



RATE SHEET
The University Of Hartford

<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		
Non Forfeiture	Shortened Benefit Period		

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

	Plan 1	Plan 2	
Insurance		Base Plan With	
Age	Base Plan	Compound Inflation	Option
18-30	6.90		28.30
31	6.90		28.40
32	6.90		28.70
33	7.10		29.90
34	7.40		31.00
35	7.50		31.70
36	7.90		32.50
37	8.10		33.30
38	8.60		34.50
39	8.80		35.20
40	8.90		35.50
41	9.60		37.60
42	9.80		38.00
43	10.10		39.10
44	10.80		40.30
45	11.20		41.40
46	11.50		42.40
47	12.00		43.30
48	12.50		43.90
49	12.80		45.00
50	13.70		46.40
51	14.50		47.80
52	15.20		49.30
53	15.80		49.70
54	16.30		51.40
55	17.60		53.30
56	18.30		55.00
57	19.50		57.70
58	20.80		59.50
59	21.80		61.70



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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

	Plan 1	Plan 2
Insurance	Base Plan	Base Plan With Compound Inflation Option
Age	Base Plan	Option
60	23.30	64.50
61	25.10	68.70
62	27.30	72.80
63	29.50	77.00
64	32.30	82.30
65	36.10	90.60
66	39.70	97.40
67	43.80	104.90
68	48.00	113.00
69	53.20	122.80
70	58.50	131.30
71	64.40	142.40
72	71.20	154.80
73	78.00	165.50
74	85.90	178.90
75	102.30	209.20
76	111.90	226.30
77	121.60	241.20
78	132.90	259.90
79	145.70	279.60
80	159.50	301.70



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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 Non Forfeiture	\$1,000 \$1,000 6 Years 100% \$72,000 90 Days Professional Shortened Benefit Period	<u>Options</u> Inflation Protection	Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	9.20	37.80
31	9.30	38.80
32	9.50	39.40
33	9.60	40.40
34	10.00	41.50
35	10.50	43.20
36	10.60	43.90
37	11.00	44.90
38	11.50	46.00
39	11.90	47.30
40	12.20	48.60
41	12.50	49.40
42	13.20	51.00
43	13.60	52.10
44	14.60	54.20
45	15.30	55.90
46	15.70	56.50
47	16.50	58.00
48	17.20	59.20
49	17.50	60.30
50	18.20	61.30
51	19.40	63.80
52	20.40	65.70
53	21.00	66.60
54	22.30	68.90
55	23.50	70.70
56	24.50	73.10
57	26.00	75.90
58	27.70	79.00
59	29.60	82.10



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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 Non Forfeiture	\$1,000 \$1,000 6 Years 100% \$72,000 90 Days Professional Shortened Benefit Period	<u>Options</u> Inflation Protection	Compound Uncapped
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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
	Base Plan	Base Plan With Compound Inflation Option
60	31.20	85.30
61	33.80	90.30
62	36.40	95.90
63	39.80	102.10
64	43.00	108.60
65	47.80	119.00
66	52.30	127.10
67	57.90	138.10
68	63.70	148.70
69	70.20	160.40
70	77.00	171.50
71	84.70	185.80
72	93.20	201.20
73	102.00	215.20
74	112.20	232.50
75	133.30	271.00
76	146.10	293.10
77	158.50	312.20
78	173.30	336.50
79	189.60	361.50
80	207.40	390.00



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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 Non Forfeiture	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days Professional Shortened Benefit Period	<u>Options</u> Inflation Protection	Compound Uncapped
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$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
18-30	13.20	52.30
31	13.20	53.30
32	13.50	54.70
33	13.60	55.20
34	13.80	56.50
35	14.10	58.20
36	14.80	59.80
37	15.20	61.30
38	15.80	62.90
39	16.30	64.30
40	16.90	65.90
41	17.80	68.00
42	18.30	69.10
43	19.10	71.20
44	19.90	73.40
45	20.90	75.10
46	21.60	76.90
47	22.50	78.30
48	23.60	80.40
49	24.30	81.70
50	25.50	83.80
51	26.40	85.80
52	28.10	88.50
53	28.90	89.70
54	30.20	92.20
55	31.50	94.00
56	33.40	97.10
57	35.50	101.30
58	37.40	104.40
59	39.60	108.90



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

Monthly Rates

Insurance Age	Plan 1	Plan 2
	Base Plan	Base Plan With Compound Inflation Option
60	41.90	112.20
61	45.30	119.20
62	48.60	125.70
63	52.40	133.20
64	56.20	139.80
65	62.60	153.70
66	68.60	165.10
67	75.60	178.40
68	83.10	191.30
69	91.40	206.60
70	100.60	222.10
71	110.20	239.20
72	121.00	258.00
73	131.70	275.30
74	144.60	297.30
75	171.60	346.10
76	187.80	374.80
77	203.50	398.40
78	221.80	428.40
79	242.60	459.50
80	264.80	495.30