



**RATE SHEET
PRIMARIS**

<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	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{1 \text{ (Based on Funded Amount)}} \times 1 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	5.00	14.70
31	5.00	15.00
32	5.00	15.30
33	5.10	15.60
34	5.40	16.20
35	5.50	16.50
36	5.60	17.10
37	5.90	17.50
38	6.10	18.00
39	6.40	18.70
40	6.70	19.10
41	7.00	19.60
42	7.20	20.20
43	7.70	20.80
44	7.90	21.30
45	8.40	22.40
46	8.80	22.80
47	9.20	23.30
48	9.50	23.80
49	9.90	24.40
50	10.10	24.90
51	11.00	25.90
52	11.50	26.60
53	12.00	27.20
54	12.50	27.90
55	13.10	28.80
56	13.90	30.00
57	14.70	31.20
58	15.70	32.50
59	16.60	33.50



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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		

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

Calculate your Premium:

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

For Employees Only:

$$\text{Rate for Plan 1 (3 Year Duration)} \times 1 \text{ (Based on Funded Amount)} = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	17.80	35.10
61	19.00	37.30
62	21.00	40.20
63	22.90	42.40
64	24.80	45.40
65	27.80	49.90
66	30.50	53.80
67	33.90	58.40
68	37.30	62.90
69	41.20	68.10
70	45.30	72.90
71	50.40	79.90
72	55.40	86.30
73	61.40	93.40
74	67.30	100.70
75	81.30	119.10
76	88.80	128.80
77	97.20	138.20
78	106.40	149.30
79	116.50	160.30
80	127.50	173.00



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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	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

For Employees Only:

$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{1 \text{ (Based on Funded Amount)}} \times 1 = \text{Employer Paid Amount (B)}$$

$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	6.60	19.70
31	6.70	20.10
32	6.90	20.60
33	7.20	21.50
34	7.30	21.70
35	7.60	22.50
36	7.70	22.80
37	8.20	23.70
38	8.40	24.30
39	8.60	24.80
40	9.20	25.80
41	9.40	26.10
42	9.90	27.30
43	10.40	28.10
44	10.60	28.70
45	11.40	29.90
46	11.90	30.70
47	12.20	31.10
48	13.00	32.00
49	13.30	32.80
50	13.90	33.40
51	14.60	34.50
52	15.40	35.50
53	16.10	36.40
54	16.90	37.50
55	17.90	38.60
56	18.80	40.00
57	20.00	41.50
58	21.00	43.10
59	22.30	44.90



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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	90 Days		
Home Care Level	Professional		

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

Calculate your Premium:

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

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$$\frac{\text{Rate for Plan 1 (3 Year Duration)}}{1 \text{ (Based on Funded Amount)}} \times 1 = \text{Employer Paid Amount (B)}$$

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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	23.50	46.30
61	25.80	49.60
62	28.00	53.00
63	30.20	55.80
64	32.70	59.50
65	36.80	65.50
66	40.40	70.40
67	44.80	76.60
68	49.20	82.40
69	54.10	88.60
70	59.60	95.30
71	65.80	103.80
72	72.50	112.50
73	80.20	121.40
74	88.30	131.40
75	105.90	154.50
76	116.00	167.10
77	127.00	179.60
78	138.70	193.40
79	151.60	207.60
80	166.00	224.20



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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	90 Days		
Home Care Level	Professional		

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Calculate your Premium:

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For Employees Only:

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Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	9.50	27.10
31	9.50	27.60
32	9.70	28.50
33	10.00	29.10
34	10.20	29.70
35	10.50	30.40
36	10.60	31.10
37	11.30	32.30
38	11.50	33.00
39	12.00	33.90
40	12.50	34.70
41	13.00	36.00
42	13.50	36.80
43	14.10	37.80
44	14.80	39.10
45	15.70	40.60
46	16.30	41.30
47	16.70	41.80
48	17.60	43.20
49	18.20	44.00
50	19.30	45.30
51	20.00	46.40
52	21.00	47.50
53	22.00	49.00
54	22.90	50.10
55	24.00	51.40
56	25.40	52.90
57	26.80	55.00
58	28.50	57.20
59	29.90	59.10



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$$\text{A MINUS B} = \text{EMPLOYEE'S COST}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	31.80	61.20
61	34.40	65.00
62	36.90	69.00
63	40.10	72.90
64	43.00	77.00
65	48.00	84.50
66	53.00	91.40
67	58.40	98.90
68	64.40	106.30
69	70.80	114.60
70	77.80	123.20
71	85.80	133.60
72	94.20	144.60
73	103.40	155.60
74	113.70	167.70
75	136.10	196.80
76	149.00	213.20
77	162.80	228.80
78	177.50	245.80
79	193.90	263.70
80	211.70	284.20