



RATE SHEET
Horizon House

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	9.00	26.40
31	9.00	26.80
32	9.00	27.50
33	9.20	28.00
34	9.90	29.20
35	10.00	29.60
36	10.10	30.70
37	10.70	31.40
38	11.00	32.30
39	11.60	33.70
40	12.10	34.30
41	12.60	35.10
42	12.80	36.10
43	13.80	37.40
44	14.10	38.20
45	15.20	40.30
46	15.80	40.90
47	16.50	41.80
48	17.00	42.90
49	17.80	43.90
50	18.20	44.80
51	19.70	46.60
52	20.60	47.80
53	21.50	48.80
54	22.40	50.10
55	23.60	51.50
56	24.90	53.80
57	26.40	56.10
58	28.00	58.30
59	29.90	60.20



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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 Compound Inflation Option
60	31.80	63.00
61	34.10	66.90
62	37.60	72.00
63	41.00	76.10
64	44.30	81.30
65	49.90	89.60
66	54.70	96.50
67	60.70	104.90
68	67.00	113.00
69	73.80	122.30
70	81.40	131.00
71	90.50	143.50
72	99.40	154.90
73	110.10	167.60
74	120.80	180.70
75	146.00	213.80
76	159.30	231.00
77	174.40	248.10
78	191.00	268.00
79	209.10	287.70
80	228.70	310.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	11.80	35.30
31	12.00	36.00
32	12.50	36.90
33	12.90	38.60
34	13.10	39.00
35	13.70	40.30
36	13.80	40.90
37	14.70	42.50
38	15.00	43.50
39	15.50	44.50
40	16.50	46.20
41	16.90	47.00
42	17.80	48.90
43	18.60	50.40
44	19.00	51.40
45	20.30	53.50
46	21.30	55.10
47	21.90	55.90
48	23.20	57.20
49	23.80	58.70
50	24.90	59.90
51	26.10	61.90
52	27.60	63.90
53	28.90	65.30
54	30.30	67.30
55	32.10	69.00
56	33.80	71.70
57	35.90	74.50
58	37.90	77.40
59	40.10	80.60



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	30 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	42.30	83.30
61	46.40	89.10
62	50.20	95.00
63	54.30	100.20
64	58.50	106.70
65	66.00	117.40
66	72.40	126.20
67	80.20	137.50
68	88.30	147.80
69	97.00	159.00
70	106.80	170.90
71	118.10	186.10
72	130.10	201.80
73	144.00	218.00
74	158.30	235.50
75	189.90	277.20
76	208.10	299.90
77	227.90	322.20
78	248.80	347.10
79	272.00	372.40
80	297.80	402.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Inflation Protection	Compound Uncapped
Home Monthly Benefit	\$1,000		
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	30 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
	Base Plan	Base Plan With Compound Inflation Option
18-30	16.90	48.60
31	16.90	49.40
32	17.50	51.30
33	17.90	52.30
34	18.20	53.30
35	18.90	54.70
36	19.10	55.90
37	20.30	58.00
38	20.70	59.20
39	21.50	60.80
40	22.30	62.30
41	23.40	64.50
42	24.20	66.10
43	25.40	67.90
44	26.60	70.40
45	28.20	72.90
46	29.20	74.10
47	30.10	75.10
48	31.60	77.60
49	32.60	79.00
50	34.60	81.30
51	35.90	83.20
52	37.60	85.20
53	39.60	88.00
54	41.10	89.80
55	43.20	92.20
56	45.60	95.10
57	48.00	98.60
58	51.10	102.60
59	53.70	106.10



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Elimination Period	30 Days		
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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 Compound Inflation Option
60	57.00	109.70
61	61.80	116.60
62	66.30	123.80
63	71.90	130.80
64	77.00	138.10
65	86.10	151.50
66	95.10	163.90
67	104.70	177.40
68	115.60	190.80
69	126.80	205.50
70	139.50	220.80
71	153.90	239.70
72	169.10	259.40
73	185.50	279.10
74	203.90	300.80
75	244.10	353.10
76	267.20	382.50
77	292.20	410.50
78	318.40	440.90
79	347.80	473.00
80	379.70	509.90