



**RATE SHEET**  
**SOUTHWESTERN UNIVERSITY SCHOOL OF LAW**

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Home, Community-Based and Immediate Family Member Care Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

*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 Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	2.30	3.50	7.20	10.00
31	2.30	3.50	7.30	10.10
32	2.30	3.50	7.40	10.30
33	2.40	3.60	7.60	10.60
34	2.50	3.70	7.80	10.80
35	2.60	3.80	8.10	11.10
36	2.60	3.90	8.30	11.40
37	2.70	4.10	8.50	11.70
38	2.90	4.30	8.80	12.10
39	3.00	4.40	9.10	12.40
40	3.10	4.60	9.30	12.70
41	3.20	4.80	9.60	13.10
42	3.40	5.00	9.90	13.50
43	3.50	5.20	10.20	13.90
44	3.70	5.50	10.60	14.40
45	3.90	5.70	11.00	14.80
46	4.10	6.00	11.20	15.30
47	4.30	6.30	11.50	15.80
48	4.50	6.70	11.90	16.40
49	4.70	7.10	12.30	17.00
50	4.90	7.40	12.50	17.50
51	5.30	8.00	13.10	18.20
52	5.50	8.40	13.50	18.90
53	5.90	9.00	13.90	19.60
54	6.20	9.40	14.30	20.20
55	6.60	10.00	15.00	21.00
56	7.00	10.70	15.60	21.90
57	7.50	11.40	16.40	23.00
58	8.00	12.20	17.10	24.00
59	8.60	13.10	17.90	25.10



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Home Care Level	<b>Home and Community-Based Care</b>		

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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	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	9.30	14.00	18.80	26.30
61	10.10	15.10	20.10	28.00
62	11.10	16.50	21.70	30.00
63	12.10	17.80	23.10	31.70
64	13.30	19.40	24.90	34.00
65	15.10	21.70	27.60	37.20
66	16.70	23.50	29.90	39.80
67	18.60	25.80	32.60	42.90
68	20.60	28.10	35.10	45.70
69	22.80	30.70	38.10	49.10
70	25.20	33.40	41.00	52.30
71	28.00	36.60	44.90	56.60
72	31.10	40.10	48.80	61.00
73	34.50	44.00	52.90	65.60
74	38.10	48.10	57.30	70.50
75	45.90	57.40	67.70	82.70
76	50.40	62.40	73.40	88.90
77	55.20	67.80	79.00	94.90
78	60.60	73.70	85.50	101.80
79	66.50	80.10	91.80	108.80
80	73.00	87.20	99.40	116.90



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Home Monthly Benefit	<b>\$500</b>		
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Home and Community-Based Care</b>		

*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 Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
18-30	3.00	4.60	9.50	13.30
31	3.10	4.70	9.80	13.70
32	3.20	4.80	10.00	14.00
33	3.30	4.90	10.30	14.40
34	3.30	5.00	10.50	14.70
35	3.50	5.20	10.90	15.10
36	3.50	5.40	11.10	15.40
37	3.70	5.60	11.40	15.90
38	3.80	5.80	11.80	16.40
39	4.00	6.00	12.10	16.80
40	4.10	6.20	12.40	17.20
41	4.30	6.50	12.70	17.70
42	4.50	6.80	13.20	18.30
43	4.70	7.10	13.60	18.80
44	5.00	7.40	14.10	19.40
45	5.30	7.80	14.50	20.00
46	5.50	8.30	15.00	20.70
47	5.70	8.70	15.30	21.40
48	6.10	9.20	15.80	22.20
49	6.30	9.60	16.30	22.90
50	6.60	10.20	16.60	23.60
51	6.90	10.80	17.20	24.50
52	7.40	11.50	17.80	25.50
53	7.80	12.20	18.40	26.50
54	8.20	12.90	19.00	27.40
55	8.70	13.70	19.80	28.30
56	9.30	14.60	20.50	29.50
57	9.90	15.60	21.40	31.00
58	10.60	16.70	22.50	32.40
59	11.30	17.90	23.50	33.90



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	12.10	19.10	24.50	35.60
61	13.30	20.80	26.30	38.10
62	14.50	22.70	28.30	40.80
63	15.90	24.60	30.00	43.20
64	17.40	26.80	32.30	46.30
65	19.60	29.90	35.70	50.80
66	21.80	32.60	38.60	54.40
67	24.10	35.70	42.00	58.60
68	26.60	38.90	45.20	62.50
69	29.40	42.40	48.90	67.00
70	32.50	46.30	52.60	71.70
71	36.10	50.80	57.50	77.60
72	39.90	55.60	62.50	83.60
73	44.10	61.00	67.40	89.90
74	48.80	66.70	73.10	96.80
75	58.60	79.60	86.20	113.40
76	64.30	86.60	93.40	122.00
77	70.60	94.20	100.50	130.40
78	77.30	102.40	108.50	139.90
79	84.70	111.40	116.60	149.70
80	92.80	121.20	126.10	160.90



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Home Monthly Benefit	<b>\$500</b>		
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Home Benefit	<b>50%</b>	Inflation Protection	
Lifetime Maximum	<b>Unlimited</b>		
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18-30	4.20	6.60	12.90	18.70
31	4.20	6.70	13.10	19.10
32	4.40	6.90	13.50	19.50
33	4.40	7.00	13.80	20.00
34	4.50	7.10	14.00	20.30
35	4.70	7.40	14.40	20.90
36	4.80	7.60	14.80	21.40
37	5.00	7.90	15.30	21.90
38	5.20	8.10	15.60	22.50
39	5.40	8.40	16.10	23.10
40	5.60	8.80	16.60	23.80
41	5.90	9.20	17.10	24.50
42	6.10	9.50	17.50	25.20
43	6.40	9.90	18.10	25.90
44	6.70	10.40	18.60	26.70
45	7.00	11.00	19.20	27.50
46	7.40	11.50	19.80	28.50
47	7.70	12.10	20.20	29.30
48	8.10	12.90	20.90	30.50
49	8.40	13.50	21.40	31.50
50	8.90	14.40	22.00	32.60
51	9.30	15.20	22.70	33.90
52	9.80	16.10	23.30	35.10
53	10.40	17.10	24.20	36.60
54	10.90	18.10	24.90	37.80
55	11.40	19.10	25.60	38.80
56	12.20	20.40	26.60	40.50
57	13.00	21.90	27.80	42.60
58	13.80	23.40	29.00	44.60
59	14.80	25.00	30.30	46.70



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	Base Plan	Base Plan With Home, Comm-Based and Immediate Family Member Care Option	Base Plan With Compound Inflation Option	Base Plan With Home, Comm-Based and Immediate Family Member Care Compound Inflation Option
60	15.80	26.80	31.50	48.90
61	17.20	29.20	33.70	52.30
62	18.70	31.70	36.00	56.00
63	20.40	34.50	38.30	59.50
64	22.20	37.40	40.80	63.50
65	25.10	41.80	45.10	69.70
66	27.80	45.70	48.90	74.80
67	30.70	49.80	53.00	80.50
68	33.90	54.40	57.00	85.90
69	37.40	59.30	61.60	92.20
70	41.30	64.70	66.40	98.60
71	45.80	70.80	72.20	106.60
72	50.50	77.30	78.40	114.60
73	55.50	84.40	84.40	123.10
74	61.20	92.00	91.20	131.90
75	73.40	109.40	107.40	154.20
76	80.50	119.00	116.40	166.00
77	88.30	129.40	125.10	177.30
78	96.50	140.50	134.80	189.80
79	105.60	152.50	144.70	202.90
80	115.50	165.50	156.20	217.70