52.40	124.00
49	57.20	132.40
50	60.80	140.00
51	67.60	151.60
52	70.40	158.40
53	76.80	169.60
54	84.40	182.40
55	91.20	193.20
56	100.80	210.40
57	112.00	228.00
58	122.80	245.60
59	137.20	268.00



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$4,000	Home Monthly Benefit	\$2,000
Facility Benefit Duration	6 Years	Home Benefit	50%
Lifetime Maximum	\$288,000	Home Care Level	Total
Elimination Period	90 Days		
Inflation Protection	Simple Capped		

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 Total Home Care Option
60	150.40	288.00
61	167.60	312.40
62	186.40	339.60
63	208.40	369.20
64	232.40	400.80
65	270.00	450.40
66	295.60	483.20
67	325.60	520.40
68	357.60	558.80
69	392.80	601.60
70	428.80	646.40
71	474.80	696.80
72	515.60	745.20
73	547.20	778.40
74	567.60	799.20
75	592.40	824.80
76	611.20	841.60
77	629.20	857.60
78	648.00	875.60
79	672.80	899.60
80	682.80	907.60
81	740.80	977.20
82	803.60	1050.80
83	879.60	1141.20
84	946.40	1223.20