



**RATE SHEET  
STATE OF NEVADA**

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	Base Plan	Option	Option	Option
18-30	6.00	9.20	9.60	14.70
31	6.00	9.20	9.60	14.80
32	6.00	9.30	9.80	15.10
33	6.30	9.60	10.10	15.50
34	6.30	9.80	10.90	16.60
35	6.70	10.10	11.20	16.90
36	6.80	10.30	11.60	17.60
37	6.90	10.50	12.00	18.40
38	7.10	10.90	12.90	19.40
39	7.50	11.40	13.50	20.20
40	8.00	12.00	13.90	20.90
41	8.20	12.30	14.90	22.20
42	8.40	12.80	15.60	23.10
43	8.60	13.20	16.40	24.30
44	9.60	14.30	17.20	25.50
45	10.10	14.90	18.30	26.80
46	10.30	15.50	19.10	28.30
47	11.00	16.50	20.20	29.90
48	11.30	17.30	21.20	31.70
49	11.80	18.10	22.30	33.50
50	12.80	19.40	23.60	35.40
51	13.50	20.70	24.70	37.50
52	14.10	21.90	26.40	39.90
53	15.10	23.40	27.90	42.10
54	15.90	24.50	29.40	44.60
55	16.80	25.80	31.20	46.90
56	18.00	27.80	33.00	49.40
57	19.20	29.60	35.30	52.90
58	20.80	31.90	38.10	56.60
59	22.20	34.20	40.70	60.30



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	Base Plan	Option	Option	Option
60	24.00	36.50	43.70	64.30
61	26.10	39.40	47.40	69.20
62	28.70	43.00	52.00	75.10
63	31.50	46.70	56.20	80.60
64	34.60	50.80	61.30	87.10
65	39.40	56.80	69.70	97.00
66	43.60	61.70	76.20	104.70
67	48.90	67.90	84.10	113.90
68	53.80	73.60	91.90	122.80
69	60.10	80.90	101.30	133.30
70	66.00	87.80	110.90	144.10
71	73.50	96.30	121.70	156.40
72	81.50	105.50	133.90	170.30
73	90.60	116.00	146.60	184.30
74	100.00	126.60	161.00	200.50
75	120.70	151.20	191.30	236.10
76	132.30	164.20	208.90	255.20
77	145.40	178.60	225.90	273.90
78	159.60	194.20	246.00	295.80
79	175.00	211.30	265.90	317.30
80	192.60	230.20	290.10	343.20



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Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Simple Capped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
	Base Plan	Option	Option	Option
18-30	7.50	11.90	12.50	19.40
31	7.70	12.00	12.80	19.90
32	7.70	12.30	13.30	20.70
33	8.20	12.80	14.10	21.50
34	8.60	13.20	14.40	22.20
35	8.80	13.50	15.10	23.10
36	8.90	13.70	15.80	24.10
37	9.20	14.20	16.30	24.90
38	9.90	15.10	17.10	26.10
39	10.10	15.40	18.10	27.40
40	10.60	16.20	18.70	28.50
41	10.80	16.60	19.70	29.80
42	11.50	17.70	20.70	31.30
43	11.90	18.20	21.90	33.00
44	12.50	19.10	22.90	34.60
45	13.40	20.40	24.40	36.50
46	14.00	21.40	25.70	38.70
47	14.50	22.40	26.70	40.50
48	15.40	23.80	28.30	43.10
49	16.00	25.00	29.60	45.50
50	16.80	26.30	31.10	47.90
51	17.60	27.70	32.90	50.80
52	18.60	29.50	34.80	53.90
53	19.90	31.40	37.20	57.70
54	21.10	33.40	39.00	60.50
55	22.50	35.80	41.00	63.30
56	23.80	37.90	43.50	67.30
57	25.40	40.50	46.40	72.10
58	27.40	43.60	49.70	76.80
59	29.20	46.60	53.10	81.90



**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	<b>\$1,000</b> <b>\$500</b> <b>6 Years</b> <b>50%</b> <b>\$72,000</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total Simple Capped</b>
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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 Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	31.30	49.90	56.80	87.20
61	34.20	54.30	61.70	94.40
62	37.50	59.10	67.30	102.40
63	41.30	64.50	72.90	110.20
64	45.20	70.30	79.60	119.50
65	51.20	78.30	89.80	132.90
66	56.80	85.70	98.10	143.40
67	62.90	93.50	108.70	156.70
68	69.60	102.20	118.30	168.70
69	76.90	111.40	130.00	183.00
70	84.90	121.70	142.00	197.90
71	94.30	133.40	156.00	215.70
72	104.50	146.20	171.30	234.40
73	115.30	159.90	186.90	253.30
74	127.50	175.10	204.90	275.30
75	153.40	209.20	242.90	324.40
76	168.60	227.60	265.00	350.80
77	185.10	247.90	286.40	376.80
78	202.70	269.40	312.00	407.30
79	222.10	293.10	336.60	437.10
80	243.80	319.00	366.50	472.20



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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	<b>\$1,000</b> <b>\$500</b> <b>Unlimited</b> <b>50%</b> <b>Unlimited</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total</b> <b>Simple Capped</b>
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**Monthly Rates**

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	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
18-30	10.80	17.20	17.30	27.70
31	10.80	17.40	17.60	28.40
32	11.10	17.80	18.50	29.70
33	11.20	18.10	18.90	30.20
34	11.50	18.50	19.40	31.20
35	11.60	18.80	20.40	32.70
36	12.00	19.40	21.10	33.60
37	12.70	20.20	22.20	35.30
38	12.90	20.70	23.00	36.60
39	13.30	21.40	24.30	38.30
40	14.00	22.40	25.30	40.00
41	15.00	23.60	26.40	41.60
42	15.40	24.50	27.60	43.70
43	16.00	25.50	29.10	45.80
44	16.80	26.80	30.50	48.10
45	17.50	27.80	32.20	50.70
46	18.70	29.70	34.20	53.70
47	19.50	31.30	35.90	56.90
48	20.30	32.90	37.70	60.10
49	21.40	34.90	39.30	63.30
50	22.60	37.20	41.30	66.80
51	23.60	39.10	43.50	70.90
52	25.10	41.60	46.10	75.20
53	26.40	44.20	48.50	79.60
54	27.70	46.70	51.30	84.50
55	28.90	49.30	53.50	87.80
56	31.10	53.10	56.80	93.50
57	33.00	56.60	60.60	100.00
58	35.40	60.70	64.40	106.20
59	38.00	65.20	68.60	113.60



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**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Simple Inflation Option	Base Plan With Total Home Care Simple Inflation Option
60	40.50	69.70	72.90	120.80
61	44.40	76.10	79.10	130.70
62	48.10	82.50	86.10	141.80
63	52.70	89.90	93.00	153.10
64	57.30	97.70	100.70	165.20
65	64.80	109.10	113.50	183.80
66	71.60	119.10	124.40	199.00
67	79.70	130.50	136.70	216.50
68	88.00	142.50	149.10	233.40
69	97.20	155.20	163.70	252.80
70	107.30	169.40	178.50	273.20
71	118.80	185.40	195.70	297.30
72	131.20	202.60	214.30	322.10
73	144.60	221.10	233.10	347.10
74	159.50	241.30	254.90	375.60
75	191.30	287.00	301.60	441.80
76	210.00	312.10	329.00	477.40
77	230.30	339.40	355.60	513.00
78	251.80	368.50	386.10	553.10
79	275.70	400.40	416.60	593.40
80	301.50	434.40	452.30	639.10